

November 12, 2017

## NEW Self-Directed Personal Support Services Ontario (SDPSSO), scheduled to start in 2018

In the past week, there has been a lot of commentary about a new crown agency for home care services called "Self-Directed Personal Support Services Ontario, or SDPSSO, that will be launched by the Ministry of Health and Long-Term Care (MOHLTC) in early 2018.

Introducing the new agency as a component of its "Ageing with Confidence: Ontario's Action Plan for Seniors", 1 the province tells us that, with this "service expansion", it will be:

- Increasing the volume of nursing, PSW therapy, and respite care services provided;
- Creating "new, innovative self-directed care models", including the establishment of the new agency (SDPSSO), for chronic, long-stay home care clients with "complex conditions" requiring 14 hours/week of PSW services;
- Launching a new caregiver organization in spring 2018, which will provide support and resources, including a single access point for information, etc.;
- Introducing a new framework for home-care assessments and planning based on *Levels of Care* (see related commentary); and
- Providing additional funding for community supports, such as meals -on-wheels and day programmes.

The new crown agency — SDPSSO — will somewhat address a long-known problem faced by the 1% of home care and community support recipients who participate in the self-directed care programme, namely, finding and employing qualified PSWs. In fact, the new agency will employ PSWs on their behalf and manage their service allocation (i.e., handle payroll deductions, taxes, benefits, etc.). The clients will choose their PSWs from the agency's employee pool and "coordinate" their own scheduling of the services they receive. This, perhaps, allows them to retain some sense of choice and control.

Direct employment of PSWs will provide stable employment and needed employment benefits, and hopefully, better working conditions and protections for the workers lucky enough to get the jobs. This is a good thing. However it does nothing for the 99% of clients, who must still rely on current agencies. Nor does it address the vast majority of workers who are generally poorly paid; endure precarious employment in understaffed situations; are frequently disrespected by other health care workers; and regularly face violence and burnout.

Also, we have long known that there is a desperate, on-going shortage of qualified, well trained PSWs, but there is nothing in the strategy to actually grow the labour pool, other than raising the minimum

<sup>&</sup>lt;sup>1</sup> See: <a href="https://www.ontario.ca/page/aging-confidence-ontario-action-plan-seniors#section-5">https://www.ontario.ca/page/aging-confidence-ontario-action-plan-seniors#section-5</a> and <a href="https://news.ontario.ca/opo/en/2017/11/ontario-supporting-seniors-to-live-their-best-life-1.html">https://news.ontario.ca/opo/en/2017/11/ontario-supporting-seniors-to-live-their-best-life-1.html</a>

wage to \$15/hour (a good start, but not enough). Many current not-for-profit and for-profit home care and community support agencies are concerned about the potential impact of the government competing with them for workers in an already stressed labour pool, so a complementary strategy to grow the pool of qualified workers is essential.

The agency will open next spring with an unknown annual budget which will, no doubt, draw from the current allocation for home and community care services. It will be responsible for working with the Local Health Integration Networks (LHINs) to coordinate service provision to their clients. However, as yet, there is no real information about the agency's governance structure, accountability and operating reporting responsibilities, and other than liaison, no clear information on it role in the overall system. We do know that the agency will be piloted in three LHINs, but not which three, and not how it might (if at all) address the needs of clients in currently underserved areas.

The new agency offers great potential, but once again, the priority is clients with complex socio-medical needs; it is about "patients" and not about seniors ageing safely at home and in their community.

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