OCSA
Ontario Community Support Association

The Care That's Needed – The Care That's Wanted

Investing in home and community care to expand access to care and build a strong workforce

Pre-Budget Consultation Submission

2025

Prepared by Ontario Community Support Association

CONTENTS

2 Introduction

3 Summary of Recommendations for Budget 2025

4 Wrap Around Care - Client Experience

5 Challenges/Solutions:

Building Integrated Care Across Communities

Closing the Wage Gap to Build a Strong Workforce

10 Conclusion

INTRODUCTION

The need for robust home and community care services is growing, driven by an aging population, caregiver burnout, and increasing demand for personalized, home and community-based support. Investing in these services and the organizations who deliver them is essential, not only for the well-being of individuals, but also for the sustainability and effectiveness of Ontario's healthcare system.

Over the past few years, the province has invested significantly in home and community care, including record levels of investments in Budget 2023 for Community Support Services (CSS) and a significant commitment in Budget 2024 to invest $2 billion over 3 years into the home and community care sector.

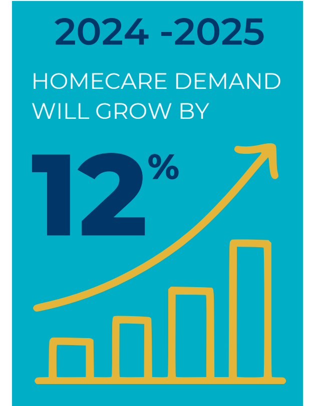
This has allowed the sector to begin to stabilize following the devastating impacts of the pandemic. Organizations have been able to increase wages and benefits, which has improved recruitment and retention, and create innovative partnerships with hospitals to get clients home quicker. These investments have also facilitated the expansion of much needed community programs like Meals on Wheels, adult day programs and assisted living services.

Beyond their investments, the government has clearly signalled the importance of caring for our aging population at home and in their communities. This has been done by modernizing the home care sector through:

- the creation of Ontario Health atHome
- ensuring home and community care providers are key partners in Ontario Health Teams
- instituting a Home First Operational Directive to the entire health system.

Now, to achieve the goal of health system transformation and create access to a full complement of wrap-around services for a growing aging population, the province must continue along this trajectory and make further investments into the sector in Budget 2025.

According to the province's own estimates, demand for homecare will grow by 12.1% in 2024-25[1] and as the population ages we will need to make room for an additional 23,000 home and community care clients annually, just to keep 76% of people aged 75 years or older at home and in community.[2]



> At some Community Support Service organizations, waitlists for personal support services have increased almost 8 times in size this year. Many organizations have seen their waitlists triple in size or grow to nearly 4 times the size of their funded program.

This document outlines two key investments, totaling $385 million, the province must make to address key challenges facing home and community care today: inconsistent access to services, a staffing crisis, and fragmented or lack of digital connectivity.

The care people want:

93% of seniors would prefer supports to help them stay at home if they were on a waitlist for long-term care.[3]

The care people need:

85% of seniors who receive home and community care services say the service helped them stay at home.[4]

SUMMARY OF RECOMMENDATIONS FOR BUDGET 2025:

Increase access to services and transform service delivery by increasing funding by at least 5% ($241 million).

This investment would allow home and community care providers to build access to integrated wrap around care and prioritize investments where they are most needed locally.

It would enable them to transform service delivery, support volunteers, modernize their digital infrastructure, and build their organizational leadership to lead health system transformation.

Invest in a 3% ($144 million) compensation increase for the home and community care workforce, as part of a strategy for the entire community health sector, including community primary care, mental health and addictions and long-term care.

Implementing a compensation retention strategy over the next 4 years would close the wage gap between community and hospital workers and retain 1 in 5 PSWs who would otherwise have left the sector.[5]

This would increase access to services by creating an additional 23.5 million care hours for Ontarians, prevent long-term care admissions and help drive down hospital alternative level of care rates.

Total ask:
$385 Million

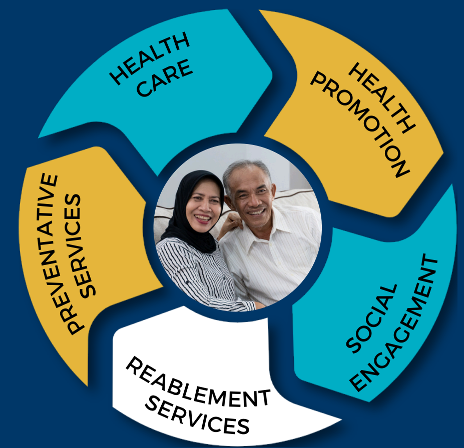
These two investments would help address key challenges facing home and community care and provide organizations with the ability to direct the funds where they are most needed. This would lead to better access to services, a stronger health workforce, more efficient, digitally enabled organizations and, ultimately, health system transformation.

WHAT IS WRAP AROUND HOME AND COMMUNITY CARE?

To enable seniors and people with disabilities to age well at home, a comprehensive suite of services that wrap around a client is essential. These services must address various needs and include health care, health promotion, social engagement, preventative services and reablement services.

For people with physical disabilities and providers of independent living services, these services take on a unique philosophy of aiming to respect and maximize the independence and participation in their communities of those being served.

All these services work together, each contributing a key piece of the puzzle that is needed to enable people to safely age and live well at home.



Client Experience 1: Restoring Independence for Mrs. Thompson

Mrs. Thompson, an 82-year-old widow, struggled with daily tasks after a hip fracture. Her daughter, concerned about her mother's ability to live alone, sought help to keep her at home.

Wrap Around Home and Community Care Services:

- **Personal Care:** A support worker visits daily to help with bathing, dressing, and grooming, restoring her confidence.
- **Household Assistance:** A homemaker handles housekeeping and meal prep twice a week, creating a safer living environment.
- **Home Care:** Nurse visits and physiotherapy sessions improve her mobility and recovery.
- **Transportation:** Accessible transport takes her to medical appointments , Adult Day Programs and exercise classes, addressing her clinical requirements, maintaining physical activity and reducing social isolation.
- **Volunteer Visiting:** Trained volunteers visit to provide companionship and personal assistance.

These services, coordinated through a community-based system navigator working with a home care care coordinator, enable Mrs. Thompson to regain independence and stay in the home she loves. This person-centred approach ensures care is tailored to her personal requirements and specific health needs.

Client Experience 2: Comforting Mr. Lee in His Final Days

Mr. Lee, a 74-year-old with advanced lung cancer, wished to spend his final days at home with his family. The demands of his care became overwhelming for his wife and daughter.

Wrap-Around Home and Community Care Services
:

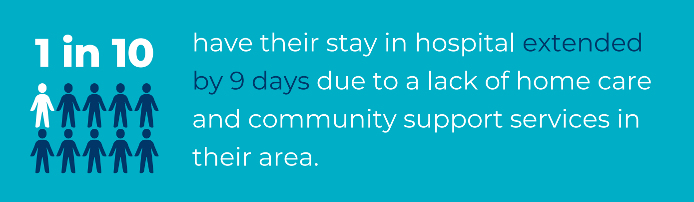
- **Palliative Care:** A palliative care team provided pain management and emotional support, ensuring Mr. Lee's comfort.
- **Respite Care:** Short-term relief for his family allowed them to rest, preventing burnout while maintaining quality care.
- **Household Help:** A homemaker managed daily chores, letting the family focus on time together.
- **Bereavement Supports:** Services of a Death Doula helped the family prepare in making decisions and transition near the end-of-life.

These services were effectively coordinated through a palliative focused care coordinator, allowing for timely access to home and community care services tailored to the client and family's needs. This allowed Mr. Lee to pass away peacefully at home, surrounded by his loved ones.

BUILDING ACCESS TO INTEGRATED WRAP AROUND CARE

THE CHALLENGE:

Ontarians need better access to more integrated services to live well in their homes and communities.



By 2029, Ontario's population of individuals aged 65 and older is projected to increase by more than 650,000, which translates to an annual growth of around 110,000 people, resulting in a total increase of 23%. This population growth will significantly increase the demand for home and community care services as more seniors require support to live independently and manage their health needs.

Combining the aging population with the twin pressures of hospitals discharging patients to alleviate their capacity pressure and providing more upstream care to clients through the Home First Directive, has resulted in demand for wrap around home and community care to spike this year. Waitlists for all types of CSS services, including those delivered by volunteers, have grown.

The situation is made worse by the challenge of recruiting and retaining volunteers. 70% of the care delivered in the community is delivered by unpaid caregivers or volunteers. In 2024, volunteers delivered over three million hours of care.

A reduction in the number of volunteers is endangering the sustainability of many CSS services such as Meals on Wheels, Transportation and Friendly Visiting. One organization in Ottawa had to deliver 20,000 fewer meals this past year due to a shortage of volunteers.

Added to that, the home and community care sector has a very fragmented digital ecosystem. It lacks connectivity between service providers, clients, caregivers, and their care teams. This fragmentation is compounded by the absence of bi-directional information exchange and multiple integration points. Outdated tools like telephones, emails, and faxes are used as workarounds to scale the digital divide between providers. As a result, clients must repeat their stories to healthcare providers lacking current information on their needs and care.

In the past few years, the government has provided some increases to unrestricted core funding for home and community care providers. While this has helped the sector to start to stabilize following the crisis caused by the pandemic, it has not been enough to address the challenges outlined above. Providers have been unable to realize efficiencies associated with digital modernization, adequately support volunteers, collaborate effectively within Ontario Health Teams, and fully participate in health system transformation.

This has negatively impacted service delivery, resulting in more barriers to providing integrated team-based care that aging Ontarians need and want.

BUILDING ACCESS TO INTEGRATED WRAP AROUND CARE

THE SOLUTION:

Home and community care organizations want and need to be part of the solution. To do so, the government must continue to invest in both the expansion of services and the organizational capacity of organizations. In Budget 2025, we are calling on the province to invest an additional 5% in the home and community care sector.

> An integrated system that seamlessly delivers care can significantly reduce hospital admissions, lower healthcare costs, and improve the overall quality of life for Ontarians aging at home.

The proposed increase would enable home and community care organizations to:

- increase access to services
- transform how they deliver service
- support volunteers
- modernize their digital infrastructure
- build their organizational leadership to lead health system transformation.

All of these are critical to achieving the government's vision of an integrated health system via Ontario Health Teams.

EXPANDING ACCESS AND TRANSFORMING SERVICE DELIVERY

The growth in waitlists and projected increases clearly demonstrate that access to home and community care services must be increased. Beyond simply expanding existing services across the province, we must also transform how care is delivered. Across Ontario, health service providers are working together in Ontario Health Teams to build a local integrated health system to achieve better client outcomes and more efficient service delivery.

It is imperative that wrap around home and community care is part of each and every Ontario Health Team.

New service delivery models such as Community Wellness Hubs and the Let's Go Home Program (LEGHO) demonstrate the potential of working across sectors and in partnerships to meet evolving client needs.

SUPPORT VOLUNTEER SERVICE DELIVERY

We must also enable organizations to better support and encourage volunteers, who are the backbone of our community support services sector.

Increased investment would allow organizations to fund various initiatives aimed at enhancing volunteer engagement.

This could include **establishing volunteer training programs** to ensure volunteers are well-prepared to address the diverse needs of our communities, **implementing recognition and retention programs** to maintain long-term volunteer commitment and satisfaction, **covering expenses related to volunteer activities** such as transportation and materials, and **launching outreach and recruitment campaigns** to attract a robust and diverse pool of volunteers ready to contribute to our community efforts.

MODERNIZE DIGITAL INFRASTRUCTURE

Home and community care providers must be able to access, update, and share vital patient health information with other health system providers. This investment would enable providers to fully participate in the province's digital health initiatives.

THE SOLUTION CON'T:

Over the past year, the province has initiated several initiatives to advance the sector's digital infrastructure, including the creation of A Roadmap to Digitally Enable Aging in Place and completing a CHRIS platform review.

Funding is needed for individual home and community care organizations to support things like licensure, cyber protection and upgrade legacy systems.

This funding would help to:

- close the digital divide
- foster better integration

This investment into individual service providers would strengthen Ontario's health care system, leading to improved outcomes for all.

LEAD HEALTH SYSTEM TRANSFORMATION

Strong leadership is crucial for home and community care providers to take on key roles in Ontario Health Teams and other collaborative initiatives. All home and community care service providers must be invited and supported to participate in key decision structures such as OHT governance structures and system planning tables**.**

With enhanced leadership capacity, these organizations would be better positioned to influence decision-making, advocate for the needs of their clients, and contribute to the overall vision of an integrated health system. This would not only enhance their ability to deliver high-quality care but also ensure that the unique perspectives and expertise of home and community care providers are fully leveraged in the ongoing transformation of Ontario's health care landscape.

CLOSING THE WAGE GAP TO BUILD A STRONG WORKFORCE

THE CHALLENGE:

Ontario's entire community health sector, including community primary care, community mental health and addictions and long-term care, is facing a staffing crisis caused by the growing wage gap. Last year, the government took a step forward by increasing compensation by 3% for home and community care workers, however, those increases were far behind the 11% increase awarded to hospital nurses and the 8% increase for emergency medical services.

> 94% of community health organizations identified compensation as the single biggest challenge for recruitment and retention. Home and community care organizations are battling 20% average front-line vacancy rates.

The province is expected to need an additional 6,800 PSWs by 2028 just to maintain the level of service currently provided.[7]

We're losing workers to other sectors and industries every day, and it's becoming more and more difficult to recruit and retain the workers we need to provide care to our clients. A survey of nearly 300 community health organizations found that:

- **82%** currently have staffing vacancies.
- **18%** have recently laid off staff due to funding shortfalls. Of this, over 50% could have retained these staff if they received funding for a modest wage increase.
- **73%** said staff who left their role said they are taking a job in a hospital setting.
- **83%** are seeing challenging staff workloads and wait times for patients because of staffing challenges.[8]

The gap between community and institutional sectors has been worsened by the fallout from Bill 124. Other sectors have had retroactive increases funded by the province while our sector has not received any funding. The Bill 124 retroactive increases in other sectors have eliminated the progress made in closing the gap between sectors.

Furthering the gap is the province's policy to pay the $3/hour PSW increase only on direct care hours, meaning that PSWs do not earn their full wage on all hours of work. As an example, PSWs do not receive their full wage while traveling to clients' homes or documenting care. Indirect care, such as client assessments, care coordination, case management, record charting and travel, are critical components of providing safe and accountable team-based care. Workers in all parts of health care are fully compensated for this work. For example, PSWs who work in long-term care earn the same wage regardless of what aspect of their job they are performing, and we should not be paying PSWs in home and community any differently.

Without action, we will see staffing losses leading to services cut, longer wait times, and even more overcrowding in our emergency departments and hospitals.

CLOSING THE WAGE GAP TO BUILD A STRONG WORKFORCE

THE SOLUTION:

Closing the wage gap and paying the wage enhancement on all hours is pivotal in securing our sector's ability to recruit and retain competent professionals and to deliver services. Providing equitable compensation in home and community care not only acknowledges the significance of these roles but also lays the groundwork to meet the growing demand for services as Ontario ages.

Recently published research demonstrated:

wage parity would retain **1 in 5** PSWs who would have left the sector.

> Retaining these PSWs would create over 23.5 million additional yearly care hours for vulnerable Ontarians, shifting care from institutional settings that could result in a 26% reduction in health care expenditures.[9]

The province needs to build on last year's 3% investment and continue this same scale of investment for another 5 years to close the gap in home and community care with other sectors. This year the investment should be $123 million.

This investment should be part of a broader community health based strategy of investing $2 billion over the next five years to close the gap for the entire community health sector, including community primary care, community mental health and addictions and long-term care.

CONCLUSION

The investments and recommendations above are essential to addressing the growing needs of our aging, diverse population and individuals with physical disabilities as well as stabilizing our broader healthcare system.

By expanding service availability, modernizing provider connectivity and digital services, and closing the wage gap, we can create a sustainable and effective healthcare system that prioritizes client access and supports a home first approach. This will benefit the over 1 million Ontarians that require these services, as well as the growing number of Ontarians that have become or will become caregivers.

> **Investing $385 million into home and community care** will enable more Ontarians to live and age well in their homes and communities, reduce premature long-term care admissions, and alleviate pressure on hospitals. By retaining a skilled workforce, supporting volunteers and expanding care hours, we can better meet the demands of our population.

The province must continue to invest in and prioritize home and community care. These investments will not only support the immediate needs of our population but also lay the groundwork for a more resilient and inclusive healthcare system in the future. By committing to these key investments, Ontario can ensure that all residents have access to the care they need to live well at home and in their communities.

1. HCCSS and SPO Forum, February 2024
2. Ontario Health Sector: 2023 Budget Spending Plan Review. Financial Accountability Office. May 31, 2023 https://www.fao-on.org/en/Blog/Publications/health-update-2023
3. Home Care Ontario, New Poll Shows Over 90% of Ontario Seniors Want to Live at Home as They Age, and Want Government to Invest to Help Them do it
4. CIHI, Your Health System, Home Care Services Helped the Recipient Stay at Home
5. Economic Evidence for Home and Community Care Investment: The Case for Ontario PSW Wage Parity. Zagrodney, K. et Al. Healthcare Policy 19(1) August 2023 : 23-31.doi:10.12927/hcpol.2023.27161
6. CIHI, Your Health System, New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home and Hospital Stay Extended Until Home Care Services or Supports Ready
7. Sweetman, A and Kralj, B. The Impact of Ontario's Aging Population on the Home Care Sector, February 2024
8. For us For You Campaign, Community Health Ontario Member Survey
9. Economic Evidence for Home and Community Care Investment: The Case for Ontario PSW Wage Parity. Zagrodney, K. et Al. Healthcare Policy 19(1) August 2023 : 23-31.doi:10.12927/hcpol.2023.27161

ABOUT OCSA

The Ontario Community Support Association (OCSA) represents over 220 not-for-profit organizations that provide home care and community support services to over one million Ontarians. Our members help seniors and people with disabilities live independently in their own homes and communities for as long as possible. These proactive and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. They are the key to a sustainable health care system for Ontario.

OCSA's mission is to advance innovative solutions in health and social care.

ONTARIO COMMUNITY SUPPORT ASSOCIATION

180 Dundas St. W,
Suite 1400-B
Toronto, ON
M5G 1Z8

416-256-3010

www.ocsa.on.ca
info@ocsa.on.ca
@ocsatweets