

# Want to fix our broken home-care system? Just answer these questions



Pressure is growing on governments to deliver more workers and funding for home-care. But, it's also getting harder to find people willing to deal with the dismal working conditions in home-care **MATTHIEU RONDEL**  
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“There are public, non-profit home-care programs in most of Canada, at no or minimal cost. But waiting lists are long.

These could — and should — become the centrepiece in our communities if given a new priority, proper funding and creative new approaches,” write Laurell Ritchie, Pat Armstrong, Marjorie Griffin Cohen and Armine Yalnizyan.

**By Laurell Ritchie, Pat Armstrong, Marjorie Griffin Cohen and Armine Yalnizyan**  
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Maybe you've found yourself worrying about how things would go if you or someone you know ends up home alone and in need of care.

Or maybe you've already experienced the maddening search for home-care. It's becoming familiar terrain as we wait longer for acute care, face earlier discharge from hospital or search desperately for rehab services, long-term care or temporary help after an illness or injury.

The push is clearly on for more care to be provided in the home, the result of government cutbacks, aging populations, and a shortage of seniors housing and nursing homes. To date, that responsibility (and unpaid work) largely falls to individuals and families, mostly women.

Unsurprisingly, pressure is growing on governments to deliver more workers and funding for home-care. But, it's also getting harder to find people willing to deal with the dismal working conditions in home-care.

On June 3, the federal government announced [new pilot projects in the home-care sector](#) which — for the first time ever — grant permanent residence status to qualified caregivers from abroad. They'll no longer be restricted to working with an individual family, currently the case for migrant caregivers. (It's a form of indentured service and advocates understandably argue the new provisions should apply to migrant caregivers *already* in Canada.)

A largely overlooked provision allows caregivers to work for third-party organizations providing home-care. What that means is still up for grabs.

For-profit temp agencies provide home-care and they're on the rise. This carries the risk of new forms of indentured service for migrant caregivers, as [witnessed in other jurisdictions](#). It also raises concerns about working conditions for others working in home-care.

There are public, non-profit home-care programs in most of Canada, at no or minimal cost. But waiting lists are long. These could — and should — become the centrepiece in our communities if given a new priority, proper funding and creative new approaches.

For example, “on-demand” care usually means temporary agency delivery these days. And everyone wants care when and where they need it. But workers also want decent conditions. This is where our public home-care programs could come into play.

We have questions. We bet you do too. Here are some for our political leaders:

- How could paid home-care work be made more attractive?
- What guardrails will you put in place to prevent for-profit agencies from increasing the exploitation of migrant workers?
- How would you avoid working-age adults, women in particular, becoming the backfill for the gap in public services, jeopardizing their paid employment and health and our collective economic productivity?
- With the rising incidence of multiple medical challenges and dementia, as well as inadequate housing for seniors, how will you ensure people are aging in the place that meets their needs?
- How can homes be made safe for care work? What options would you offer if a person doesn't have secure, safe or appropriate housing. A “home” can need repair, lack basic amenities, or be the site of domestic abuse. Stairs can pose problems. Safely performing a two-person lift may be impossible.
- How would you deal with the realities of an ailing senior trying to care for another ailing senior, bathing them, changing diapers, handling injections and medications, while making sure both are fed?

Manitoba's experience is instructive; the first province to introduce a 100 per cent public, non-profit home-care program. A privatization experiment in 1997 was abandoned after a public outcry over the exposure of [higher costs, poorer care and fraud](#). But cutbacks and reduced staffing followed, especially after 2016. Today, Manitoba is just beginning to [restore its complement of public home-care workers](#) and develop a [float pool of nurses](#) within the public system.

More public, less private helps but it's not a magic bullet. We also need to:

- Ensure adequate funding and staffing for our public hospitals, rehab services, long term care and home-care programs.
- Ensure on-demand home-care works for workers as well as those requesting care.
- Better regulate the home-care system to serve the public interest, limiting the growth of for-profit temporary help agencies, and providing better oversight.

The public and our elected representatives need gutsy answers to the hard questions facing a growing population who are home alone.

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[https://www.thestar.com/opinion/contributors/want-to-fix-our-broken-home-care-system-just-answer-these-questions/article\\_9c16fd32-42d0-11ef-bb0d-fbe57a7d8f00.html](https://www.thestar.com/opinion/contributors/want-to-fix-our-broken-home-care-system-just-answer-these-questions/article_9c16fd32-42d0-11ef-bb0d-fbe57a7d8f00.html)