



OSSTF/FEESO REPORT ON ISSUES IN HOME CARE IN ONTARIO

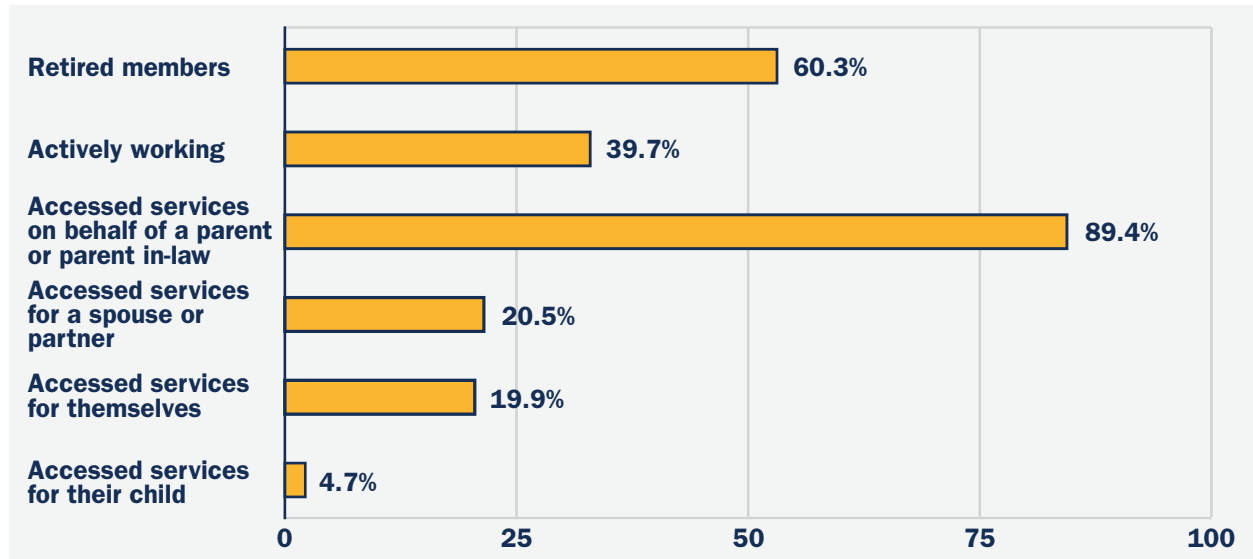


May 2025



Introduction

In 2023 the ARM (Active Retired Members) council of OSSTF/FEESO conducted a survey of both working and retired OSSTF/FEESO members on their use of homecare services in Ontario. The survey of OSSTF/FEESO members received 175 responses from across the province. 60.3% of respondents were retired members while the remaining 39.7% were actively working. 89.4% of respondents had accessed services on behalf of a parent or parent-in-law; 20.5% had accessed services for a spouse or partner; 19.9% had accessed services for themselves; and 4.7% had accessed services for their child.

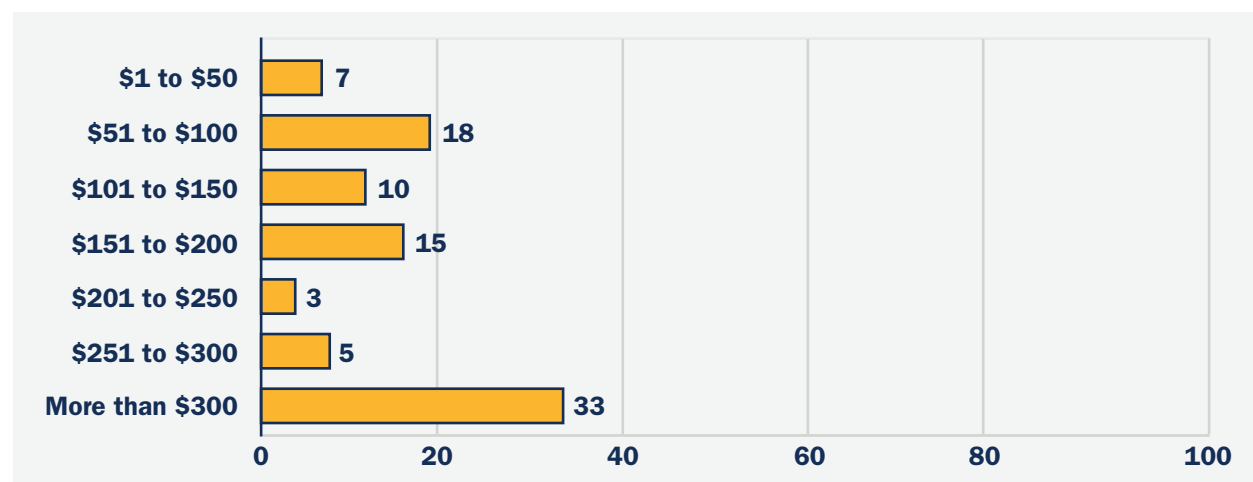


This report will focus on providing an overview of the state of homecare in Ontario while identifying issues and drawing on concerns raised through the OSSTF/FEESO survey.

Background

Home care and community services are different from other components of our health care system such as physician services and hospitals in that they are not insured through the Canada Health Act. Indeed, just over half of respondents indicated that they have had to pay out-of-pocket for home care services.

Of the participants who paid out of pocket, more than one in three paid more than \$300.



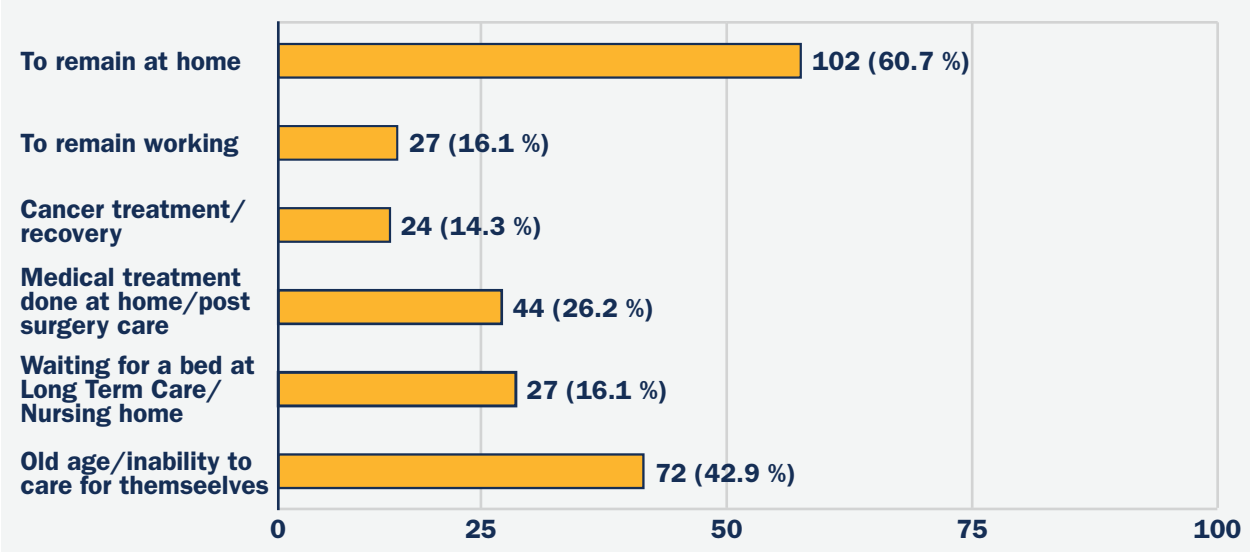
¹ Ontario Health at Home. About Us. Government of Ontario. <https://ontariohealthathome.ca/about-us/>

Resulting from the passing and implementation of recent legislation, home care in Ontario is now administered through the provincial crown agency Ontario Health at Home, a subsidiary of the Province’s recently established Ontario Health agency, which is itself a larger crown agency charged with integrating the administration of health services in the province. As a crown agency Ontario Health atHome receives a funding allocation of \$3.8 billion, and in 2023-2024, provided care to just over 650,000 Ontarians, which included just over 10 million nursing visits.¹

In Ontario, home care services are provided to people with a variety of health needs which include: seniors who require regular care to stay at home as well as those who require palliative or end-of-life care; people with disabilities who require long-term care to remain at home; people who require care at home while recovering from surgery, injury, or illness; as well as people with complex health needs such as those with chronic conditions.

For OSSTF/FEESO survey participants, the main reason for accessing home care was to be able to remain at home (60.7% of responses), followed by needing support due to old age or inability to care for themselves (42.9% of all responses).

What is/was your reason for accessing home care services?

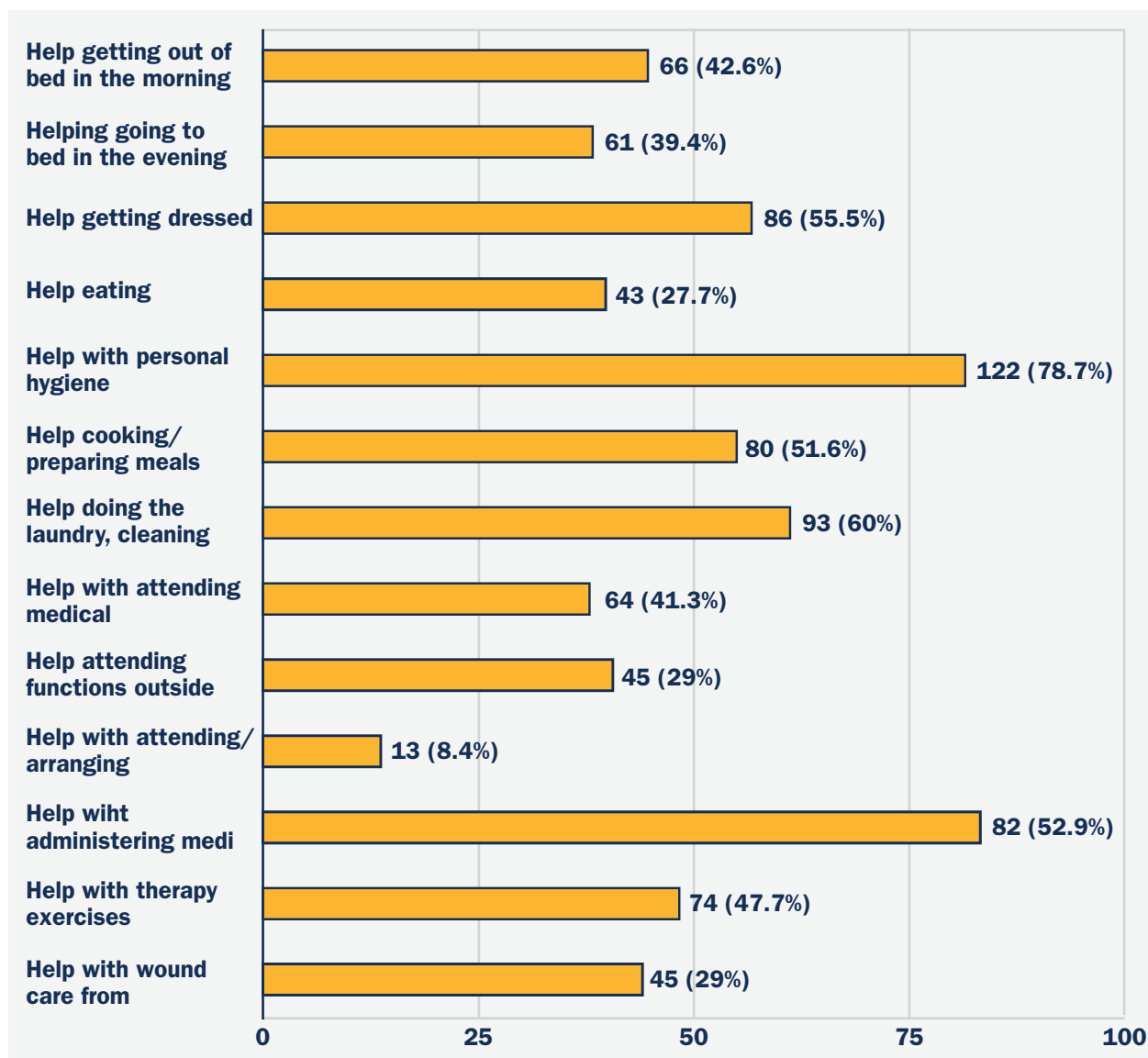


Home care also covers a wide variety of services in Ontario; including those provided by health care professionals such as nursing care, physiotherapy, occupational therapy, speech-language pathology, and social work; as well as those provided by personal support workers to help with daily living such as washing and bathing, dressing and undressing, and help with getting in and out of beds, chairs or vehicles; general homemaking services are also available which assist with regular tasks such as housecleaning, shopping, and banking.²

OSSTF/FEESO respondents similarly reported a wide range of support needs from home care services.

² Government of Ontario. *Home and Community Care*. Government of Ontario. <https://www.ontario.ca/page/home-community-care>

Please indicate supports required for you on your loved one.



Home care has a long and fairly complex history in Ontario. Over the past 30 years there have been several significant legislative changes that have shaped the system we have today. In 1996 the Mike Harris-led Progressive Conservative government introduced a competitive bidding process for awarding contracts to organizations that would provide homecare services. They also created Community Care Access Centres (CCACs) as the local organizations responsible for the bidding process in their communities. Prior to this process, home care was primarily provided by not-for profit organizations often with “a long tenure of operation” in their communities.³ This process led to a significant increase in the share of home care service provision administered by for-profit companies in the province.

³ Ontario Health Coalition (2005). *Market Competition in Ontario's Homecare System: Lessons and Consequences*. OHC. <https://www.ontariohealthcoalition.ca/wp-content/uploads/HC-Full-Report-March-31-2005.pdf>

⁴ *Ibid*

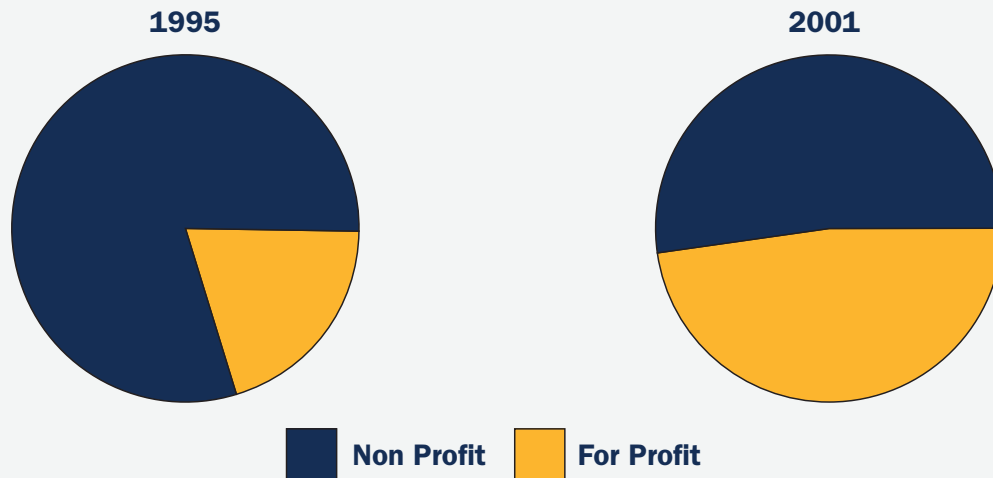
⁵ Ontario Health Coalition (2010). *Ontario Health Coalition Mission & Mandate*. OHC. <https://www.ontariohealthcoalition.ca/index.php/about-us/mission-mandate/>

⁶ Ontario Health Coalition (2005). *Market Competition in Ontario's Homecare System: Lessons and Consequences*. OHC. <https://www.ontariohealthcoalition.ca/wp-content/uploads/HC-Full-Report-March-31-2005.pdf>

⁷ Legislative Assembly of Ontario (2006). *Bill 36, Local Health System Integration Act, 2006*. Legislative Assembly of Ontario. <https://www.ola.org/en/legislative-business/bills/parliament-38/session-2/bill-36>

⁸ Auditor General of Ontario (2015). *CCACs - Community Care Access Centres – Home Care Program*. Office of the Auditor General. <https://auditor.on.ca/en/content/annualreports/arreports/en15/3.01en15.pdf>

Share of Homecare “Market”



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These changes also led to the consolidation of service provision as larger for-profit and not-for-profit organizations took over a larger share of services. The Ontario Health Coalition (OHC), a non-profit organization that advocates for the improvement and protection of the public health care system and represents more than 500 member organizations across Ontario, noted in a 2005 report on the effects of the introduction of the competitive bidding process, that “prior to the introduction of competitive bidding there were 24 small, non-profit, agencies servicing local markets in Ontario; only three are left today.”^{5, 6}

Survey participants indicated accessing services from the following agencies.

- Bayshore
- VON
- Star
- Paramed
- Nurse Next Door
- St. Elizabeth Home Care
- Respite Nurses Agency
- Sandra’s Home Care
- Closing the Gap Healthcare
- Sole Comfort
- Private PSWs
- Acclaim
- Warm Embrace Elder Care Ltd.
- Home & Community Care
- March of Dimes
- Better Ways for Seniors
- Lynde Creek Gardens Retirement
- Miss Ena
- Transcare
- Just Like Family
- Amy’s Helping Hands
- Alzheimer Society
- Home Instead
- Green Lafleur

In 2006, the Dalton McGuinty Liberal government passed the Local Health System Integration Act, 2006 which established 14 Local Health Integration Networks (LHINs) “to achieve an integrated health system, and enable local communities to make decisions about their local health systems.”⁷ This created another administrative level overseeing homecare in Ontario. In 2009 Ontario hospitals received direction to minimize the number of alternate-levels-of-care

⁹ Ibid

¹⁰ Ibid

¹¹ Ontario Health Coalition (2015). *Release, Analysis & Background: Hundreds of Millions in Home Care Funding Going to Profit, Duplicate Administration and ‘Impossibly Complex and Bureaucratic’ Home Care System: Auditor’s CCAC Home Care Report.* OHC. <https://www.ontariohealthcoalition.ca/index.php/release-hundreds-of-millions-in-home-care-funding-going-to-profit-duplicate-administration-and-impossibly-complex-and-bureaucratic-home-care-system-auditors-ccac-home-care-report/>

¹² Porter, Kate (2017). *Ontario Set to Begin Shifting Home Care Responsibilities.*

CBC News. <https://www.cbc.ca/news/canada/ottawa/ontario-home-care-ccac-lhin-1.4082732>

(ALC) patients (patients in hospital beds who do not require the level of care or services provided by the hospital) in hospitals. This brought about a significant change in the demands on home care services, whereas “home care used to serve primarily clients with low to moderate care needs, [home care] now serves clients with increasingly more complex medical social and support needs.”⁸ This change combined with several other factors such as a growing and aging population, a desire for aging in home, and studies demonstrating that in most cases home care is cheaper to provide than alternative health services such as long-term care homes (LTC), has led to significant and continued increases in the quantity and complexity of demand for home care in Ontario.

In 2015 the Office of the Auditor General of Ontario released a report on whether CCACs “have processes in place to provide care co-ordination to home-care clients in a seamless and equitable manner.”⁹

The report raised concerns such as long wait times, as well as clients with similar assessments receiving different levels of care based on where they lived in the province. It also raised concern that the funding for particular CCACs was determined by previous funding years rather than patient needs, and there Ontario lacks provincial standards of care.¹⁰ OHC’s analysis of the report highlighted concerns regarding the amount of public funding going to profit and administration, arguing that duplicate administration between CCACs and contracted providers had resulted in higher costs that could otherwise go to improving patient care.¹¹

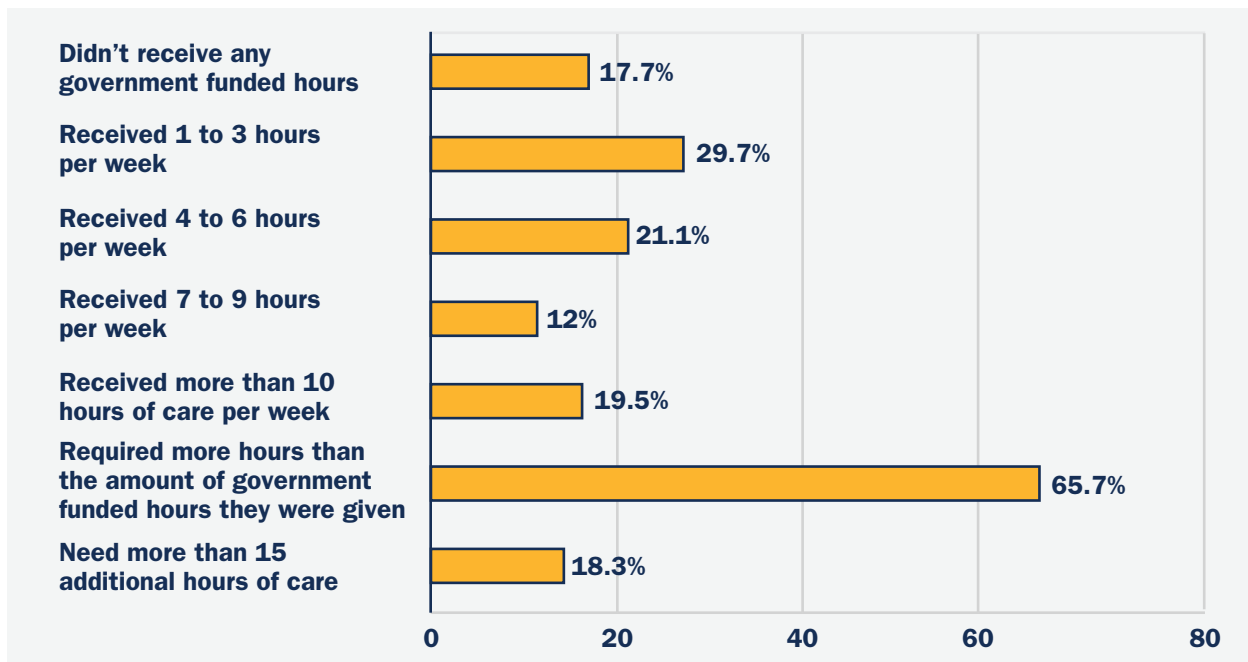
In 2016, following the Auditor General’s audit as well as other critical reports, Kathleen Wynne’s Liberal government began to dissolve the province’s 14 CCACs. The Patients First Act, 2016 integrated the CCACs responsibility for home care into the existing LHINs.¹²

Recent legislation by the current Progressive Conservative government has again shifted the organization of healthcare administration including the responsibility for home care, however in the case of home care these changes are still in the process of being implemented and so it is still early to assess changes in outcomes. A discussion of these recent legislative changes will follow an overview of issues identified through the OSSTF/FEESO survey.

Issues Facing OSSTF/FEESO Members

“ In my mother’s case, she had ALS and required acute 24-hour critical care. There was no place for her care in our medical system. She had to stay at home but was not given the proper supports to do so. She moved in with me until she died a year later [...] The supports available in my community were so inadequate and unreliable that I had to hire a team of 25 nurses to care for her with me.
(anonymous survey respondent) ”

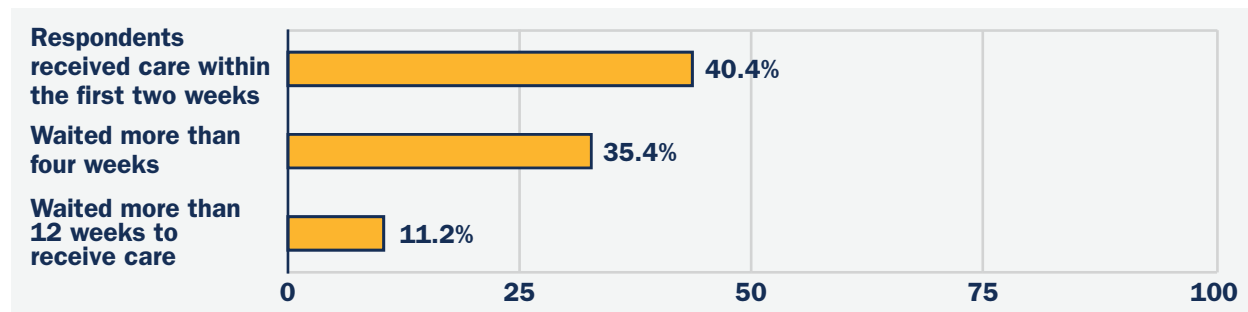
A common issue raised by survey respondents was centred around the inadequacy of the care hours that they received. From survey responses; 17.7% of respondents didn’t receive any government funded hours; 29.7% received 1 to 3 hours per week; 21.1% received 4 to 6 hours per week; 12% received 7 to 9 hours per week; and 19.5% received more than 10 hours of care per week. However, 65.7% of respondents said that they required more hours than the amount of government-funded hours they were given, and 18.3% said they need more than 15 additional hours of care.¹³



Those who did not receive sufficient government-funded care hours often turned to private care services if they were able to afford them. 51.4% of respondents reported paying out of pocket for additional homecare services and 19.1% reported paying more than \$300 per week for that care.

[I was] eligible for government services but [was] told [I] would be on an indefinite waiting list due to shortage of support workers [and was] advised to seek paid home care solutions.
(anonymous survey respondent)

Another commonly reported issue was the time it took to get access to care. 40.4% of respondents received care within the first two weeks, however 35.4% waited more than four weeks, and of those, 11.2% waited more than 12 weeks to receive care. The Canadian Institute for Health Information (CIHI) reports that the median wait time for home care services in Ontario is three days. While this demonstrates that most Ontarians receive their care quickly, as shown from survey responses, outlier cases can take months for patients to receive care. According to CIHI, on a national level one in ten Canadians wait about a month to access home care.¹³



Homecare is also affected by stresses in other parts of the health care system. Although this survey was focused on members' experiences with home care in particular, a number of respondents expressed frustration with wait times for LTC facilities. Those who required the

¹³ Canadian Institute for Health Information (2024). *Wait Times for Home Care Services*.

¹⁴ Canadian Institute for Health Information (2024). *Hospital Stay Extended Until Home Care Services or Supports Ready*. CIHI. <https://www.cihi.ca/en/indicators/hospital-stay-extended-until-home-care-services-or-supports-ready>

¹⁵ Ireton, Julie (2021). *Home-care Workers Say Low Wages are Driving Them Out of the Sector*.

CBC News. <https://www.cbc.ca/news/canada/ottawa/home-care-workers-poorly-paid-shortage-gender-race-issue-1.5953597>

¹⁶ Canadian Institute for Health Information (2020). *1 in 3 Unpaid Caregivers in Canada are Distressed*.

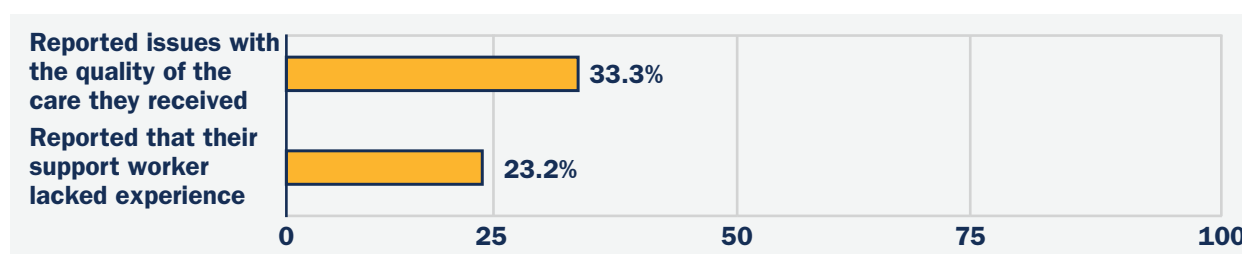
CIHI. <https://www.cihi.ca/en/1-in-3-unpaid-caregivers-in-canada-are-distressed>

¹⁷ Ibid

more fulsome care that LTC can provide often found home care inadequate for their needs. As a result, the shortage of LTC beds strains home care resources by trying to care for those who would either be better served, or wish to be served, in a different health care setting.

Likewise, a shortage of home care services can also lead to stresses on other parts of our health care system, particularly in hospitals. When patients are discharged from hospitals, they may require home care services in order to help them with their recovery or treatment. However, in many cases, shortages in home care staffing may mean that there are no available home care hours for a patient when they are ready to be discharged. This can require hospitals to keep patients in care longer than necessary until home care services can be secured, leaving patients ready to be discharged occupying desperately needed hospital beds. Nationally one in ten hospital patients who require home care services have their stays extended due to the unavailability of home care. These patients take up 400 hospital beds every day across the country, the equivalent number of beds found in five large hospitals. Of patients who experience extended stays, half experience a delay of eight days or less, however, one in ten patients experience extended stays of 39 additional days waiting for home care services. In Ontario, the median extended stay lasts eight days.¹⁴

Common among respondents were a series of issues related to home care workers. Several members commented that the personal support workers (PSWs) and nurses providing them care seemed to be overworked. A common complaint was that home care workers would not arrive when scheduled, sometimes missing scheduled appointments entirely without communication. 43.5% of survey respondents reported issues with inconsistent arrival times of support workers, and 20.8% reported support workers not showing up for appointments. This issue is often exacerbated in rural communities where care workers have longer travel times between patients, time for which they are sometimes not compensated.¹⁵ Among respondents, continuity of care was the most commonly reported issue, with 61.3% reporting receiving care from different workers day to day. In Ontario, PSWs are an unregulated workforce, and some respondents reported concerns with what they perceived to be a lack of training and professionalism from support workers. 33.3% of respondents reported issues with the quality of the care they received, while 23.2% reported that their support worker lacked experience. Workforce issues have plagued the home care industry in Ontario, as the supply of health care workers has not kept pace with the increasing demands for home care. We will further discuss the workforce challenges facing home care below.



¹⁸ Ministry of Health (2006). *Local Health System Integration Act, 2006*. Government of Ontario. https://web.archive.org/web/20120315221643/http://www.health.gov.on.ca/english/public/legislation/lhins/lhins_faq.html#1

¹⁹ Cupfer, Matthew (2019). *Losing LHINs Could Reduce Local Power Over Health Services, Experts Say*. CBC News. <https://www.cbc.ca/news/canada/ottawa/lhin-ontario-pc-government-1.4985029>

²⁰ Ontario Health (2024). *Ontario Health Teams*. Ministry of Health. <https://www.ontariohealth.ca/system-planning/ontario-health-teams>

²¹ The Canadian Press (2019). *New Ontario Health Super Agency Names President and CEO*. Global News. <https://globalnews.ca/news/6322285/ontario-health-super-agency-president-ceo-matthew-anderson/>

²² Government of Ontario (2019). *Connecting Care Act, 2019, S.O. 2019, c. 5, Sched. 1*. Government of Ontario. <https://www.ontario.ca/laws/statute/19c05>

²³ Government of Ontario (2023). *Convenient Care at Home Act, 2023*. Ontario's Regulatory Registry. <https://www.ontariocanada.com/registry/view.do?postingId=45768&language=en>

“ Caring for [my mother] was very stressful and no one should be put [in] the position our family was with so little support. I have no idea how this situation would have played out if someone didn't have family or the insurance to help with their care.
(anonymous survey respondent)

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Another piece of common feedback from survey respondents was in regards to the difficulty and stress experienced in the process of acquiring care. Some respondents reported difficulty in communicating with coordinators and care workers who in some instances did not return calls or had otherwise poor communication skills. 80.1% of respondents contacted home care in order to receive services not for themselves but for a member of their family or a friend. In many of these cases, those respondents were also caregivers for the patient receiving home care. According to the CIHI, 96% of people who receive home care services also receive care from an unpaid caregiver. Of those unpaid caregivers more than one in three experience distress which CIHI describes as “[including] feelings of anger or depression, or the inability to continue with caring activities.”¹⁶ Seven in ten caregivers who provide care to someone who requires assistance with at least one personal care activity are distressed, and those who live with the person they are providing care to are twice as likely to be distressed. These unpaid caregivers provide on average 38 hours of care per week, the equivalent of a full-time job. Unpaid caregivers play a vital and often underemphasized role in our health care system. Improving access to home care services is not only vital in meeting the needs of patients, but also in addressing the burden and distress felt by unpaid caregivers.¹⁷

Recent Legislation

Since first forming government in 2018, Doug Ford's Progressive Conservative government has introduced several pieces of legislation that have significantly altered the administrative organization of health care in the province, including the restructuring of organizations directly in charge of home care.

This began with the introduction of the Connecting Care Act, 2019 followed by the Connecting People to Home and Community Care Act, 2020. This legislation set out the government's vision for health care moving forward, with a focus on creating a more integrated and cost-effective health care system. Under previous legislation, LHINs were responsible for the “planning, funding and managing [of] health services in their communities,” working with home care providers to integrate care in their communities.¹⁸ LHINs were also the organizations patients would contact to begin the process of securing publicly-funded home care.¹⁹ Under the new legislation these LHINs as well as six former Ontario health agencies have been amalgamated into the previously cited new Ontario Health agency. Additionally, the legislation introduced Ontario Health Teams (OHTs) which have taken over many of the community integration efforts of LHINs. Notably, OHTs are made up of service provider organizations themselves who work directly with Ontario Health. As of 2024 there are 58 approved OHTs in Ontario.²⁰

²⁴ Smith, Laura MPP (2024). *Ontario Making it Easier and More Convenient to Connect to Home Care*. PC Caucus Services. https://laurasmithmpp.ca/ontario-making-it-easier-and-more-convenient-to-connect-to-home-care/?utm_source=chatgpt.com

²⁵ Government of Ontario (2023). *Connected Care Update – September 11, 2023*. Government of Ontario. <https://www.ontario.ca/document/connected-care-updates/connected-care-update-september-11-2023>

²⁶ Government of Ontario (2023). *Ontario Health Teams*. Government of Ontario. <https://www.ontario.ca/page/ontario-health-teams>

²⁷ Ontario Health Coalition (2023). *Briefing Note, Analysis & Submission: Ford Government's New Law (Bill 135) to Further Privatize Home Care*. OHC. <https://www.ontariohealthcoalition.ca/index.php/briefing-note-analysis-submission-ford-governments-new-law-bill-135-to-further-privatize-home-care/>

²⁸ Bray, Meris (2022). *Ontario Legislative Process in Legal Research – A Practical Perspective*. Open Library. <https://ecampusontario.pressbooks.pub/legalresearch/chapter/ontario-legislative-process/>

With the implementation of these new acts the provincial government initially projected savings of \$350 million dollars by 2022,²¹ although later walked back claims of cost savings. They argued that the creation of a “single provincial agency [...] will remove duplication while replicating and amplifying best-in-class clinical guidance and approaches to care”.²²

After the LHINs were absorbed into the Ontario Health agency they were changed to Home and Community Care Service organizations as a temporary measure until their dissolution in June of 2024 with the opening of their consolidated replacement crown agency Ontario Health atHome.

Ontario Health atHome is a product of the Convenient Care at Home Act, 2023 which received royal assent in December of 2023 and came into effect in June 2024.²³ The Act charges the new agency with the “responsibility for coordinating all homecare services across the province through Ontario Health Teams,”²⁴ The process of transferring responsibility to individual Ontario Health Teams will be supported by Ontario Health atHome and will be a gradual process as OHTs across the province are at different stages of implementation.²⁵ Twelve OHTs have been selected to accelerate their coordination of home care in their communities beginning in 2025.²⁶

Criticism of Recent Legislation

The government’s restructuring of the health care system as outlined above has received considerable criticism from opposition parties, medical professionals, and advocacy organizations such as OHC. A central charge of OHC has been that the new legislation represent an undemocratic process. According to the OHC, the Acts have sweeping implications for the future of Ontario health care and yet were rushed through the legislative process with very limited consultation. Of the Connecting People to Home and Community Care Act, 2020 OHC wrote, “this Bill was rushed through First and Second Reading in the Legislature in ten business days with very little time for stakeholders to learn about its implications and without adequate time for proper parliamentary debate.”²⁷ In repealing the Home Care and Community Services Act, 1994, the government recategorized many of the provisions controlling home and community care from legislation to regulations. Because changing regulations does not require legislative approval but rather is delegated to an authority through legislation,²⁸ there is the potential for future changes to health care provisions to be made via decisions made in cabinet without parliamentary consideration.²⁹ Additionally, there is a concern that the new organizations in charge of the coordination of home care under this new legislation will have less public accountability than under the previous system.

[A] significant proportion of the organizations that would take over previously publicly controlled home care functions either have no governance and public accountability structure (as in the Ontario Health Teams, which are loose coalitions including for- and non-profits that self-govern with no public meetings, no access to information, no elected boards of directors, etc.) or are private (as in private for-profit home care companies) or are non-profit with often limited memberships and little public accountability.³⁰

²⁹ Ontario Health Coalition (2020). Summary & Analysis of Bill 175, Connecting People to Home and Community Care Act 2020. OHC. <https://www.ontariohealthcoalition.ca/wp-content/uploads/analysis-of-regulation-act-and-previous-acts.pdf>

³⁰ *Ibid*

³¹ *Ibid*

³² Care Watch (2024). *When Profit Conflicts with Care: Privatizing Home and Community Services*. Care Watch. <https://carewatchontario.com/home-community-care/services/when-profit-conflicts-with-care/>

³³ *Ibid*

³⁴ Ontario Health Coalition (2022). *Fact Sheet: Home Care Privatization*. OHC. <https://www.ontariohealthcoalition.ca/index.php/fact-sheet-home-care-privatization/>

³⁵ Care Watch (2024). *When Profit Conflicts with Care: Privatizing Home and Community Services*. Care Watch. <https://carewatchontario.com/home-community-care/services/when-profit-conflicts-with-care/>

Connected to concerns about lack of public accountability, the OHC warns that this legislation may pave the way for further privatisation in home care. While service provision has been provided by private for-profit and not-for-profit organizations in the past, this new legislation moves the responsibility for coordination of care onto those same companies. “[This] means that [for-profit organizations] themselves determine how many visits a person can have, how many supplies and resources are allotted to them, and supervise their own care.”³¹

Profit in Home Care

The involvement of private for-profit companies in the delivery of home care services has steadily increased in Ontario since the Harris governments’ introduction of the competitive bidding process in 1996. In 1995, 18% of home and community care services were provided by for-profit companies, in 2024, that has risen to 64% of homecare services being provided by for-profit corporations.³² The justification for increasing the role of for-profit companies in home care is the same as it is in most instances of government privatisation; for-profit organizations should introduce efficiencies that keep costs down. However, as Care Watch and other advocacy organizations argue, finding efficiency in health care can be especially difficult, often leading to the cutting of spending on labour to drive down costs and produce profits. Labour represents the largest cost in the provision of home care and so has been a target of cost reductions for service providers. However, by making home care work more precarious, keeping wages low, offering fewer full-time positions, and requiring strenuous workloads, these changes have added to the shortage of workers in home care, contributing to an inability to meet demand.³³

Financial accountability is another concern when it comes to for-profit service delivery. Even though private service providers receive their funding from tax dollars, as private corporations they are not required to make their financial statements public. An OHC analysis compared the amount private home care service providers receive in public funds per hour of care (as found in the 2015 Ontario Auditor General’s report) compared to the amount care workers earn for providing that care. For nurses, private home care service providers received between \$58.20 and \$70.60 per hour of care, while the average salary for a home care nurse was \$30 per hour. For PSWs, who provide the majority of homecare services, home care providers received between \$29.50 and \$48.98 per hour, while the average PSW salary was \$15.³⁴ The Connecting People to Home and Community Care Act risks contributing further to this problem of public accountability, as private service providers will now begin to take over the coordination of care through the newly created OHTs.

Workforce Shortages

PSWs provide the vast majority of services in the home care industry. Despite this, PSWs in home care are also the lowest earners across the entire health care system in Ontario. According to Care Watch, PSWs in home care earn considerably less than those in other health care facilities, “they earn \$10 per hour less than those working in hospitals and \$4 per hour less than those working in long-term care homes.”³⁵ This contributes to exceedingly poor employee retention in the industry, with 25% of PSWs in home care leaving their jobs every year.³⁶ A 2019 study on worker retention among PSWs in home and community care in Ontario found that work intensification was negatively associated with workers’ intention to stay at their jobs.³⁷ This was felt especially during the COVID-19 pandemic when staffing shortages became even more dire. Pre-pandemic, Ontario was able to meet 95% of home care service requests, but by the end of 2021 that number had fallen to 60% due to a shortage of both PSWs and nurses.³⁸ Canada is experiencing nursing and PSW shortages across the entire health care system. While this issue is not particular to home care, if labour standards and pay continue to lag behind the rest of the health care sector, keeping up with the increasing demand for home care will continue to be an issue. Desperately needed changes to the process for international nurses to become certified to practice in Ontario are beginning to be implemented, but a greater focus on PSW recruitment

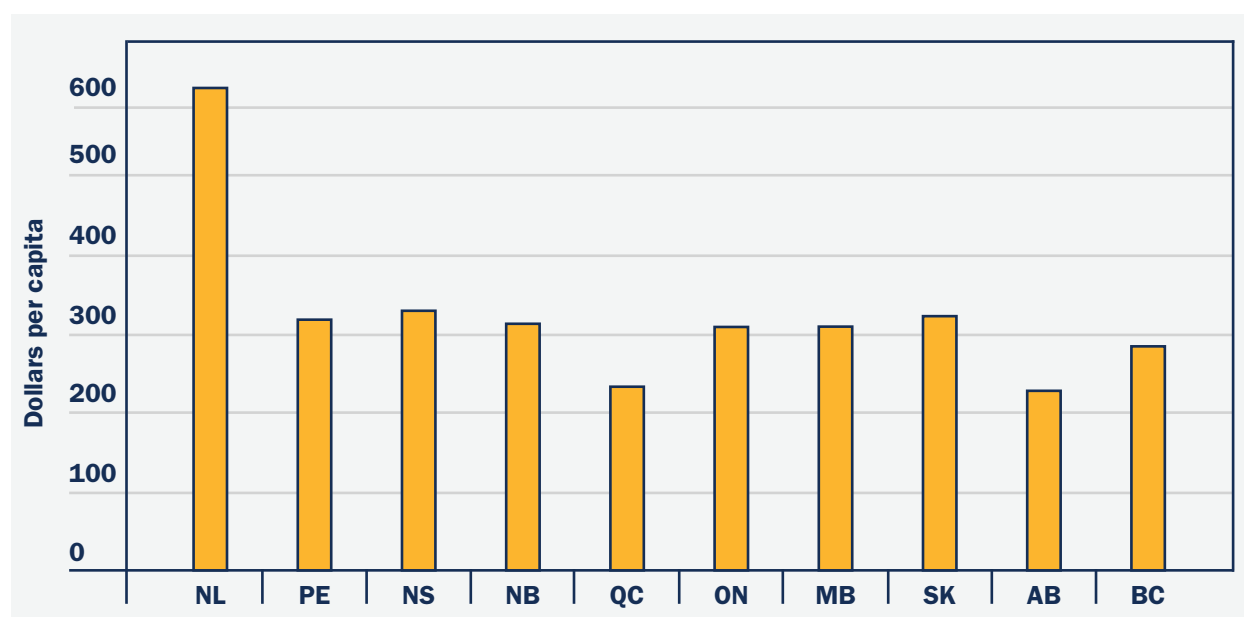
and retention is needed.³⁹

National Standards

Some advocacy organizations such as Care Watch believe that the federal government should take a leadership role in the area of home care and community services and create national standards of care for the industry.⁴⁰ The federal government has been developing a Safe Long-Term Care Act which among other things sets out national standards of care for LTC. However, these standards of care are recommendations and not enforceable by the federal government. Federal legislation aimed at setting standards for home and community care would likely follow suit given the federal government's lack of jurisdictional authority in this area.⁴¹ Additionally, the Safe Long-Term Care Act may face delays and has yet to be tabled despite plans to introduce the legislation before the end of 2024.⁴² Due to the current prorogation of parliament and the likely ensuing federal election, national standards are unlikely to be a near-term solution for home care.

Funding

Canada has historically invested more in long-term care facilities than it has in home care services, however, as priorities have shifted this gap in funding has begun to narrow, with funding increases to home care outpacing funding increases to LTC in recent years. According to CIHI data compiled in an article for Policy Options, Ontario is second only to Newfoundland among provinces in the proportion of continuing care funding that is spent on home care, with 60% of continuing care funding going to LTC facilities and 40% of funding going to home and community care. Despite this, Ontario only spent the Canadian average on home care per capita; \$306 per capita in 2020-2021.⁴³



This discrepancy is due to Ontario's total health care spending per capita being the lowest among provinces, spending \$4,899 per capita in 2022, 15.2% lower than the national average.⁴⁵

In 2023 the Financial Accountability Office of Ontario published a Spending Plan Review on Ontario's health sector which asserted that the province's current investments to increase capacity in hospitals, LTC, and home care are insufficient to meet the growing demands for these services. Despite plans for capacity increases the review claims that Ontario will have similar home care capacity in 2027-2028 to what it had in 2019-2020. The review also warned that current government proposals to reduce nurse and PSW shortages are insufficient and projects a shortage of 33,000 nurses and PSWs by 2027-2028 which would "jeopardize Ontario's ability to sustain current programs and meet program expansion commitments."⁴⁶ The review concluded

that, given that the Province's capacity expansion commitments in hospitals, home care and long-term care will not meet growth in demand for these services from Ontario's growing and aging population, the Province has not allocated sufficient funding to the health sector to support its programs and commitments, and the Province has not taken sufficient measures to supply the nurses and PSWs needed to deliver on its expansion commitments.⁴⁷

Conclusion

Publicly funded home care in Ontario is an essential health care service that provides millions of nursing and PSW hours a year to those in need. However, as is evident from this OSSTF/FEESO survey the current system leaves many Ontarians behind, whether through the lack of hours provided or because of the difficulty in organizing and acquiring service. The current provincial government is overseeing a seismic shift in the organization of Ontario's health care system, but has done little to address longstanding issues such as workforce shortages, enforcing standards of care, or ensuring service providers are accountable to the public. Addressing these issues as well as pacing funding increases to meet the growing demand for home care in Ontario is key to improving the system that more Ontarians rely on every year.

For further reading on the state of home and community care in Ontario as well as to stay up to date, the Ontario Health Coalition, Care Watch, and the Canadian Association of Retired Persons are advocacy organizations working to improve home and community care in the province.

³⁶ Ibid

³⁷ Sayin, Firat K., et al (2019). *The Role of Work Intensification in Intention to Stay: A Study of Personal Support Workers in Home and Community Care in Ontario, Canada*. *Economic and Industrial Democracy* Vol. 42 Issue 4. <https://journals.sagepub.com/doi/abs/10.1177/0143831X18818325>

³⁸ Hopwood, Pamela, et al (2022). *Personal Support Work and Home Care in Ontario During the Covid-10 Pandemic*. *Health Care Policy* Vol. 18 Issue 2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9764448/>

³⁹ Leung, Wency (2025). *Ontario Needs Nurses – Many Are Already Here, and Waiting to Practice*. *The Local* <https://thelocal.to/immigration-internationally-educated-nurses/>

⁴⁰ Care Watch (2024). *When Profit Conflicts with Care: Privatizing Home and Community Services*. *Care Watch*. <https://carewatchontario.com/home-community-care/services/when-profit-conflicts-with-care/>

⁴¹ Government of Canada (2023). *Development of a Federal Safe Long-Term Care Act: Discussion Paper*. Government of Canada. <https://www.canada.ca/en/health-canada/programs/consultation-safe-long-term-care/document.html>

⁴² Government of Canada (2024). *Safe Long Term Care Act Engagement: What We Heard Report*. Government of Canada. <https://www.canada.ca/en/health-canada/services/publications/health-system-services/engagement-what-we-heard-report.html>

⁴³ Busby, Colin (2021). *Home Care Spending Data Are a Launching Point for Better Policies*. *Policy Options*. <https://policyoptions.irpp.org/magazines/november-2021/home-care-spending-data-are-a-launching-point-for-better-policies/>

⁴⁴ Ibid

⁴⁵ Financial Accountability Office of Ontario (2024). *2022-23 Interprovincial Budget Comparison*. FAO. <https://fao-on.org/en/report/interprovincial-comparison-2024/>

⁴⁶ Financial Accountability Office of Ontario (2023). *Ontario Health Sector: Spending Plan Review*. FAO. <http://fao-on.org/en/report/health-2023/>

⁴⁷ Ibid



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