



CUPE ONTARIO'S RESPONSE

TO THE

HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL (HPRAC) DISCUSSION GUIDE – PERSONAL SUPPORT WORKERS (PSWs)

CUPE Research



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Introduction

The Ontario Division of the Canadian Union of Public Employees represents more than 200,000 members in the Province of Ontario and more than 535,000 members Canada wide. Members include Personal Support Workers (PSWs), other health and community care members, social service workers, municipal, education and other public service workers.

We welcome this opportunity to respond to the Health Professions Regulatory Advisory Council (HPRAC’s) Discussion Guide on Personal Support Workers (PSWs) in Ontario. In this submission we will respond to the questions posed in the Discussion Guide as well as outline recommendations on key issues Ontario PSWs are currently facing.

CUPE Ontario believes that there is no need for self-regulation of PSWs. PSWs are not self-regulated in any other province and there are better ways to protect the public – such as eliminating competitive bidding. Government standards and regulations are important, while the compensation rates for PSWs must be examined.

Protecting the public

For-profit health care and competitive bidding does not protect the public – residents, patients and families - nor does it protect the PSW. For-profit health care puts everyone at risk. Competitive bidding, for-profit care and contracting-out must end.

Private and for-profit care means government funding is wasted on profits instead of quality care. In Hamilton, in 2000, the for-profit “markup” – the difference between the rate charged to the Community Care Access Centre and the wage paid to personal support workers – averaged more than \$8.12 per hour while the markup by not-for-profit providers averaged \$7.37 per hour – a difference of more than 11%¹.

¹ Aronson, Denton, Zeytinoglu, “Market Modelled Homecare in Ontario: Deteriorating Working Conditions and Dwindling Community Capacity”, *Canadian Public Policy*, XXX (I), 2004 in Ontario Health Coalition, *Market Competition in Ontario’s Homecare System: Lessons and Consequences*, March 31, 2005, page 11, www.ontariohealthcoalition.ca.

Competitive bidding and for-profit health care drives down wages, which puts the public at risk. PSW wages are already low. Low PSW wages increase problems with retention, recruitment and turnover or consistency of care. Consistency of care creates high quality health care.

Insufficient funding leads to inadequate staffing numbers and overwork. Overwork can lead to quality concerns. A province-wide health human resource strategy should be implemented. More PSWs and other health care staff are needed. For instance, it can take up to 45 minutes to get a patient or resident out of bed and we now have some PSWs tell us they are only given 15 minutes to complete this task. In an acute care hospital, we have an example of only two PSWs for 18 acute care patients, which also creates overwork or workload problems.

The problem of casualization of PSW positions must also be addressed. Many of the new PSW positions should be full-time and permanent.

The Ontario government has closed thousands of chronic and acute care hospital beds. Under the Conservatives in the mid-1990s almost \$1 billion was cut from hospital budgets and approximately 40 hospitals were closed or amalgamated. Almost 9,000 critical, acute and chronic care beds closed and 25,000 health care workers were laid off².

Sufficient funding is required at the appropriate level of care. Chronic care hospitals have closed or converted to long-term care. Acute care patients are expected to be cared for in chronic care settings – where the organization is funded at half the rate of acute care³.

Whistle-blower protection for health care staff is needed. Health care staff must be protected when they speak out about poor care practices.

PSWs are already accountable to their employers who are responsible for supervision. There is a legal employment relationship that creates liability. PSWs are also subject to the provisions of criminal and civil courts.

There are already established patient/resident/family complaint mechanisms. Complaints can be made directly to the employer or in some instances, through a 24-hour telephone line. Often residents' and family councils exist in long-term care facilities that handle complaints.

On-going in-house training is occurring at many workplaces. This type of training should continue and be paid for by the employer during working hours. Administrators, supervisors and inspectors should also be trained.

² Ontario Health Coalition, www.healthcoalition.ca.

³ Ontario Health Coalition, www.healthcoalition.ca.

Government standards and regulations

Especially for long-term and community care, a minimum staffing standard must be applied. Other care standards in various settings should also be examined and set.

Surprise inspections that enforce standards and regulations must be available in all care settings. The element of surprise is important. An adequate number of inspectors are needed. Any assessment process must include talking with representatives from residents' and family councils where they exist and speaking to health care staff.

Strong and effective sanctions must be imposed on care organizations that are consistently non-compliant with significant care standards. This includes not renewing the license to operate.

PSW compensation and possible new fees under self-regulation

Community/home care and long-term care PSW benefits and wages must be increased to those in the hospital sector. A stable work force with low turnover rates will strengthen the work of PSWs.

According to Health Canada, many PSWs speak English as a second language, are older women and earn an income below the national average. Health Canada also says the sector has a low unemployment rate⁴.

Self-regulation, and the requirements and fees it imposes, will not serve to increase the human resource pool, but may indeed serve to scare workers away. New Canadians who are struggling with language requirements and making a living wage will be negatively affected. A living wage is especially important to those culturally diverse population sectors, which comprise PSWs. Appropriate compensation leads to a stable workforce with high continuity of care, retention and recruitment rates.

Many PSW wage rates are particularly low, while many of our members work part-time. According to HPRAC, home care wages range from \$11.50 to \$15.20 per hour. Long-term care wages are about \$15 per hour on average. PSW hospital workers average at about \$18.36 per hour. Benefit packages are meager or non-existent in the home care/community care and long-term care sector and vary in the hospital sector.

Self-regulation with the possibility of three types of new fees for malpractice insurance, voluntary association and a regulatory college, will only serve to exacerbate the problem of low wages, few benefits and high turnover. In 2005, the fees for the college of social service workers were \$370 annually. There was also an initial application fee of \$75.

⁴ Ontario Job Futures. *6471 Visiting Homemakers, Housekeepers and Related Occupations*. Government of Ontario. <http://www1.on.hrdc-drhc.gc.ca/ojf/ojf.jsp?lang=e§ion=Profile&noc=6471>. Accessed December 13, 2005 in HPRAC's *Personal Support Workers in Ontario Discussion Guide*, February 2006.

With concerns about a shortage of PSWs, causing further PSWs to leave the field through added fees would be unwise.

PSW self-regulation is not recommended

CUPE Ontario is opposed to PSW self-regulation. Not only would self-regulation of PSWs create additional costs for the entire health care system in regards to its implementation but would also add an extra burden by means of annual fees onto individual workers. The Union is worried that the introduction of self-regulation will result in the exodus of many of the PSWs who are currently employed.

Furthermore, self-regulation creates an additional level of hierarchy and accountability onto what currently exists. It is CUPE Ontario's position that the current level of responsibility by Employers for supervision is working. Our experience tells us that this proposed model creates additional conflicts between Employers, PSW and the regulating body. We are concerned about the potential confusion that may result for the PSW who will have to determine whether they meet the demands of the regulator or their employer.

Recommendations

- *end competitive bidding, contracting-out and for-profit health care since it risks the public, patient and staff –and the sustainability of the entire system;
- *fund appropriately organizations where PSWs work;
- *hire more full-time PSWs and implement a province-wide health human resource strategy;
- *implement worker whistle-blower protection;
- *continue PSW and supervisor in-house training;
- *implement and enforce standards and regulations for health care organizations where PSWs work; and,
- *increase wages and benefits especially for PSWs in the home care/community care and long-term care sector.