

Newfoundland & Labrador Association of  
**Social Workers**

Long-Term Care and Community Support Services Strategy Consultation

Newfoundland and Labrador Association of Social Workers

Written Submission

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Presented to: Honourable Jerome Kennedy  
Department of Health and Community Services

## **Newfoundland and Labrador Association of Social Workers (NLASW)**

The NLASW is the professional association and regulatory body for over 1300 professional social workers in Newfoundland and Labrador. The mandate of the NLASW is to ensure excellence in social work. As a profession, social work is committed to improving the well-being of individuals, families and communities through intervention and counselling, collaboration, research, health promotion, policy and program development, and community capacity building.

In Newfoundland and Labrador, the profession of social work is diverse with social workers practicing in various settings. Social workers practice within hospitals, community care, seniors' homes, adult and youth corrections, child welfare, addictions, mental health, community based centres, government departments and universities. Social workers are also self-employed in private practice and consulting businesses. In the pursuit of excellence in social work, the NLASW is actively engaged in social policy analysis. In this submission, it is our intention to provide input and recommendations into the development of the Long-Term Care and Community Support Services Strategy for the province of Newfoundland and Labrador (NL).

### **Background**

According to demographic predictions as outlined in the Healthy Aging Framework for Newfoundland and Labrador, 20% of the population of this province will be over the age of 65 by 2017 and more than 45% will be over the age of 50. According to Statistics Canada (2007), the disability rate in this province increased from 12.3% in 2001 to 14.9% in 2006, with the number of individuals requiring help with daily activities increasing by 3650. A contributing factor to the rising disability rate is the aging population, although it is not the only contributing factor. These statistics are quite significant from a social policy perspective. Given the population trends in this province (aging population, out migration, seniors caring for adult children with disabilities, etc), it is important that a long-term care and community support services strategy be

developed and implemented to ensure that seniors and adults with disabilities receive optimum services at the right time and in the right place through enhanced legislation, policies, programs and services. While this brief primarily speaks to issues faced by older adults and seniors in long-term care, it is important to note that many of the recommendations are important in promoting quality client care for individuals living with disabilities in this province.

### **LTC-CSS Strategy: A Social Work Perspective**

Social workers work with seniors and their families, and persons with disabilities, to enhance overall well-being and quality of life through direct counselling, case management, psychosocial assessment, advocacy, health promotion and community development. Social workers commend government on the development of a long-term care and community support services strategy to ensure that policies, programs and services are put in place to meet the needs of seniors and persons living with a disability in NL; today and into the future.

The proposed model of care presented in the consultation document “Close to Home: A Vision for Long-Term Care and Community Support Services” affirms the work currently being done by social work practitioners within the community and regional health authorities, and exemplifies the role of social work within this strategy. A model of care that promotes client choice and self-determination is consistent with the CASW (2005) Code of Ethics, as demonstrated by the following excerpts:

- *The social work profession is dedicated to the welfare and self-realization of all people;*
- *Social work is founded on a long-standing commitment to respect the inherent dignity and individual worth of all persons;*
- *Social workers uphold each person’s right to self-determination, consistent with that person’s capacity and with the rights of others;*

- *Social workers respect the client's right to make choices based on voluntary, informed consent.*

Social workers agree with the vision, mission and guiding principles outlined in the document, and strongly believe that practice and service delivery which is client centred and strengths-focused is optimal in providing quality client care. However, it is recommended that the proposed model of care be expanded to include health promotion, early intervention and prevention, and primary health care to ensure that the strategy addresses the health care needs of older adults and seniors across the continuum of service delivery, as reflected in the vision.

### **Concerns and Recommendations**

In consultation with front line social workers who work with seniors, three key areas were identified as being important and necessary in the development and implementation of a long-term care and community support services strategy. These areas, while not mutually exclusive, include:

- Early Intervention and Prevention
- Resources
- Family Support

### **Early Intervention and Prevention**

Early intervention and prevention needs to be a strong focus of the long-term care and community support services strategy. Enhanced services at the community level will not only help to prevent premature admissions to long-term care facilities, but also will give people “real” choice about the options that are available to them. In the current long-term care system and in the community, there are many services and programs available for seniors. These include, but are not limited to, adult day programs, protective community residences, community kitchens, etc. However, these services and programs need to be enhanced and expanded on to ensure access and to

prevent social isolation. If individuals do not have choice, client self-determination is not achievable.

The end result of changes made to the long-term care and community support services system should be a seamless delivery of services; the right care, at the right time and in the right place. An individual, for example, may only need convalescence to return home with support, and not a lengthy stay in acute care or admission to a long term care facility. While there are services available at the community level (e.g., physiotherapy, occupational therapy, dietary, therapeutic recreation, and respite), many individuals in rural, and even urban settings, have limited or no access and have to go on a lengthy waitlist. Because the care is not available when needed, a crisis often precipitates a response. Therefore, it is recommended that these services be enhanced at the community level to provide increased access.

Affordable assisted living is also needed. While seniors today have more financial stability than in previous years with the development and implementation of social programs such as Old Age Security, Guaranteed Income Supplement, and the Canada Pension Plan, it is important to note that many seniors, and in particular senior women, continue to live in poverty or have incomes that are below the low income level. Nationally, according to a report by the Canadian Research Institute for the Advancement of Women (2005), “almost half of single, widowed or divorced women over the age of 65 are poor.” A report by the Canadian Association of Social Workers (2007) indicates that the low income rate among senior women is double that of senior men. This is concerning given that 55% of the province’s seniors are female. Policies must be continuously analyzed through a gender inclusive lens.

## **Resources**

The resources necessary to effectively implement the proposed model of care as outlined in the consultation document includes human resources and financial investments.

Home care is one area where additional resources are necessary. While the rate of pay for individuals providing home care has increased, the ceiling amount on the funding available to those availing of this service has not. Therefore, individuals may not qualify for the same number of home support hours (e.g., five hours instead of eight hours) as they did previously. This reduction in hours not only puts a negative strain on the individual requiring home support, but also on family members who are providing care. Five hours does not cover a full work day for family members who must balance employment and family care. It is recommended that this ceiling threshold be increased.

The recruitment and retention of home support workers also warrants attention under this strategy. Given the complexity and scope of work in the delivery of home care services (e.g., clients with dementia, palliation, etc), it is crucial that those providing this service have the appropriate education and training to provide quality care and support. This is an area where more monitoring supports need to be put in place.

In areas where recruitment and retention is more difficult, particularly in rural areas, it *may* be appropriate for family members to be paid for providing home care services under the legislative guidelines. This is a policy that warrants further consideration and consultation.

A strong home support system will help to prevent premature admissions to long-term care facilities; as will enhancements at the community level. However, there also needs to be a new assessment process for admission to long-term care homes. Currently, individuals are often assessed for long-term placements within the acute care system. Because these clients may still be medically unstable or acutely ill, individuals may be prematurely and inappropriately admitted to long-term care. It is recommended that a short stay assessment unit or transition service (with adequate staffing) be included in the model of care.

Social workers who practice in health care centres, long-term care facilities and home and community care programs are experiencing an increase in client case loads, overall, and an increase of clients with complex medical, cognitive and behavioral needs. However, the social work staffing compliment has not been increased to meet this demand. Front-line social workers have expressed that additional social work positions are needed so that their work with individuals and families, within the community and long-term care facilities, can be more proactive and preventative, rather than crisis driven. This must happen at the same time that community resources are enhanced.

In addition to resources and programs that allow for prevention and early intervention and home based service delivery, other community resources that need to be enhanced include protective care services for individuals with dementia and community palliative care. Currently, there are limited protective care services in the province for individuals with advanced dementia and wandering behaviors, and often individuals needing this care have to move outside of their communities. This can leave individuals with fragmented family supports, and family members with complicated grief. It is important that protective care services and alternative models of care, such as the Protective Community Residences in Western for those with mild to moderate dementia, be expanded to other areas that have this need.

Concern has been expressed by social workers that, oftentimes, seniors in hospitals who are palliative are being sent to long-term care facilities instead of palliative care services in acute care. Younger persons who are palliative are not being placed in the same predicament. A move to long-term care for palliative reasons can also be very difficult for the families who are left with the guilt of having placed their loved ones in long-term care during this period; particularly if this was not the wish of the individual. Social workers have noted that many individuals are requesting to have palliative care provided in their homes. This need will continue as the population of older adults and seniors in the province continue to increase. Palliative care and end of

life services must be developed and enhanced through a multi-disciplinary approach at the community level.

In the development and implementation of policies, services and programs, it would be helpful to complete an environmental scan of where there are inconsistencies in funding criteria for service delivery and how changes impact on the individual requiring care. For example, social workers have expressed that the funding individuals receive under the age of 65 changes once that person turns 65. While there is an understanding that eligibility criteria changes based on income, it would be important to assess how this impacts on care to ensure that the standard of service delivery remains the same. Another area where issues have been noted is among medication coverage from acute care to long-term care. In acute care, all medication is covered; but this is not always the case once the person moves to long-term care. Often times, individuals and families have to cover these costs which can be problematic given that individuals living in long-term care homes receive only a \$150 monthly comfort allowance. This is an issue that requires further consideration.

Related to resources, but falling under the direction of the Health Authorities, is the policy on first available long-term care bed. Social workers have expressed concern about this policy and the impact this has on individuals and families. Because individuals are required to take the first available bed within a region, this leaves many individuals living in long-term care facilities away their families and support systems. The policy on first available bed needs to be evaluated to ensure consistency across the province; with regard to client choice and self-determination. Related as well is the need for a review of the supply of appropriate long-term care beds, as the supply is currently not meeting the demand.

## **Family Support**

Social workers have expressed that providing essential family support is a crucial component of a long-term care and community support services strategy. Programs

and services such as adult day programs, respite, convalescence, and home care allow families some flexibility in providing care to a loved one, while gaining the support they need for themselves. The importance of family support also speaks to the need for social work involvement through the continuum of care (from community to long-term care settings).

While the goal of a long-term care and community support services strategy is to keep people at home or close to home, it is important to acknowledge that placements into long-term care facilities are often necessary as the level of care changes. Oftentimes, the quality of life for the individual and their family increases once the decision has been made to avail of long-term care placement services. It is therefore important that families feel supported throughout this process. Again, this is where social work involvement is so important.

Another area that needs to be considered in terms of family support is the placement of spouses in long-term care facilities. Couples that have been together throughout their lives, now find themselves in a precarious situation of possibly being separated from a loved one. The infrastructure of long-term care facilities needs to be enhanced to allow for more spouses to reside in the same long-term care facility, if this is their choice, and in keeping with the Province's Long Term Care Standards (2005).

## **Conclusion**

The development and implementation of the long-term care and community support services strategy needs to support and intersect with other initiatives that are happening within NL (e.g. poverty reduction strategy, immigration strategy, strategy for the inclusion of persons with disabilities, provincial wellness plan). Throughout this brief, the discussion focused on early intervention and prevention, resources and family supports, and addressed many of the social determinants of health (i.e., personal health practices, social support networks, income, health services, and social environments). According to the Public Health Agency of Canada "*at every stage of life, health is*

*determined by complex interactions between social and economic factors, the physical environment and individual behavior.”* Throughout the implementation of strategy, it is important that services, programs and policies continue to be developed and enhanced to address the social determinants of health.

Social work involvement is crucial to helping move the long-term care and community support services strategy forward in this province. Social workers look forward to continuing to work with government in informing policy and program development to meet the needs of seniors and their families.

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