

**HOME SUPPORT WORKERS
RAISING OUR VOICES: TOWARD WORKFORCE
ADJUSTMENT THROUGH POLICY AND STRATEGIC ACTION**

**FINAL REPORT
January 2006**

**Home Support Worker Labour Force Adjustment Committee
Term of Committee: May 2005 – January 2006
Contract Number: 56952**



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EXECUTIVE SUMMARY

The *Home Support Worker Labour Force Adjustment Committee* (HSW-LFAC) was established in the spring of 2005 and charged with the mandate to develop a **Sector Adjustment Strategy for Home Support Workers in New Brunswick**. The *Committee* had the following objectives:

- *To perform a diagnostic in order to assess the current situation with home support agencies and home support workers;*
- *To support agencies as it pertains to the recruitment and retention of home support workers;*
- *To identify current challenges/problems facing home support workers as it pertains to their occupation;*
- *To develop recommendations that will lead to the implementation of solutions.*

Subject to the work of the *HSW-LFAC*, the following background and reports were developed and submitted to the project sponsors ~ *NB Home Support Association (NBHSA)* and *Training and Employment Development (TED)*.

- *Environmental Scan and Backgrounder (Management Dimensions Inc., August, 2005)*
- *Staying or Leaving: A Comparison & Explication of Home Support Work in New Brunswick (Nugent & Palmer, August, 2005)*
- *Survey of New Brunswick's Francophone Home Support Workers (Orion Marketing Research, November, 2005)*
- *Situational Analysis (Management Dimensions Inc., November, 2005)*
- *Home Support Workers ~ Raising Our Voices: Toward Workforce Adjustment Through Policy and Strategic Action (HSW-LFAC, January 2006)*

Recommendations and Priorities

The proposed *Labour Sector Adjustment Strategy for Home Support Workers in New Brunswick* identifies a broad implementation plan to improve *recruitment and retention*. It is clear that collaborative action is required among home support workers and key organizations including home support, government service, and training agencies.

The plan outlines strategic changes to system policy and strategic action by sector stakeholders that will make immediate improvements for the workforce and work environment of *Home Support Workers in New Brunswick*.

Ten recommendations are presented in four priority areas: *Nature of the Work, Education and Training, Working Conditions, and Compensation*.

Nature of the Work (1)

1. Re-define the *scope of work* for Home Support Workers to reflect their working realities.

Education and Training (4)

2. Re-design the *entry level education system* for Home Support Workers (i.e. length of program, curriculum content).
3. Implement a combined *in-service/ongoing training model* that respects continuing education standards and involves the NBHSA and home support agencies.
4. Introduce a *sector training program* to upgrade the existing Home Support Worker labour force to meet the new education standards.
5. Issue NBHSA *membership cards to workers* as proof of minimum educational sector training.

Working Conditions (3)

6. Implement consistent policies for Home Support Workers to reimburse *travel time and direct travel costs*.
7. Improve *scheduling* for Home Support Workers that fosters *stable and permanent employment*.
8. Make the *work environment safer* for all Home Supports Workers and their clients.

Compensation (2)

9. Implement a *paid sick time benefit* for Home Support Workers and enforce a sick time policy to protect client and worker health.
10. Implement an adequate *compensation system* for Home Support Workers in New Brunswick based on an independent assessment of compensation to determine compensation benchmarks applicable to jobs with female-dominated workers.

Next Steps

The report will increase system and consumer comprehension of Home Support Workers in New Brunswick and the challenges they face. Data is presented to support the next steps in improving recruitment and retention of workers in this labour sector.

A comprehensive communication strategy is developed to ensure the recommendations reach home support workers, agencies, government, community organizations, and the public. It is only through collaboration that positive change will occur.

The *Committee* expects that identified stakeholders will review this report and determine their role in sector adjustment. Further funding will be required from government and other partners to support the establishment of *Working Groups* to continue this process and implement the recommended actions and solutions.

1.0 Introduction

The *Home Support Worker Labour Force Adjustment Committee (HSW-LFAC)* was established in the spring of 2005 and charged with the mandate to develop a **Sector Adjustment Strategy for Home Support Workers in New Brunswick**. In particular, this *Strategy* is targeted to develop short and long term measures that will stabilize the sector and address recruitment and retention issues.

The face of the New Brunswick population and the health service system is changing. There is now a growing need to re-align community and home support services. Workforce and workplace pressures are being felt across the country and we can learn from other jurisdictions. We need to stabilize and strengthen home support services by managing sector issues and building on complimentary initiatives.

In early 2005, the *New Brunswick Home Support Association (NBHSA)* approached the *Department of Training and Development (TED)* to fund further study of the factors and strategies impacting recruitment and retention of home support workers in the province. With *TED* support, work was initiated following the *Labour Force Adjustment Committee (LFAC)* process.

2.0 Background and Context

Canada's health care and home care environment is complex and ever-changing. For home support workers, environmental and demographic factors affect the nature of their work, and the training and education required to meet system and client/family expectations. Although the definition of home care in Canada promoted by *Canadian Home Care Association (CHCA)* is widely accepted, confusion still exists between home care and home support services.

"Home Care in Canada is "an array of services which enables clients, incapacitated in whole or in part, to live at home, often with the effect of preventing, delaying, or substituting for long-term care or acute care alternatives."

In New Brunswick, the highly visible *home health services* are provided under the auspices of the *regional Extra Mural and Mental Health programs*. The less visible and longer term *home support services* are provided by for profit and not for profit health service agencies and often funded by the *Department of Family and Community Services*.

The *Department of Family and Community Services* defines **home support services** as services provided in clients' homes that enable clients to stay as independent as possible within their own homes and are not performed by family members, or members of clients' informal support systems. These are generally purchased through service provider agencies.

It is home support services that are the focus of this Labour Adjustment Initiative.

The *Committee* work focused on examining issues, reviewing information, and making consensus-based decisions. In a brief submitted to the Minister of Training and Employment

Development, Nugent (2004) identified many issues and concerns related to home support labour, including:

- *“Home support workers’ contributions to home care are poorly understood. Whereas their assignments in the home are constructed as a simple list of duties, their work is greater than the sum of those duties.*
- *Home support workers’ contributions to home care are undervalued. Hidden in the privacy of the home and equated with usual women’s work in the traditional nuclear family, these women face deplorable working conditions in our province.*
- *The minimum training standards for home support workers in New Brunswick are not being met. Specifically, there is a discrepancy between requirements outlined in the Home Support Services Standards (2001) and the actual training preparation of the workers.*
- *Failure to enforce training standards compromises the quality of home care in New Brunswick.*
- *Training costs are a barrier to standardized home support worker training since workers are ill equipped to incur them”.*

The stage was set and, subsequently, the NBHSA requested funding from TED to further consider the sector issues impacting home support workers.

3.0 Terms of Reference and Outcomes

The *Home Support Worker Labour Force Adjustment Committee (HSW-LFAC)* was established and given the following objectives:

- *To perform a diagnostic in order to assess the current situation with home support agencies and home support workers;*
- *To support agencies as it pertains to the recruitment and retention of home support workers;*
- *To identify current challenges/problems facing home support workers as it pertains to their occupation;*
- *To develop recommendations that will lead to the implementation of solutions.*

Subject to the work of the HSW-LFAC, the following background and reports were developed.

- *Environmental Scan and Backgrounder (Management Dimensions Inc., August, 2005)*
- *Staying or Leaving: A Comparison & Explication of Home Support Work in New Brunswick (Nugent & Palmer, August, 2005)*
- *Survey of New Brunswick’s Francophone Home Support Workers (Orion Marketing Research, November, 2005)*
- *Situational Analysis (Management Dimensions Inc., November, 2005)*
- *Home Support Workers ~ Raising Our Voices: Toward Workforce Adjustment Through Policy and Strategic Action (HSW-LFAC, January 2006)*

4.0 Committee Membership and Approach

4.1 Committee Membership and Meetings

The 15-member *Committee* worked under the leadership of an independent Chairperson contracted to coordinate and manage the project, and conduct identified research and background work. Members represented a cross-section of interests and experience within the home support sector including home support agencies, field workers, stakeholders, and government. (See *Appendix A for committee membership*). Given the broad representation, there was tremendous opportunity for collaboration on the situational analysis, development and evaluation of change scenarios and framing a realistic action plan for sector improvement. Consensus on policy action was built through careful analysis, open discussion and realistic consideration of the recommendations.

The *HSW-LFAC* met eight times from May 2005 – January 2006 according to the following:

- *May 10, 2005* Organization / Call for Chairperson
- *June 8, 2005* Project plan, timelines, reference documents
- *August 23, 2005* Review of “*Environmental Scan and Backgrounder (MD, 2005)*” and presentation of an update related to “*Staying or Leaving: An Exploration & Explication of Home Support Labour in New Brunswick*” (Nugent & Palmer, 2005)”
- *September 20, 2005* Presentation of “*Survey of New Brunswick’s Francophone Home Support Workers (Orion Marketing Research, November, 2005)*”
Issue identification in areas of scope of work, education and training, working conditions, and compensation
- *October 24, 2005* Situational analysis (education and training, working conditions, and compensation)
- *November 10, 2005* Review of analysis and development of recommendations
Outline of Sector Strategy
- *December 12, 2005* Review of Draft Report
- *January 30, 2006* Review of Final Report

4.2 Committee Approach

A. *Backgrounder on the Current Home Support Workforce and Work Sector and Environmental Scan on Future Trends Impacting the Home Support Work Environment*

Purpose

To develop i) a *backgrounder* on the current home support workforce and work sector home support worker realities, and ii) an *environmental scan* of future trends emerging in Atlantic Canada and on the national scene that will shape the future work environment.

Process

- *MD Inc.*, through the research of the Chairperson, developed an “*Environmental Scan and Backgrounder on Home Support Worker Labour Force and Work Sector (August, 2005)*”.
- *The document* synthesized four areas from existing published work/reports:
 - *Workforce Demographics ~ “The Changing Face of Home Support Workers in NB”*
 - *Nature of the Work ~ “The Changing Work of Home Support in NB”*
 - *Work Context: “The Changing World of Home Support”*
 - *Training ~ “The Readiness of the Home Support Workforce to Meet Client Expectations”*
- The paper identifies trends leading to sector response and identifies any best practices. The *Committee* developed a shared understanding of the findings in relation to the provincial context.

B. Follow-up Survey with Targeted 2001 Home Support Worker and Baseline (Comparison) Survey with Francophone / Rural Subset

Purpose

To develop a workforce profile that describes the workforce and workplace realities, sector work and factors impacting worker recruitment and retention.

Process

- As outlined in the “*Staying and Leaving Presentation*”, Dr. Linda Nugent conducted a follow-up survey, with a subset of 151 respondents from the original Nugent study (2001), during June-August (2005) and presented results from 44 workers that highlighted changes in the home support workforce.
- *Orion Marketing Research* was hired to administer a 2005 survey of New Brunswick francophone Home Support Workers using the Nugent survey tool (2000). The survey was conducted from mid-August to mid-September 2005. In mid-August 2005, 449 questionnaires were sent out to francophone Home Support Workers in three French-speaking regions served by home support agencies that have an agreement with the FCS. By September 13, 189 completed questionnaires were received in the mail resulting in a response rate of (42.1%). *Caution should be exercised in interpreting these results since a labour action prevented Red Cross agencies from participating.*
- The results of the francophone survey (2005), when combined with those of the 2001 survey provided a provincial overview of New Brunswick’s Home Support Workers and labour sector issues.

C. Analysis of Key Areas within Home Support Sector

Purpose

To facilitate an analysis of the issues, challenges and options in the home support sector in New Brunswick that will lead to key recommendations to improve recruitment and retention.

Process

- *MD Inc.*, through the Chairperson, completed an in-depth analysis in four areas: *i) scope and nature of the work, ii) education and training, iii) working conditions, and iv) compensation.*
- The *Committee* discussed the findings, reached consensus on the root problems/factors, explored options for change, and identified key measures for improving recruitment and retention.

D. Developing Recommendations and Home Support Worker Sector Strategy

Purpose

To assess various options for improving the recruitment and retention within the home support worker sector and identify the priority recommendations and sector adjustment strategy.

Process

- The *Committee* discussed the selected recruitment and retention measures.
- The *Committee* developed the final **Sector Adjustment Strategy for Home Support Workers in New Brunswick** that outlines specific measures, responsibilities and timelines.

5.0 Findings and Results Achieved

5.1 Backgrounder on the Current Home Support Workforce and Work Sector and Environmental Scan on Future Trends Impacting the Home Support Work Environment

The *Environmental Scan and Backgrounder on Home Support Worker Labour Force and Work Sector (Management Dimensions, August 2005)* addresses several national and provincial questions.

- What trends will most significantly impact the health and home care needs of Canadians and New Brunswickers ~ *The Changing World of Home Support (p. 1-4)?*
- How are the workforce demographics affecting the home care needs of Canadians and home support workforce in New Brunswick ~ *The Changing Face of Home Support Workers in Canada and New Brunswick (p. 4-5)?*
- What factors most affect the home support needs and the home support workforce ~ *The Changing Nature of the Home Support Work (p. 5-8)?*
- How well does entry and ongoing training prepare home support workers for their role ~ *The Readiness of the Home Support Workforce to Meet System and Client Expectations (p. 8-9)?*
- What advice exists on *recruitment and retention of home support workers (p. 9-12)?*

A review of existing publications resulted in the identification of key issues facing the home support sector and trends emerging that will shape its future development. *Table 1* summarizes key areas and findings.

Table 1: Key Areas and Identified Issues / Trends in the Home Support Sector in Canada	
1. Changing World of Home Support and Home Health Services	
<ul style="list-style-type: none"> • <i>Canadian population and changing health profile:</i> Emerging characteristics include aging, managing chronic diseases, living with disability, increased use of the formal support systems, active client involvement, preference for home health care, and changes in family structure and support networks. 	
<ul style="list-style-type: none"> • <i>Health care reform and funding shifts:</i> With the demographic changes, there has been increased demand for home support services. Although communities have received expanded coverage, increased services, and new investments in chronic disease management and palliative care, demand still outstrips available funding. There is increased involvement of non-profit agencies and the emergence of self-managed and agency models in the home support sector. The industry cites ongoing difficulty with recruitment and retention of workers. 	
<ul style="list-style-type: none"> • <i>Technological and scientific advances</i> supporting home care and home support include drugs developments, monitoring tools, treatment equipment, client communication and mobility devices. Workers must be comfortable with these advancements as well as changes in office technologies. 	
2. Changing Face of Home Support Workers	
<ul style="list-style-type: none"> • <i>Demographic profile</i> indicates sector workers are predominantly older females, most likely with a minimum Grade 10-12 education and earning low income. 	
3. The Changing Nature of Home Support Work and Working Conditions	
<ul style="list-style-type: none"> • <i>Nature of the Work</i> indicates a shift from assisting individuals with homemaking and personal care to supporting more and more dependent clients that are coping with complex health issues. Services are provided through private arrangements or with for-profit and not-for-profit agencies. 	
<ul style="list-style-type: none"> • <i>Working Conditions</i> are challenging with low wages reported and workers facing split schedules, receiving inadequate travel reimbursement and lacking benefits. Competition for workers is emerging from other sectors ~ e.g. customer contact centers due to higher wages, benefits, and permanent employment advantages. 	
4. Readiness of Home Support Workers to Meet System and Client Expectations	
<ul style="list-style-type: none"> • <i>Initial Entry Level Training</i> information from HSW surveys indicates that the many workers complete employer-sponsored training due to the cost and accessibility of the formal training programs. It is unclear whether all training programs meeting the defined <i>FCS</i> worker qualification standard. 	
<ul style="list-style-type: none"> • <i>Continuing Education</i> requirements in the <i>FCS</i> standards are not widely respected, however high worker interest is reported when education sessions are offered. 	

The home support sector has received considerable national and regional attention. Cited reports suggest broad consensus that labour shortages and the need for recruitment and retention of trained workers are significant challenges. (See Table 2).

Table 2: Cited Reports and Specific Advice on Recruitment and Retention	
<i>Cited Report</i>	<i>Specific Advice on Recruitment and Retention</i>
<i>Portraits of Home Care (CHCA, 2002)</i>	<ul style="list-style-type: none"> • Support education and equitable compensation of Home Care workers to promote recruitment and retention, (p. 10) • Changes to Policy on Payment to Family Caregivers (BC, June 2002) • Core competencies for continuing care support workers developed after

Table 2: Cited Reports and Specific Advice on Recruitment and Retention	
Cited Report	Specific Advice on Recruitment and Retention
	<p>consultation with employers (AB, 2002)</p> <ul style="list-style-type: none"> • EMP is involved in developing a culture that supports the retention and growth of all providers which in turn results in quality service delivery to our clientele (NB, 2002) • Updated curriculum and training for Continuing Care Assistants (home support workers) have been developed and implemented (NS, 2002)
<i>Home Support Workers Workplace Health and Safety Working Group (NBHSA & NB-FCS 2004)</i>	<ul style="list-style-type: none"> • Safer work environment with more orientation and training on health and safety issues related to injury care and prevention. (Lifting & transfers, falls prevention, prevention of back injury, home safety etc.) • Agency attention to accident reduction policies and programs that will make the work environment safer for employees and clients.
<i>Results from the Home Support Worker Survey (Nugent, 2001)</i>	<ul style="list-style-type: none"> • Predominantly a female workforce • Evidence of an aging workforce • Reported low salaries • Preference for sufficient and consistent number of hours / week • Desire to have paid vacation and more hours / week moving closer to full time employment status • Need to have travel time and expenses reimbursed, in particular in rural areas • Challenge of shift work including on-call, irregular shifts, call back, split shifts and nights • Worker satisfaction factors cited as the work itself, interpersonal relationships, clear expectations, pleasant work environment, and good relationships with clients. • May be valuable to examine non-monetary benefit such as independence, flexibility in scheduling, continuing education and involvement in planning activities • In addition, responses indicated the most preferred changes to the work situation include adequate and improved wages, improved benefits, travel benefits, paid vacation and work schedule, more training and clear role/mandate.
<i>Home Support Services: Undervalued, Under Stress and At Risk of Disappearing (Keefe, 2005)</i>	<ul style="list-style-type: none"> • Factors impacting future supply include limited training, low wages, few benefits, unsafe and higher risk environments, limited supervision, and decreased availability due to older, female workforce. • Strategies for recruitment and retention include: i) compensation (wages and benefits, pensions and wage parity, compensation for travel); education and training (standardization, continuing education and training opportunities); working conditions (career advancement opportunities, mentorship opportunities, and reduced job-related risks; and quality assurance (increased supervision and support, including frontline staff as members of the Care Team)
<i>Home Support Labour in New Brunswick ~ prepared for TED Minister Margaret Anne Blaney (Nugent, August</i>	<ul style="list-style-type: none"> • Recommendation that <i>TED</i>, in partnership with <i>NBCC</i> and home care agencies with fully developed curriculum and practice facilities, take responsibility for ensuring standardized training programs are regularly available • Recommendation that <i>TED</i> provide guaranteed numbers of funded seats

Table 2: Cited Reports and Specific Advice on Recruitment and Retention	
Cited Report	Specific Advice on Recruitment and Retention
2004)	<p>each year for home support worker training; and the funding provided include compensation for wages lost during the training</p> <ul style="list-style-type: none"> • Recommendation that the <i>Minister responsible for the Status of Women</i> liaise with the <i>FCS</i> to establish better working conditions for women, who, as home support workers, are shouldering the main burden of formal care services in this province. The improvements should include the provision of permanent positions in the workforce, a living wage and guaranteed benefits.
<i>Home Support Services ~ Cost and Effect (Advisory Council on the Status of Women, March, 2004)</i>	<ul style="list-style-type: none"> • Rural recruitment is even more difficult than urban areas. • The aging workforce indicates potential for future home support staff shortage in NB. • High turnover impacts quality of service and training costs. • High stress and burnout rate exists due to compensation issues, abuse from clients and emotional strain. • <i>FCS</i> should increase access to quality home services by increasing the monthly maximum stipend, improve funding of salaries and working conditions and improve the standards of training. • Priorities for change include addressing low wages and lack of benefits and establishing high standards for staff training, ongoing development and career development.
<i>Putting a Face on Home Care: CARP's Report on Home Care in Canada (Queens' Health Policy Unit, 1999)</i>	<ul style="list-style-type: none"> • The human resource issue is one of the most important issues to stakeholders. Across different settings, workers were described as over-extended and under high stress due to such things as working conditions, low wages, recruitment and retention and training. • Need to significantly improve the home care environment for workers.
<i>Home Support ~ Where Will It Be When You Need It? (Smith, 2004)</i>	<ul style="list-style-type: none"> • Recruitment and retention of home support workers is a general concern but the urban and rural agencies have difference challenges. • Agencies provide different services, pay rates for workers, mileage reimbursements and methods of training. A difference exists between rural/urban and profit/not-for-profit agencies. • Agencies surveyed lost between 32% (not-for-profit/rural) to 68% (profit/urban) of their staff in the year 2001. • Competition for workers exists in urban areas with call centers (i.e. better wages, no travel, benefits, and no physical demands). • Recruitment of younger workers is essential. • Difficulty finding capable workers. • Training costs are high and there is no uniformity of standards. • Demand for services is and will continue to increase. • Recommendations for change include increasing the hourly rate for agencies and hourly wage for workers, increasing the % paid to rural agencies for mileage costs and establishing a uniform policy and training standards.

Although the *HSW-LFAC* did not independently validate the reported findings in the published reports, the *Committee* believes that the information fairly represents the provincial reality of home support workers.

5.2 Follow-up Survey with Targeted 2000 Home Support Workers and Baseline (Comparison) Survey with Francophone / Rural Subset

The work of the *HSW-LFAC* contributes to the recent research about home support workers in New Brunswick. In the spring and summer of 2000, Nugent (2001) conducted a survey of HSWs employed by government agencies in Health Regions 2 and 3. Nugent & Palmer conducted a follow-up survey with HSWs in 2005 who, in 2000, agreed to participate in future research. Further to this research, a 2005 survey of New Brunswick's francophone HSWs was carried out in August-September by *Orion Marketing Research*. The survey results provided the *Committee* with a provincial overview of the nature of the work, working conditions, training and satisfaction with work. These results offered insights on challenges, issues, and potential changes in the sector most likely to positively impact recruitment and retention of HSWs.

A synopsis of the survey results is outlined in *Tables 3-7* below. Full research details are found in the stand-alone survey reports, *Nugent (2001)*, *Nugent & Palmer (2005)* and *Orion Marketing Research (2005)*.

	English Survey Region 2 & 3 (2000) <i>Nugent (2001)</i>	Follow-up English Survey (2005) <i>Nugent (2005)</i>	Francophone Survey Regions 1,4 & 8 (2005) <i>Orion (2005)</i> ¹
Gender	98.3% female	100%	97.8% female
Age (years)	33% >50	60%>50	45.7
Years of schooling	72.4% (gr.12)	61% (gr.12)	Average (10.4 years)
Gross income ²	\$10,727.64	\$13, 674	\$12,308

- HSWs are predominantly female, over the age of 45 and, on average, earn between \$12,000-14,000 annually.
- Workers within the surveyed groups have a minimum of a Grade 10 education with the many completing Grade 12.

	English Survey Region 2 & 3 (2000) <i>Nugent (2001)</i>	Follow-up English Survey (2005) <i>Nugent (2005)</i>	Francophone Survey Regions 1,4 & 8 (2005) <i>Orion (2005)</i>
Housekeeping	98.8%	97.7%	94.7%

¹ Caution should be exercised in interpreting results from the survey of francophone workers since a labour action prevented Red Cross agencies from participating.

² The income reported above is for all workers and not just the ones who reported full-time hours in home care. Income reported may include vacation and travel allowances.

TABLE 4: NATURE OF WORK			
	English Survey Region 2 & 3 (2000) <i>Nugent (2001)</i>	Follow-up English Survey (2005) <i>Nugent (2005)</i>	Francophone Survey Regions 1,4 & 8 (2005) <i>Orion (2005)</i>
Preparing meals	97.6%	100%	92.6%
Personal care	87.9%	97.7%	83.1%
Teaching home support skills	21.4%	36.4%	7.9%
Medical treatments	22.7%	40.9%	22.8%
Accompanying on outings ³	79.3%	79.5%	56.6%
Running errands ³	80.3%	79.5%	48.7%
Building relationships ³	69.1%	79.5%	34.9%

- Most HSWs provide services to senior citizens or people with special needs. They do their housekeeping, make meals, provide personal care and, increasingly, assist clients with aspects of medical care.
- HSWs are often expected by clients or families to run errands and accompany clients on outings. Sometimes HSWs make private arrangements outside agency hours to accommodate these requests.
- The nature of the work is changing with increased involvement in medical treatments and more complex relationships with clients, families, professionals and other caregivers.

TABLE 5: NATURE OF CLIENT NEED			
	English Survey Region 2 & 3 (2000) <i>Nugent (2001)</i>	Follow-up English Survey (2005) <i>Nugent (2005)</i>	Francophone Survey Regions 1,4 & 8 (2005) <i>Orion (2005)</i>
<i>Requires assistance + dependent</i>			
Bathing	75.8%	77.2%	82.1%
Dressing	62.2%	70.2%	70.2%
Feeding	30%	38.8%	59.2%
Toileting	42.5%	41.7%	67.9%
Mobility	66.3%	67.5%	75.2%
<i>Client health</i>	50% with chronic health problems	44.2% with chronic health problems	40% with chronic health problems
<i>Client age</i>	80.7% elderly	68.2% elderly	48% elderly (>65 yrs)

- The level of client need is increasing with most clients managing chronic diseases.
- Most clients are elderly and many live with physical or mental disability.
- Services to rural areas are challenging when one considers the availability of workers and training locations. Rural HSWs also need to have their own means of transport to visit homes.

³ It is felt that some workers may have included private arrangements with clients which could account for the wide variation of responses.

TABLE 6: WORKING CONDITIONS			
	English Survey Region 2 & 3 (2000) <i>Nugent (2001)</i>	Follow-up English Survey (2005) <i>Nugent (2005)</i>	Francophone Survey Regions 1,4 & 8 (2005) <i>Orion (2005)</i>
Average # of clients per worker	4	3	2.1
Average length of time with main employer	4 years	N/A	5 years, 2 months
Average hours of work	28.6	32	31.7
Number wanting more hours	20.1%	N/A	32%
Number working irregular or split shifts	51%		31%
Average hourly wage	\$7.56	\$8.14	\$8.50
Number working part-time	33.3%	31.8%	33%
Number reimbursed for travel expense	38.7%	29.5%	50%
Number with pension benefits	≤10%	15.9%	15.3%
Number with paid vacation ⁴	43.2%	45.5%	23.3%
Number with paid sick leave, drugs, health insurance, dental, maternity, & travel time reimbursement	≤10%	≤12%	≤7%

Note: N/A indicates that the information is not available.

- Over three-quarters of HSWs report being more or less satisfied with their work, primarily because of their clients and the feeling of appreciation.
- Wages have remained virtually the same. Most home support workers lack permanent and full-time employment, face difficult schedules, receive low wages, and require adequate travel and social benefits.

TABLE 7: EDUCATION & TRAINING CHARACTERISTICS			
	English Survey Region 2 & 3 (2000)	Follow-up English Survey (2005)	Francophone Survey Regions 1,4 & 8 (2005)
Basic/Entry Training (<i>i.e. 210 hours of instruction. Inclusion of specific content and delivered by professional in the field being covered; Home Support Worker Training Program delivered by NBCC or similar approved program</i>)			
Employer Home Care Worker Program (<i>note: unclear if standard is met</i>)	41%	38.6% have taken employer program. It appears that 36.9% meet or exceed standard while 15.9 clearly do not and 47.7 are uncertain.	27.5%
NBCC Home Care Worker Program or equivalent in other province	19.1%		17.5%
Other Home Care Worker programs	6.2%		4.8%
On the job + in-service training	15.2%		2.1%
Other health worker programs	6.2%		6.3%
No specific training	7.5%		14.8%
Continuing Education (<i>i.e. minimum of two in-service programs per year</i>)			
Number of workers with employer training sessions during last 12 months	61.2%	58.1%	31%
Number of workers attending all or some of training sessions when offered	91.7%	78.6%	96%

⁴ These numbers should be read with caution. The question needs to be reworded to differentiate vacation time and vacation.

- The type and level of basic/entry training has wide variation with the employer programs being most subscribed. The content of employer programs is unknown and it is felt that many workers may not have sufficient training to meet the standard.
- Many employers and workers would not meet the continuing education standard.
- Most workers feel they are prepared for their work responsibilities, however many indicate that the level of skills required for their work has increased compared to the past skill level required.
- Responses indicate that more pre-entry and continuing education courses relating to health conditions would be valuable, such as First Aid/CPR/Emergency Situations and interpersonal relations.
- In *Nugent (2001)*, a wide variation in cost of training was reported with over 50% who paid virtually nothing while others paid over \$1000.

In summary, little has changed in the home support sector in five years. Although the vast majority of HSWs like their job, most would like to change some aspect of their working conditions. In *“Staying or Leaving (2005)*, the main reasons cited for leaving were *loss of clients, personal health reasons, family decision/situation, another job opportunity usually with better wages and work schedule and conflicts or lack of support from the employer*. Other factors influencing the decision to leave were *wages, feeling burnt out, work schedule and traveling*.

Recruitment efforts should include advising potential recruits that HSWs must like elderly clients, have a caring relationship with clients, and take training. Home support work is felt to be a vocation as much as a job. Common suggestions mentioned by HSWs when asked about desired changes are: *better wages, improved travel reimbursement and social benefits, better work scheduling, more thorough training, and better support systems*.

5.3 Discussion and Analysis of Key Areas within Home Support Sector

The *HSW-LFAC* reviewed issues within four key areas that are felt to directly impact recruitment and retention in the home support sector: *i) nature of the work, ii) education and training, iii) working conditions, and iv) compensation*. The objectives of the analysis were:

1. *To analyze the priority issues viewed as contributing to the recruitment and retention challenges within the home support sector in New Brunswick.*
2. *To identify the most significant problems to be resolved for improved recruitment and retention of home support workers within the Province.*
3. *To propose alternative solutions for each identified problem.*
4. *To select the best alternative after considering established criteria.*

Tables 8-11, in this section, provides an overview of the key areas studied by the *Committee* and the rationale for the recommendations.

Nature of the Work

The defined scope of work for HSWs currently does not adequately represent the work that is required and that clients expect. As the research has shown, the scope of work is now more complex than a series of basic tasks and activities. Demand for home support is increasing and the type of client served is also changing.

Although it is not up to government to meet all the needs of individuals, government has the social responsibility to offer solutions that maintain individuals in home environments as long as possible. Given that system gaps exist, more and more pressure is placed on front line workers to meet client needs, especially those without adequate family/community support. HSWs are only part of the community support system, but an important and non-professional part that focuses on the supporting the person in their own home environment.

There is a need to adequately describe the scope of work performed by HSWs to ensure that training adequately prepares workers for their role and functions. Most clients are not independent or require assistance. In situations of dependence, workers need adequate in-home support to carry out their role safely and effectively.

- **Current in-scope functions:** housekeeping, personal care, meal preparation, supporting medical techniques for clients with “medical needs”, teaching home support activities to family and friends, providing simple respite and relief services.
- **New/strengthened in-scope functions:** relationship/companionship role with clients, families and other providers/professionals, supporting medication regimes and simple medical procedures within family scope; errands and outings in specific client situations.
- **Out of scope functions:** taking clients on outings, supporting medical techniques for family members would not undertake.
- **Additional information on medical procedures:** range of “medical” needs in home now self-managed and may require support similar to the type of support a family or friend could provide. Some activities may be within the scope of HSWs while other areas will clearly fall outside their level of training. If other health professionals expect to delegate activities to HSWs, it is important to identify specific delegated acts on a case by case basis and ensure appropriate HSW training and supervision. Agencies have resisted this “medical” function due to potential liability issues and there is not a consistent approach throughout the province.
- **Appropriate Types of clients:** supporting individuals living with disability or chronic conditions (i.e. long term care/support); assisting in sub-acute or palliative situations but not alone.

TABLE 8: SITUATIONAL ANALYSIS FOR NATURE OF WORK	
<i>PRIORITY ISSUES</i>	<ul style="list-style-type: none"> • Scope of functions within existing role and training • Changing client realities and emerging client expectations of HSWs • Functions out of scope of work and training

TABLE 8: SITUATIONAL ANALYSIS FOR NATURE OF WORK

TABLE 8: SITUATIONAL ANALYSIS FOR NATURE OF WORK	
	<ul style="list-style-type: none"> • Appropriate types of clients
SIGNIFICANT PROBLEMS	<ul style="list-style-type: none"> • Need for system/agency recognition that client needs are changing and the scope of work requires updating. • Current training may not adequately prepare workers for this increased role and range of activities. Other workers exist with home health/community training (health care aide, human resource counselors; licensed practical nurses). • System gaps between agencies to meet growing needs of those staying in homes longer with more complex needs – long term care/support. • Home health agency policies are restrictive and do not reflect the reality. May need to consider two levels of support: i) assistance; and ii) dependence. • Government policies / programs / services have significant gaps in meeting client needs at home. Individuals who do not have family/community have great difficulty meeting expectations and may not be well-served. • Client / family expectations of home support workers at times are unrealistic and may reflect the stress of being at home with growing and long term needs.
ALTERNATIVE SOLUTIONS	<ul style="list-style-type: none"> • Status quo – does not meet need • Eliminate HSWs and use home health care workers – more costly and not needed • Update scope and training
BEST SOLUTION	<ul style="list-style-type: none"> • <i>Priority 1:</i> Update scope of work for HSWs

Education and Training

Education and training programs are expected to prepare HSWs to meet the changing complexity of home care clients. More clients are able to remain at home with chronic health conditions. Self-care and assisted care now involves a wide range of processes and procedures that were previously considered “medical in nature”⁵. As clients with chronic conditions move in and out of acute and/or palliative phases, it is often difficult and stressful to replace existing home support with a new worker that has more advanced training.

To meet the needs of current clients, the basic education and ongoing training of HSWs should increase awareness of chronic conditions and their management. It would also be valuable for HSWs to be able to provide basic support for clients whose chronic health conditions are stable.

The nature of the supportive relationships with clients and families has become more complex. Often the HSW must assist clients that are being monitored and receiving self-care advice from a range of health and social service providers (e.g. nurse, physician, social worker, dietician, occupational therapist, physiotherapist, respiratory therapist etc.).

The basic/entry education system for HSWs is fragmented and responds inadequately to candidate needs. Although the NBCC and some private agencies offer formalized training for

⁵ Such situations commonly seen include medication administration, tube feeding, dressings, ostomy/colostomy care, nail care, special hygiene etc. Equipment now is a normal part of the client’s environment including urinary catheters, oxygen, intravenous etc.

HSWs, workers report that the program is often costly and difficult to access. Most HSWs are mature students with limited ability to travel to access education. The degree of standardization of HSW training in the province is unknown since programs are not accredited and workers are not certified.

TABLE 9: SITUATIONAL ANALYSIS FOR EDUCATION AND TRAINING	
<i>PRIORITY ISSUES</i>	<ul style="list-style-type: none"> • Content and length of basic education program for HSWs • Cost and delivery model for basic education • Involvement of the <i>NB Home Support Association</i> in education • Responsibility for sector meeting client expectations and standards • Type and extent of continuing education needed
<i>SIGNIFICANT PROBLEMS</i>	<ul style="list-style-type: none"> • No assurance that consistent education standards are met within the self-management and agency models • Lack of public awareness of education standards and resulting level of service • Need for additional curriculum content and increased length of training in basic program • Need for ongoing continuing education for HSWs in the field that focuses on maintaining and improving client service (i.e. subject-based – new area or area of interest) • Need for agencies to develop feasible in-service/training system, individually or in partnership, that is accessible to all HSWs • Need for individuals to access affordable, standardized education province-wide.
<i>ALTERNATIVE SOLUTIONS</i>	<ul style="list-style-type: none"> • Status quo – not an option • Merge with home health worker training – viewed as too advanced and costly model • Change basic program only and limit role of existing workforce • Change basic education and offer upgrading to interested HSWs • <i>NBCC, NBCC/Agency, Industry/Association</i> and combined delivery models explored • See <i>Appendix B</i> for more details
<i>BEST SOLUTION</i>	<ul style="list-style-type: none"> • <i>Priority 1:</i> Increase/expand education and training for new role and scope of work to adequately meet system and client expectations. • <i>Priority 2:</i> Offer upgrading program to existing HSWs for expanded role using an e-education model. • <i>Priority 3:</i> Ensure reliable and accessible training system that meets minimum standards curriculum and accepts a range of training partners – <i>NBCC</i> and other education agencies. • <i>Priority 4:</i> Clear roles established for education being: <i>NB HS A</i> (coordinating curriculum review to align education with new scope of work, developing list of acceptable programs), <i>FCS</i> (approval and review of acceptable education agencies/programs using <i>NBCC</i> curriculum as benchmark), and <i>NBCC</i> & other education agencies (delivery of affordable, accessible education and training). • <i>Priority 5:</i> Increase public awareness and assurance of education and service standards.

Working Conditions

HSWs face challenging working conditions. Often, elderly clients and their families are under stress and must deal with chronic health issues. Clients may interact and receive direction from different professionals and caregivers. The sector has unionized and non-unionized workers

who work with either for-profit or not-for-profit agencies. Client funding is provided through government programs (i.e. *FCS, Extra Mural Program*) and private arrangements.

Many issues emerge that identify specific working conditions which could have an impact on recruitment and retention. Based on the targeted sector study in 2001 (*Nugent, p. 5-6*), an interesting reflection of the actual working conditions emerges. Although turnover rates are difficult to determine, market movement has been suggested as over 30% (*Nugent, 2001*). *Appendix C* provides more detail on working conditions.

Table 10 highlights the priority issues and preferred solutions to address significant problems ranging from scheduling and work assignment, health and safety, travel costs and lack of employee benefits.

TABLE 10: SITUATIONAL ANALYSIS FOR WORKING CONDITIONS	
<i>PRIORITY ISSUES</i>	<ul style="list-style-type: none"> • Scheduling and work assignment • Worker and client health and safety • Travels costs (i.e. time, insurance, mileage) • Lack of benefits
<i>SIGNIFICANT PROBLEMS</i>	<ul style="list-style-type: none"> • Many HSWs do not have stable, permanent employment • Higher accident rates require agencies to address workplace safety • Many HSWs are forced to absorb travel costs within low income situation • Lack of sick leave provisions put HSW and clients at risk • Working conditions impact turnover rates, however specific data was not collected in this review
<i>ALTERNATIVE SOLUTIONS</i>	<ul style="list-style-type: none"> • See Appendix C for details.
<i>BEST SOLUTION</i>	<ul style="list-style-type: none"> • <i>Priority 1:</i> Agencies should reimburse travel time and other costs. • <i>Priority 2:</i> Agencies should improve scheduling of HSWs to foster stable, permanent employment. • <i>Priority 3:</i> Agencies should implement and monitor a specific health and safety program. • <i>Priority 4:</i> Agencies should adopt paid sick leave to protect workers and clients.

Compensation

Following a review of sector reports and survey results, wages are the most commonly cited issue in the home support sector. From the worker perspective, compensation does not reflect value for work. From an agency viewpoint, public and private payers do not provide adequate funds to meet worker expectations. To complicate matters, workers often do not receive benefits or travel reimbursement. This situation further reduces real worker earnings and creates less favourable compensation package than found in other sectors. (i.e. health plan, paid sick time/other leaves, vacation pay, etc.)

It is difficult to determine the wage benchmark without an external job evaluation by experts. The Committee is aware of the wide use of the Hay evaluation system; however some literature questions its suitability for blue collar and female-dominated workers (Steinberg, 1992; Hallock,

2001; Burton, 1998; and Canadian Human Rights Tribunal, 2005). Although many reputable experts are in the field, *Committee* members agreed that the job evaluation and compensation review must be applicable to the role of home support workers which is performed predominantly by women.

The *Committee* recognizes that scope of work and training are important factors in the determination of compensation levels. As these factors are addressed, wage adjustments should naturally follow.

TABLE 11: SITUATIONAL ANALYSIS FOR COMPENSATION	
<i>PRIORITY ISSUES</i>	<ul style="list-style-type: none"> • Lack of wage equity within sector • Perception of low wages • Minimal additional employment benefits and application of minimal provincial employment standards in most cases • Burden of additional employment costs on HSW (i.e. travel, training) with limited cost-benefit
<i>SIGNIFICANT PROBLEMS</i>	<ul style="list-style-type: none"> • Need for objective determination of "adequate remuneration" given required education, role and responsibilities • Need for competitive/comparable wages for HSWs within Atlantic provinces • Need for competitive wages for HSWs given competition from other employment sectors for individuals with similar educational profile (e.g. customer contact centers)
<i>ALTERNATIVE SOLUTIONS</i>	<ul style="list-style-type: none"> • No action and leave the issue to the collective bargaining process and negotiation of funding contracts • Independent compensation review using a system that is appropriate for non-professional and female-dominated labour sectors
<i>BEST SOLUTION</i>	<ul style="list-style-type: none"> • <i>Priority 1:</i> Using outside expertise, conduct an independent assessment of compensation to determine compensation benchmark for HSWs applicable to jobs with female-dominated workers.

Discussion of the four situational analyses led to the development of specific recommendations.

6.0 Recommendations

The recommendations are based on information that was provided and supported by *Committee* consensus including the perspectives of home health workers, home health agencies and government representatives. Recommendations are presented in four strategic areas: ***Nature of the Work, Education and Training, Working Conditions, and Compensation.***

RECOMMENDATIONS

6.1 Nature of the Work

Recommendation 1

The type of clients and nature of client needs is changing. The work reality reflects a growing balance between basic support activities and more advanced roles.

Re-define the *scope of work for Home Support Workers* to reflect their working realities as follows:

- a. Focus on housekeeping, personal care and meal preparation.
- b. Expand the HSW role in specific functions as: i) supporting clients to follow medication regimes; ii) assisting clients with their “medical procedures” on a case by case basis within their standardized HSW education, iii) providing companionship and building relationship with clients, families and other providers/professionals, and iv) only being involved with errands and outings in *very exceptional client-specific* situations.
- c. Exclude of the HSW role in specific functions such as: i) assisting clients with their “medical procedures” beyond the standardized HSW education, and ii) being involved in general errands and taking clients on outings.

6.2 Education and Training

Recommendation 2

Re-design the *entry level education system* for Home Support Workers (i.e. length of program, curriculum content) that:

- Prepares HSWs for the expanded scope of work;
- Meets defined education standards;
- Accepts a range of reliable training partners including NBCC and selected private agencies; and
- Is accessible and affordable by HSWs.

Recommendation 3

Implement a combined *in-service/ongoing training model* that respects continuing education standards and involves the *NB Home Support Association* and agencies.

Recommendation 4

Introduce a *sector training program* to upgrade the existing Home Support Worker labour force to meet the new education standards.

Recommendation 5

Issue NBHSA *membership cards to workers* as proof of minimum educational sector training.

6.3 Working Conditions

Recommendation 6

Implement consistent policies for Home Support Workers to reimburse *travel time and direct travel costs* (i.e. insurance, mileage)

Recommendation 7

Improve *scheduling* for Home Support Workers that fosters *stable and permanent employment*.

Recommendation 8

Make the *work environment safer* for all Home Support Workers and their clients, in particular:

- a. Implement, continuously update, and report on agency-specific *Workplace Health and Safety Programs* based on sector advice provided in *Results of the Review Conducted*

by the Home Support Workers Workplace Health and Safety Working Group (May 2004);

- b. Continue the mandatory agency practice of completing: i) a home inspection checklist; and ii) an incident report when health and safety issues occur; and
- c. Maintain ongoing sector communication with the *Workplace Health, Safety and Compensation Commission (WHSCC)*; the *Department of Family and Community Services*, and *Association* members regarding:
 - Health and safety legislation
 - Supports/training available
 - Trends in accident frequency, duration and causes from statistical information available to the WHSCC⁶

6.4 Compensation

Recommendation 9

Implement a paid sick time benefit for Home Support Workers and enforce a sick time policy to protect client and worker health.

Recommendation 10

Implement an adequate compensation system for Home Support Workers in New Brunswick based on an independent assessment of compensation to determine compensation benchmarks applicable to jobs with female-dominated workers.

7.0 Proposed Labour Sector Adjustment Strategy for Home Support Workers in New Brunswick: Recruitment and Retention Measures and Implementation Plan

Home support workers continue to be an important component of the home care sector in New Brunswick and evidence suggests there will be growing demands in the future. Providing home support services to seniors and those with long term health challenges is a shared responsibility that involves the individuals, and their families, friends and neighbours; service delivery agencies, and government (i.e. *Family and Community Services*, *Health and Wellness* and *Training and Employment Development*). In fact, *Family and Community Services* is involved with the less visible and longer term *home support services* while *Health and Wellness* focuses on the highly visible *home health services* operated under the auspices of the *Extra Mural Program*.

It is also interesting to note that training programs for home support workers in the province are offered by community colleges and home support agencies alike with an ongoing need for standardization. In order to attract and retain workers in home support, working conditions need to improve.

⁶ Results of the Review Conducted by the Home Support Workers Workplace Health and Safety Working Group (May 2004), p. 10

The proposed *Labour Sector Adjustment Strategy for Home Support Workers in New Brunswick* identifies a broad implementation plan to improve *recruitment and retention*. It is clear that collaborative action is required among home support workers and key organizations including home support, government service, and training agencies.

This strategy recommends key changes to system policy and sector action by stakeholders that will make immediate improvements for the workforce and work environment of *Home Support Workers in New Brunswick*.

**PROPOSED LABOUR SECTOR ADJUSTMENT STRATEGY FOR NB HOME SUPPORT WORKERS:
RECRUITMENT AND RETENTION MEASURES AND IMPLEMENTATION PLAN**

adjustment measureS to improve recruitment and retention	lead responsibility	support responsibility	TIMELINE TARGET
Nature of Work			
<p><u>Recommendation 1</u> <i>Re-define the scope of work for Home Support Workers to reflect their work realities as follows:</i></p> <ol style="list-style-type: none"> a. <i>Focus on housekeeping, personal care and meal preparation.</i> b. <i>Expand the HSW role in specific functions as: i) supporting clients to follow medication regimes; ii) assisting clients with their "medical procedures" within the standardized HSW education, iii) providing companionship and building relationships with clients, families and other providers/professionals, and iv) only being involved with errands and outings in very exceptional, client-specific situations.</i> c. <i>Exclude of the HSW role in specific functions such as: i) assisting clients with their "medical procedures" beyond the scope of the standardized HSW education, and ii) being involved in general errands and taking clients on outings.</i> <p><u>Implementation:</u></p> <ol style="list-style-type: none"> 1. Strike a <i>Scope Working Group</i> to review the existing documents; and develop the expanded scope of work statement and position description. (See reference documents on delegation and medication administration). 2. Ask members to self-fund participation and seek external funding if required. 3. Pursue agency and government support for expanded scope statement. 4. Develop policies and promotional material that clearly informs clients, families and service agencies of the scope of work for HSWs; including role limitations. 5. Increase public awareness of home support services standards through wide distribution of program pamphlets and other promotional material. 	<p>NB Home Support Association with representation from home support workers</p>	<p>NB Home Support Agencies</p> <p>Family and Community Services</p> <p>Community Colleges offering training programs</p> <p>Consumer representation</p> <p><u>Public/Agency Promotion</u></p> <p>Family and Community Services</p> <p>Health and Wellness</p> <p>Professional associations; i.e. <i>nurses, pharmacists, social workers, physicians, physiotherapists, occupational therapists etc.</i></p>	<p>0-6 months</p>

adjustment measureS to improve recruitment and retention	lead responsibility	support responsibility	TIMELINE TARGET
Education and Training			
<p><u>Recommendation 2</u> <i>Re-design the entry level education program for Home Support Workers program (i.e. length of program, curriculum content) that:</i></p> <ul style="list-style-type: none"> • Prepares HSWs for the expanded scope of work; • Meets defined education standards; • Accepts a range of reliable training partners including NBCC and selected private agencies; • Is accessible and affordable by HSWs. <p><u>Implementation</u></p> <ol style="list-style-type: none"> 1. Seek funds to hire an external curriculum consultant to design the revised curriculum and propose a delivery system that is affordable, accessible and standardized. 2. Strike an Education Advisory Group on system design and delivery. 3. Seek and approve reliable training agencies and implement a system of program and agency approval. <p><i>Note: Facilitate laddering opportunities for HSWs who pursue further education in related fields (i.e. adaptable to prior learning assessment and evaluation systems).</i></p>	<p>NB Home Support Association under leadership of external education/curriculum consultant</p>	<p>Home Support Agencies Consumer representation Training and Employment Development (potential funding source for curriculum development; representation from Curriculum Branch on Working Group) Family and Community Services (funding for program and agency approval; representation on Working Group re Home Support Services Standards – Worker Qualifications)</p>	<p>6-12 months</p>
<p><u>Recommendation 3</u> <i>Implement a combined in-service/ongoing training model that respects continuing education standards and involves the NB Home Support Association and agencies.</i></p> <p><u>Implementation</u></p> <ol style="list-style-type: none"> 1. Seek funds to hire an external curriculum consultant to design the required curriculum and delivery system that is affordable, accessible and standardized. 2. Include project in the mandate of the Education Advisory Group. 3. Complete the business plan and seek external funding for program delivery. 	<p>NB Home Support Association</p>	<p>Training and Employment Development Consumer representation Family and Community Services (representation for Home Support Services Standards – Continuing Education)</p>	<p>6-12 months</p>
<p><u>Recommendation 4</u> <i>Introduce a sector training program to upgrade the existing Home Support Worker labour force to meet the new education standards.</i></p> <p><u>Implementation</u></p> <ol style="list-style-type: none"> 1. Seek funds to hire an external curriculum consultant to design the required curriculum and delivery system that is affordable, accessible and standardized. 	<p>NB Home Support Association under leadership of external education/curriculum consultant</p>	<p>Home Support Agencies Home Support Workers Training and Employment Development Family and Community Services</p>	<p>12-36 months</p>

adjustment measureS to improve recruitment and retention	lead responsibility	support responsibility	TIMELINE TARGET
2. Include project in the mandate of the <i>Education Advisory Group</i> . 3. Complete the business plan and seek external funding for program delivery. 4. Implement and evaluate the program.		Consumer representation	
<p><u>Recommendation 5</u> <i>Issue NBHSA membership cards to workers as proof of minimum educational sector training.</i></p> <p><u>Implementation</u></p> 1. Strike a <i>Membership Working Group</i> to design the individual membership criteria and deign the registration system. 2. Promote the membership benefits and encourage the public to hire HSWs with Association membership (This approach reinforces the education and service standards with the public). 3. Implement the membership program including assessing applicants, collecting fees and issuing membership cards.	NB Home Support Association Home Support Workers	Family and Community Services Home Support Agencies Home Support Workers	12-36 months
Working Conditions			
<p><u>Recommendation 6</u> <i>Implement consistent policies to reimburse Home Support Workers for travel time and direct travel costs (i.e. insurance, mileage).</i></p> <p><u>Implementation</u></p> 1. Strike a <i>Working Conditions & Compensation Working Group</i> to design appropriate policies for sector. (3-6 months) 2. Ask an individual to review the existing travel polices for HSWs and other community workers within Health and Wellness and Family and Community Services. (0-3 months) 3. Advocate adoption within agency and government contracts. (6-12 months)	NB Home Support Association Home Support Workers	Family and Community Services (within contracts) Health and Wellness (providing Extra Mural example)	6-12 months
<p><u>Recommendation 7</u> <i>Improve scheduling for Home Support Workers that fosters stable and permanent employment.</i></p> <p><u>Implementation</u></p> 1. Ask an individual (e.g. summer student) to review best practices within the sector, including home support agencies in New Brunswick. (0-6 months)	Home Support Agencies Home Support Workers	Family and Community Services	6-12 months

adjustment measureS to improve recruitment and retention	lead responsibility	support responsibility	TIMELINE TARGET
<p><i>compensation benchmarks applicable to jobs with female-dominated workers.</i></p> <p><u>Implementation</u></p> <ol style="list-style-type: none"> 1. Ensure the <i>Working Conditions & Compensation Working Group</i> provides input to external consultant on work and compensation issues. 2. Provide the results of the review to the Association, agencies, government and Home Support Workers. 3. Advocate for the adoption of the results. 		<p>expertise)</p>	

8.0 Final Observation and Next Steps

The **Sector Adjustment Strategy for Home Support Workers in New Brunswick** should be implemented to guide the continued development of services and the service sector to meet the needs of the clients/families, agencies, funders and the home support workers. The *Strategy* will provide sector leadership and policy-makers with a working tool that is action-oriented and designed to address the issues. As new evidence emerges, the *Strategy* can be modified to remain relevant.

There is a need to establish clear priorities and further develop the implementation plan. Monitoring and evaluation systems should be identified as part of any recommended for regular review. This *Strategy* can provide leadership with a strategic decision-making tool and empower individuals/groups to move from issues to action.

The *Committee* expects that all identified stakeholders will review this report and determine their role in the recommendations. Further funding will be required from TED and other partners to support the establishment of Working Groups to implement the recommendations.

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10.0 APPENDICES

Appendix A: Committee Members

Chairperson: Nancy McKay, Management Dimensions Inc.	
Home Support Agency Representatives	
Trudy Higgins	St. Stephen, NB
Léo-Paul Pinet	Caraquet, NB
Bob Price	Moncton, NB
Brian Kierstead	Saint John, NB
Field Staff Representatives	
Jean Zinck	Enterprise, NB
Joyce Girvan-Shaw	Harvey, NB
Mary Goguen	Cocagne, NB
Evelyn Fox	Fredericton, NB
Stakeholder Representatives	
Dr. Linda Nugent	Researcher, UNBSJ Department of Nursing, Saint John, NB
Helen Ladouceur	NB Seniors Federation, Haneytown, NB
Eileen Malone	Seniors Advocate, Fredericton, NB
Rosella Melanson	Advisory Council on the Status of Women, Fredericton, NB
Government Representatives	
Alain Basque	Training and Employment Development , Fredericton, NB
Roberte Vautier	Health & Wellness, Fredericton, NB
Sandra Sims / André Lepine	Family and Community Services, Fredericton, NB

Appendix B: Consideration of Education/Training Options and Models

TRAINING OPITONS/MODELS	ADVANTAGES	DISADVANTAGES
Option 1: Individual Agencies	<ul style="list-style-type: none"> • Increased access • Local control of curriculum and fit • Improved local recruitment 	<ul style="list-style-type: none"> • Agency cost • Lack of ongoing educational expertise • Potential lack of education standards • Potential difficulty to update curriculum
Option 2: NBCC	<ul style="list-style-type: none"> • More standardized training • Formal recognition of education credentials • Improved mobility of workers • Increased potential for prior learning assessment or career laddering 	<ul style="list-style-type: none"> • Individual cost • Lack of industry control (timing, frequency) • Limited access province-wide • Keeps current model which does not seem to work
Option 3: NB Home Support Association	<ul style="list-style-type: none"> • More standardized training • Local access • Increased sensitivity to agency/client needs 	<ul style="list-style-type: none"> • Potential lack of Association ability to coordinate basic education • Limited access to training dollars • Lack of industry objectivity and potential conflict of interest
Option 4: Combined Model <ul style="list-style-type: none"> • Design: CCNB & Association • Quality control: Association • Delivery: CCNB & Agencies 	<ul style="list-style-type: none"> • Uses organizational expertise appropriately • Shares responsibility • Maintains flexibility • Increases possibility of standardization of curriculum 	<ul style="list-style-type: none"> • More complex than current system • Requires cooperation and commitment of partners • Lacks formal mandate

Appendix C: SITUATIONAL ANALYSIS – WORKING CONDITIONS OF HOME SUPPORT WORKERS			
ISSUE 1: HSW SCHEDULING AND WORK ASSIGNMENT			
Current Status and Problems			
<ol style="list-style-type: none"> 1. <i>On-call/Casual/Part-Time/Full-Time Schedules:</i> Due to the varied caseload demands in home support, many HSWs have unpredictable work schedules. Agencies struggle with the worker expectation of predictable and permanent work hours and the ever-changing work volumes. If emergencies occur and a HWS is called in, agencies must comply with the minimum requirements under the Employment Standards Act. 2. <i>Client Sickness-Worker Protection:</i> In situations where clients become ill and require hospitalization, private-paying clients currently continue to co-pay for a two week period. There is no continuation of payment for government-funded clients. This can lead to unpredictable work schedules for HSWs and lack of worker consistency for clients if HSWs are re-assigned immediately. 3. <i>Worker Sickness-Client Protection:</i> HSWs do not have paid sick time and, due to low salaries, can not afford to take time off without pay. If HSWs continue client assignments when ill, the client is put at unnecessary health and safety risk. 			
Sector Change Identified to Improve Recruitment and Retention			
<p><i>Agencies should build a flexible workforce with a mix of part time and full time employees that have predictable hours of work.</i></p> <p><i>In cases of client illness/hospitalization, service funders should continue to pay up to a maximum 2-week recovery period prior to worker re-assignment.</i></p> <p><i>Agencies should consider a paid sick time benefit for HSWs and enforce a sick time policy that protects the health and safety of clients and workers.</i></p>			
RECOMMENDATION	Facilitating Factors	Barriers	Comments
R1: Build a flexible workforce to meet client needs.	<ul style="list-style-type: none"> . worker identification of preferred status (PT or FT) . with limited and high volume service contracts, service volumes could be predicted and funding factors applied to formula 	<ul style="list-style-type: none"> . unpredictable daily/weekly client demands . lack of funder interest in paying more for service - lack of agency interest/expertise in new scheduling models 	<i>The Association could examine this issue from a system perspective and provide information on innovative staff scheduling models/approaches to agencies.</i>
R2: Agencies should extend the co-pay system to all service funders, in particular government.	<ul style="list-style-type: none"> . Co-pay extension period during client illness/hospitalization now in place for private clients 	<ul style="list-style-type: none"> . Lack of funder interest in paying more for service 	
R3: Agencies should consider a paid sick time benefit for HSWs	<ul style="list-style-type: none"> . Protects the health and safety of clients and workers. 	<ul style="list-style-type: none"> . Lack of funder interest in paying more for service 	

Appendix C: SITUATIONAL ANALYSIS – WORKING CONDITIONS OF HOME SUPPORT WORKERS			
<i>and enforce a protective sick time policy.</i>		<i>. Lack of agency ability to absorb more overhead costs</i>	
ISSUE 2: HSW WORK ENVIRONMENT (WORKPLACE HEALTH AND SAFETY)			
Current Status and Problems			
<ol style="list-style-type: none"> 1. <i>Aging worker and client populations:</i> There is an increased risk of injury to workers given that clients are requiring a higher level of care. The HSW is often alone in the home without support or proper equipment to meet client needs. 2. <i>Limited control over client home environment:</i> 3. <i>Higher than expected accident rates in sector:</i> Agencies can expect the WHSCC assessment to continue to increase by approximately 20% per year unless frequency and duration of claims is decreased. Assessment rates are directly related to the accident experience of specific agencies. In 2002, traumatic injuries accounted for over 95% of claims, the vast majority being strains, sprains and back injuries. 			
Sector Change Identified			
<p><i>Need to reduce the cost of new accidents by 50% over the next five years (Health and Safety Committee (2004)).</i></p> <p><i>Need for implementation of 10 recommendations of Health and Safety Committee (2004) that involves employers and employees and deals with accident/safety education, accident prevention and management issues.</i></p>			
RECOMMENDATION	Facilitating Factors	Barriers	Comments
<i>R4: Implement 10 recommendations of Health and Safety Committee (2004) that involves employers and employees and deals with accident/safety education, accident prevention and management issues.</i>	<i>. Report and direction set in 2004. . Opportunity to reduce WHSCC assessment rate may increase agency compliance rate.</i>	<i>. No formal system of accountability /monitoring.</i>	<i>Association should have system of periodic reporting in place</i>
<i>R5: Agencies must adopt the mandatory practices of: i) home inspection checklist, and ii) incident report when health and safety issues occur</i>	<i>. Tools already exist</i>	<i>. Potential lack of compliance by agencies . No independent monitoring system in place</i>	
ISSUE 3: HSW TRAVEL COSTS			

Appendix C: SITUATIONAL ANALYSIS – WORKING CONDITIONS OF HOME SUPPORT WORKERS			
Current Status and Problems			
<p>1. <i>Time and expense:</i> There is no standard agency practice or service funder arrangement related to paying the travel time and reimbursing the travel expense of HSWs. This situation leads to a serious financial disadvantage given the low average salary and unpredictable work schedules. In particular, this situation applies to HSWs who travel daily between clients or cover large geographical areas. If HSWs transport clients in personal vehicles, higher insurance costs are incurred.</p> <p>2. <i>Insurance costs</i></p>			
Sector Change Identified			
<i>Need for adequate and equitable travel policies, specifically i) consideration of travel time as paid hours; and ii) reimbursement of reasonable travel costs (per km rate; public transit policy; insurance differential in specific circumstances) .</i>			
Options Considered	Benefits	Risks	Comments
<i>1: Status quo</i>	<i>. No additional funding required</i>	<i>. impacts ability of HSWs to remain in sector (cost-benefit)</i>	
<i>2: Reimbursement of time and travel costs</i>	<i>. Already exists within parts of the HSW sector. . Reasonable expectation when nature of the work demands travel between clients or to “very remote” clients that require service.</i>	<i>. Agencies can not pick up additional overhead . Service funders not interested in additional costs</i>	<i>This issue must be addressed as a priority and would have immediate and positive impact on the HSWs and sector itself.</i>
<i>3: Reimbursement of time and provision of cars</i>	<i>. Eliminates need for worker to have own transportation</i>	<i>. Cost prohibitive</i>	
RECOMMENDATION	Facilitating Factors	Barriers	Comments
<i>R6: Reimbursement of time and travel costs</i>	<i>. Practice exists in most sectors including EMH</i>	<i>. Agencies can not pick up additional overhead . Service funders not interested in additional costs</i>	<i>This issue must be addressed as a priority and would have immediate and positive impact on the HSWs and sector itself.</i>