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Establishing a Crown Agency Amid Multiple Service Providers: Self-Directed Personal Support Services Ontario (SDPSSO)

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Abstract

Directly funded (DF) home care is a policy mechanism where individuals are given funds to arrange their own services by hiring people in their communities or by subcontracting to service provider organizations. In 2017, the Ontario Ministry of Health and Long-Term Care briefly established a crown agency called Self-Directed Personal Support Services Ontario (SDPSSO). The stated goal of the SDPSSO was to create a DF home care program to serve older people, expanding an existing Ontario program serving a small number of younger adults with disabilities. The development of SDPSSO was influenced by the then health minister's ideological belief, pressure to reform home care from multiple stakeholders, and positive (although sparse) international evidence of the efficacy of DF home care among older adults. Reaction to the policy shift included a judicial injunction brought forward by a coalition group of home care service providers, halting implementation. A SWOT analysis shows that the SDPSSO provided as many threats and unknowns as there were possible benefits. A change in provincial government resulted in the dissolution of the SDPSSO in 2018 and the introduction of a family-managed program that continues to exclude older people. It is unclear what future changes may be in store for home care in Ontario.

Le programme de financement direct (FD) des soins à domicile consiste à transférer des fonds aux individus pour qu'ils mettent en oeuvre eux-mêmes les services dont ils ont besoin en recrutant au sein de leur communauté ou en sous-traitant à des organismes fournisseurs de services. En 2017, le Ministère de la Santé et des Soins de Long-Terme de l'Ontario a mis en place un éphémère organisme de la couronne appelé Services de Soutien à la Personne Autogérés de l'Ontario (SSPAO). L'objectif affiché de SSPAO était de créer un programme de FD pour les personnes âgées, par extension d'un programme déjà en place pour une population restreinte de jeunes adultes handicapés. Le développement de cet organisme peut s'expliquer par une préférence idéologique du ministre de l'époque, des pressions de multiples origines pour réformer le système des soins de long-terme à domicile et des éléments de preuve rares mais favorables sur l'efficacité des soins à domicile FD pour les personnes âgées. En réaction à ce changement de politique, une coalition de producteurs de services de soins à domicile a déposé une injonction en justice, freinant la mise en place de l'organisme. Une analyse FFOM (SWOT) montre que le SSPAO engendrait autant de menaces et d'inconnues que d'avantages possibles. Un changement de gouvernement provincial a conduit à la dissolution du SSPAO en 2018 et à l'introduction d'un programme de gestion familiale qui continue à exclure les personnes âgées. L'avenir des soins à domicile en Ontario est pour le moins incertain.

Key Messages

- Directly funded, or "self-directed," home care is a policy mechanism where individuals are given funds to arrange their own services. It serves a small minority of home care users in Canadian contexts.
- Directly funded home care is rooted in serving adults with physical disabilities, however interest in serving older populations is expanding worldwide.
- The short-lived crown agency focused on directly funded home care for older adults in Ontario, represents an unprecedented policy direction for home care delivery in Canada.

Messages-clé

- *Le financement direct des soins à domicile est un programme transférant des fonds directement aux individus pour qu'ils arrangent leurs propres services. Ce programme existe pour une petite minorité d'utilisateurs au Canada.*
- *Le financement direct des soins est bien établi auprès des adultes handicapés, mais l'idée de l'utiliser pour les personnes âgées se répand à l'international.*
- *L'éphémère organisme de la couronne centré sur le financement direct des soins à domicile pour les personnes âgées en Ontario a représenté un changement de politique sans précédent pour la fourniture de soins à domicile au Canada.*

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1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

Direct funding (DF) is a model for publicly funded home care in which the user, or a representative on behalf of the user, is given the authority to arrange their own services. Depending on the program, this can include hiring and scheduling staff or contracting services through home care agencies. A crown agency, Self-Directed Personal Support Services Ontario (SDPSSO) was briefly established in August 2017 with the stated function of employing a pool of personal support workers, allowing program users to choose employees and schedule their own services—in short, offering DF home care from a central organization to a broad user base (Government of Ontario n.d.). The creation of the SDPSSO was announced via a media release (Government of Ontario 2017a) and a brief mention in the policy document "Action Plan for Seniors" (Ontario Ministry of Health and Long-Term Care 2017a, 39).

2 HISTORY AND CONTEXT

Ontario's home care system has been in operation since 1970 and there are now over 250,000 people using long-term care services (Ontario Ministry of Health and Long Term Care 2017b, 37). Services are delivered through both non-profit and for-profit care organizations, some provide nursing services, others provide personal care services, and some provide both. Service delivery also varies by location, with people in large urban centres having more choice of service provider than those in rural areas. The current DF home care model in Ontario exists alongside these service providers and is linked to a vibrant history of disability activism. The provincially funded Self-Managed Attendant Service Program has been in operation since 1994, and serves about 1,000 adult users, representing a very small proportion of all home care recipients in the province. It is administered by the Centre for Independent Living in Toronto, which provides users with cash to arrange all aspects of their own care, including hiring their own workers directly.

Research finds that, in comparison to direct provision home care services, direct funding and other similar cash-for-care programs leads to greater care continuity, fewer unmet needs, innovative use of public resources, and overall user satisfaction (Glasby 2006; Low, Yap, Brodaty 2011; Ottmann, Allen, Feldman 2013). In Canada, DF is best described as a niche policy mechanism (serving a small proportion of home care users) in nine provinces; Newfoundland and Labrador is an exception, with a program that serves approximately 40% of home care users (Kelly *et al.* submitted). There are no DF programs in the Territories at present. In 2014, the Ontario Minister of Health announced a plan for home care that included increasing funding to establish a DF care option for older adults (Ontario Ministry of Finance 2014).

3 GOALS OF THE REFORM

The explicit goal of implementing the SDPSSO was to provide flexibility for home care users in their choice of workers and scheduling of services by expanding DF to make it a more commonly available form of publicly funded home care service delivery. A news report citing leaked government documents suggested that the SDPSSO had a long-term goal of eventually providing 40% of home care services (Picard 2018). If the SDPSSO were to reach that goal it would serve more than 100,000 people. Unprecedented in a Canadian context, the government proposed a new crown agency that would maintain a pool of home care workers and manage their pay and training. Users would draw on this labour pool to choose their workers, arrange their schedules, and determine their own services without the administrative responsibility of being a direct employer. Users would not have the option of hiring private agencies as subcontractors. The labour pool and customer base of existing service providers would be significantly disrupted. SDPSSO responded to criticisms of other DF models in which users may feel burdened by the employer-related tasks of payroll, scheduling, training, and finding workers (Ottmann, Allen, Feldman 2013). Further, the SDPSSO model may also have been in response to labour's concerns that the home care workforce is best managed through a centralized employer (Cranford 2005). Taken together, this suggests that an implicit government goal was to better manage the home care labour market.

4 FACTORS THAT INFLUENCED HOW AND WHY THE ISSUE CAME ONTO THE GOVERNMENT'S AGENDA

The following analysis considers how Ontario's provincial politics and existing structures of home care delivery influenced the development of the SDPSSO. Our sources include media releases and news articles, government and industry websites and reports, and current research in the field of DF home care. Using the 3I framework (analysis based on interests, ideas and institutions) set forth by Lavis and colleagues (2012), we describe the key features involved in the governance and delivery of home care as well as the political factors influencing the government's policy choices.

Expanding DF to include older people became a viable agenda item (Kingdon 2011) owing to the health minister's belief that it was a good public policy (Ontario Ministry of Health and Long-Term Care 2015) shaped by credible research on DF among older adult populations (see for example Low, Yap, Brodaty 2011; Ottmann, Allen, Feldman 2013; Slasberg, Beresford, Schofield 2014). The policy development was a response to various interest groups (unions, professional health associations, disability advocacy groups, older people advocacy groups, and agency care providers) who highlighted the need to streamline services, improve working conditions, and reduce or avoid bureaucratic duplication, as well

as increasing pressure from older adults and their families for access to the DF model (Crawley 2017; Harding 2017; Hepburn 2017; Larmondin 2017; Picard 2018; Zarzour 2017). The groups generally agree that reforms are long overdue for home care provision in Ontario.

Ontario was also following examples from other health jurisdictions. In 2016, a labour interest group presented the health minister with the results of a study conducted among older adult Medicaid recipients in Washington state, which found that home care users were more satisfied with DF services than with agency-directed services (SEIU Healthcare n.d; 2016; Wiener, Anderson, Khatutsky 2007). The SDPSSO model for DF home care provision was strikingly similar to that which is in place in Washington. While the study reported encouraging results regarding home care user satisfaction, it was conducted in a vastly different context and the data are over a decade old.

Disruptions to existing sources of home care service provision are contentious. Home care in Ontario involves multiple actors in a marketized system, making it difficult (perhaps impossible) to achieve consensus on what should be done. A coalition group of service providers named Home First Alliance for Patients formed and initiated a judicial review of the formation of the SDPSSO. Their position was that the new crown agency would act as unfair competition for existing service providers, there was insufficient stakeholder consultation prior to establishing the agency, and increased bureaucratization would threaten service provision (Christie 2018). Their interest appeared to be driven by concern over the potential loss of their customer base, disruptions to the labour pool, and loss of lucrative government contracts (Christie 2018; Crawley 2018; Picard 2018; Schauer 2017).

Organized labour has also challenged the DF model in many contexts, primarily with the argument that DF undermines the material working conditions of care workers, often facilitates neoliberal restructuring, and removes structures for reporting abuses and other issues (Cranford 2005; Kelly 2016). Interestingly, a Canadian union serving home care workers (Service Employees International Union, or SEIU Healthcare) actively contributed to the development of SDPSSO. Other unions criticized how the new centralized agency could negatively impact their organizations, with SEIU Healthcare potentially making greater gains for their members (Canadian Union of Public Employees Ontario 2015; Crawley 2017; National Union of Public and General Employees 2015). Likely based on lack of information emerging from the government, or possibly misinformation from other sources, a local caregiver association voiced concern that a shift in focus towards DF would pull home care funding away from older adults (Harding 2017). In general, the SEIU were in favour of the SDPSSO, whereas most other stakeholders were against it.

Indeed, if the new agency had survived the 2018 change in provincial government, the SDPSSO would have fundamentally changed the way home care is delivered in Ontario and would have significantly reduced the role of service provider organizations. The SDPSSO may also have disrupted the current model of DF home care among younger adult DF users, requiring them to hire from the pool of government-managed employees rather than taking on the role of employer themselves.

5 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1 summarizes the strengths, weaknesses, opportunities and threats for the creation of the SDPSSO as a central crown agency aiming to mainstream DF home care in Ontario.

Table 1: SWOT Analysis

Strengths	Weaknesses
• Expanding DF to older people may lead to better satisfaction among home care users. • A central agency would reduce fragmentation of services and improve user experience of navigating the home care system. • A central employer may resolve some of the weaknesses of DF programs from a user-perspective—e.g., finding workers, arranging back-up support, managing payroll. • A central employer is better positioned to provide organization structures protecting labour. • A central agency allows for better information gathering.	• A central employer undermines existing home care service providers in Ontario. • There is a potential for service mismatches due to organizational inexperience with the DF model. • Implementation has been secretive and opaque, and lacking stakeholder consultation. • There is no consensus in or outside of Canada on the benefits of making DF broadly available instead of a niche option.
Opportunities	**Threats**
• Ontario is one of the few provinces exploring DF as a mainstream delivery mode for home care, and there is an opportunity to be a national (and international) leader. • Aligns with trends in international contexts, particularly western Europe and Australia. • Potential for cost-savings at the same time as improving user satisfaction.	• Sweeping policy changes generate political instability, as evidenced by court case and news coverage. • Policy implementation has been influenced by an organized labour perspective, which may not align with user needs. • Expanding and standardizing DF will weaken the original spirit of independence and control for younger adults with disabilities.

Opportunities (Con'td)	Threats (Cont'd)
• Active involvement of union in agency development may strengthen the overall working conditions of home care workers across Ontario.	• Expanding DF will download additional administrative responsibility onto individuals and families.

6 CONCLUSION

Health care reform is challenging, particularly in a political atmosphere of powerful actors who are prepared to form coalitions to fight for their interests. The current DF model in Ontario works best for those with the requisite social capital and social resources to manage their own care (i.e., the capacity to handle the administration of employees). The SDPSSO model would have addressed these concerns by acting as a central employer and sharing administrative responsibility for care workers. In its goal of expanding DF to serve a larger percentage of home care users, the model also would have disrupted the organizations currently administering and delivering home care services throughout the province.

DF home care can only deliver on its promise for flexibility and choice if it is carefully designed and implemented; the policy mechanism on its own does not guarantee the positive outcomes associated with this model. A hands-on approach by government is likely required to expand DF home care, but the scope of the SDPSSO policy change was highly experimental in Canada, especially considering the unprecedented involvement of labour perspectives. International examples of large scale DF home care models are cautiously optimistic, but they are few in number and highly context-specific (Ottmann, Allen, Feldman 2013; Slasberg, Beresford and Schofield 2014). Moving forward, the Ontario government continues to be faced with the problem of increasing health costs, while home care users continue to be faced with inconsistent and unsatisfactory home care service.

7 REFERENCES

Canadian Union of Public Employees Ontario. 2015. Panel's call for self-directed home care, increases burden on families, takes wrong-approach to system change. https://cupe.on.ca

Christie A. 2018. Home care providers call on party leaders to commit to real flexibility and choice in home care. The Home First Alliance for Patients. News release, 30 May.

Cranford CJ. 2005. From precarious workers to unionized employees and back again? The challenges of organizing personal-care workers in Ontario. In *Self-employed workers*

organize, ed. Cranford CJ, Fudge J, Tucker E, Vosko LF, 96-135. Montréal, QC and Kingston, ON: McGill-Queen's University Press.

Crawley M. 2017. How Ontario's home care plan would help a union that backs the Liberals. *CBC News*, 27 November. https://www.cbc.ca/news/canada/toronto/home-care-ontario-liberal-party-kathleen-wynne-union-seiu-1.4389816

Crawley M. 2018. Home care agencies sue Ontario over Wynne government plan. *CBC News*, 26 February. http://www.cbc.ca/news/canada/toronto/home-care-ontario-lawsuit-kathleen-wynne-1.4544909

Glasby J. 2006. Direct payment is a healthy option. *International Journal of Integrated Care* 6. https://doi.org/10.5334/ijic.145

Government of Ontario. n.d. Self-Directed Personal Support Services Ontario. [Public Appointments Secretariat]. https://www.pas.gov.on.ca/Home/Agency/346

Government of Ontario. 2017. Ontario boosting nursing, personal support in major expansion of home care. News release, 5 October. https://news.ontario.ca/mohltc/en/2017/10/ontario-boosting-nursing-personal-support-in-major-expansion-of-home-care.html

Harding M. 2017. Self-Directed Personal Support Services Ontario: a commentary. *Care Watch Ontario*, 12 November. https://carewatchontariodotcom.files.wordpress.com/2017/11/bg_sdpsso_commentary_201711121.pdf

Hepburn B. 2017. Ontario home-care plan a bold step. *The Star*, 8 November. https://www.thestar.com/opinion/star-columnists/2017/11/08/ontario-home-care-plan-a-bold-step-hepburn.html

Kelly C, Jamal A, Aubrecht K, Grenier A. Submitted. Canadian trends in direct funded home care. *Journal of Aging & Social Policy.*

Kelly C. 2016. *Disability politics and care: the challenge of direct funding.* Vancouver, BC: UBC Press.

Kingdon JW. 2011. *Agendas, alternatives, and public policies.* (Updated 2nd ed. with a new foreword by Thurber JA). Boston: Longman.

Larmondin L. 2017. Program promoting independence grows again. Centre for Independent Living in Toronto, February. https://www.dfontario.ca/info/announcements.html

Lavis JN, Røttingen J-A, Bosch-Capblanch X, Atun R, El-Jardali F, Gilson L, Lewin S, Oliver S, Ongolo-Zogo P, Haines A. 2012. Guidance for evidence-informed policies about health systems: linking guidance development to policy development. *PLOS Medicine* 9(3):e1001186. https://doi.org/10.1371/journal.pmed.1001186

Low L-F, Yap M, Brodaty H. 2011. A systematic review of different models of home and community care services for older persons. *BMC Health Services Research* 11: 93. https://doi.org/10.1186/1472-6963-11-93

McQuigge M. 2018. Court asked to review Ontario decision to form personal support worker agency. *CKPGToday.ca*, 27 February. https://ckpgtoday.ca/article/519097/court-asked-review-ontario-decision-form-personal-support-worker-agency

National Union of Public and General Employees. 2015. Ontario's response to people with developmental disabilities "a cruel hoax". Press release. https://nupge.ca/content/ontario%E2%80%99s-response-people-developmental-disabilities-%E2%80%9C-cruel-hoax%E2%80%9D

Ontario Ministry of Finance. 2014. *Building opportunity, securing our future: Ontario budget 2014*. Toronto, ON: Queen's Printer for Ontario. https://www.fin.gov.on.ca/en/budget/ontariobudgets/2014/papers_all.pdf

Ontario Ministry of Health and Long-Term Care. 2015. *Patients first: a roadmap to strengthen home and community care*. Toronto, ON: Queen's Printer for Ontario. http://www.health.gov.on.ca/en/public/programs/lhin/roadmap.pdf

Ontario Ministry of Health and Long-Term Care. 2017a. *Aging with confidence: Ontario's action plan for seniors*. Toronto, ON: Queen's Printer for Ontario. https://files.ontario.ca/ontarios_seniors_strategy_2017.pdf

Ontario Ministry of Health and Long-Term Care. 2017b. *Thriving at home: final report of the Levels of Care Expert Panel*. Toronto, ON: Queen's Printer for Ontario. http://health.gov.on.ca/en/public/programs/lhin/docs/loc_report_2017.pdf

Ontario Ministry of Health and Long-Term Care. 2018. Self-directed personal support services Ontario update. News release, 31 August. http://www.health.gov.on.ca/en/news/update/hu_20183108.aspx

Ottmann G, Allen J, Feldman P. 2013. A systematic narrative review of consumer-directed care for older people: implications for model development. *Health and Social Care in the Community* 21(6): 563-581. https://doi.org/10.1111/hsc.12025

Picard A. 2018. Ontario is courting a home-care fiasco. *The Globe and Mail*, 3 March. https://www.theglobeandmail.com/opinion/ontario-is-courting-a-home-care-fiasco/article38175867/

SEIU Healthcare. n.d. Self-directed care model for home care services. Service Employees International Union. https://cirhr.library.utoronto.ca/sites/cirhr-edit.library.utoronto.ca/files/ontario_workplace_review_phase2/SEIU%20Healthcare%20-%20Follow-up%20information%20requested%20by%20SAs.pdf

SEIU Healthcare. 2016. Self-directed care in Ontario—central employer model. https://cirhr.library.utoronto.ca/sites/cirhr-edit.library.utoronto.ca/files/ontario_workplace_review_phase2/SEIU%20Healthcare%20-%20follow-up%20Self-Directed%20Care%20in%20Ontario.Central%20Employer%20model.pdf

Schauer A. 2017. Important predictions for homecare in 2018. AlayaCare, 8 November. https://www.alayacare.com/blog/important-predictions-for-homecare-2018

Slasberg C, Beresford P, Schofield P. 2014. Further lessons from the continuing failure of the national strategy to deliver personal budgets and personalisation. *Research, Policy and Planning* 31(1): 43-53.

Wiener JM, Anderson WL, Khatutsky G. 2007. Are consumer-directed home care beneficiaries satisfied? Evidence from Washington State. *The Gerontologist* 47(6): 763-774. https://doi.org/10.1093/geront/47.6.763

Zarzour K. 2017. Provincial government plans to create new home care agency. *York Region.com*, 6 November. https://www.yorkregion.com/news-story/7806572-provincial-government-plans-to-create-new-home-care-agency/