CASW ACTS
Canadian Association of Social Workers
Association canadienne des travailleuses et travailleurs sociaux

Social Work is Essential

Don't Go Back: Do Better

Social Work, Covid-19, and **Long-Term Care**

Canadian Association of Social Workers - December 2021

EXECUTIVE SUMMARY

Across Canada, the COVID-19 pandemic has put increased stress on the long-term care (LTC) sector, but despite current public outcry regarding the many egregious and high-profile negative outcomes highlighted throughout the pandemic, many issues existed in the LTC sector prior to COVID-19. Instead of striving to 'return back to normal,' this paper provides recommendations to improve the LTC sector in Canada: demonstrating the critical importance of social work in all LTC settings, for strengthening resources, and for increasing dignity, safety, and choice for all those who rely on LTC in Canada. In short, social work's presence and perspective is required to improve quality of life for all those living in Canada, and shift from more custodial models of care toward person-centered, relational approaches – which will also reduce costs, human and fiscal: compassionate policy is effective policy.

Recommendations

That the federal government:

1) Increase federal funding for long-term care to, at minimum, the Organisation for Economic Co-operation and Development (OECD) average.

2) Create a new *Demographic Top Up Transfer.*

3) Develop a *Safe Long Term-Care Act* collaboratively with the provinces and territories to create enhanced national standards, and incentivize and encourage the use of Registered Social Workers (RSWs) in all LTC settings.

4) Fund options to live and age in place.

5) Co-create a new Framework for Indigenous Long-term Care.

INTRODUCTION AND CONTEXT

The Canadian Association of Social Workers (CASW) is the national association voice for social work in Canada with a dual mission to promote the profession and advance social justice. As a profession founded on principles of social justice, CASW advocates for the inherent dignity, worth and agency of all persons.

The current Long-Term Care (LTC) sector – a catch-all phrase for the piecemeal system across Canada, with facilities often referred to as *nursing homes* – has failed many Canadians throughout the COVID-19 pandemic. The acronym 'LTC' will be used throughout this paper to refer to various services designed to meet a person's health or personal care needs on a 24-hour basis at a facility. While this immediate crisis has exposed and, in cases, worsened issues pertaining to LTC, these problems are not new. Two

things are clear: the LTC sector's issues require immediate attention and a robust recovery plan. Social workers must play a critical role in re-building the LTC sector to be a sustainable, effective system that truly meets the needs of all those who live in Canada.

Older adults and those with disabilities are at exceptionally high risk for experiencing negative health outcomes associated with COVID-19. Those residing in LTC settings are among the most vulnerable, due to their health care needs and living in a communal environment populated by several other people each day.[1] More than 80% of all COVID-19 deaths in Canada come from LTC facilities.[2] The Canadian health care system and long-term care facilities were, and continue to be, ill-equipped to handle the influx of older adults that require care. As a result, LTC quickly became a deadly hotspot for older adults in the pandemic's early months.

LTC in Canada has been a piecemeal approach since its inception. When Canada created the Canada Health Act (CHA), LTC was not included. This exclusion resulted in provincial and territorial responsibility for funding, delivery, and maintenance of LTC facilities. Even with the knowledge and proof that older adults were living longer due to new advances in medicine, technology and sanitation, LTC for seniors continued to be an afterthought at a national level. The core of LTC problems is that the system was never planned; it has merely evolved. [3]

The demand for LTC has continued to grow and has resulted in pressure to rapidly expand an overtaxed system.[4] The health needs of residents in LTC are becoming increasingly more complex; coupled with the current funding models, it has become more challenging to provide the required level of care each resident deserves.[5] Indeed, "systems with lean resources cannot adapt to stressors such as pandemics, and band aids can no longer cover the wounds to the system illuminated by COVID-19."[6]

CASW would like to acknowledge the federal and provincial governments' efforts to mitigate COVID-19 within care homes and attempts at addressing systemic issues. For instance, the federal government's recent fiscal budget pledges $90 million over three years to fund community groups for older adults to age at home, an increase in Old Age Security pensions (OAS), and $3 billion over five years to help provinces improve and regulate LTC. Additionally, in 2020, the federal government also partnered with science teams across Canada to study the effectiveness of promising practices, interventions, and policy options for LTC. These financial contributions are one necessary step in the right direction in re-building a broken and neglected sector.

BACKGROUND

Before formal and institutionalized care, older adults were typically cared for by family members and remained in their homes. When Canada established its universal health care system, life expectancy was less than 70 years.[7] Decision-makers of previous generations faced less pressure to plan how LTC would be provided or funded comprehensively. Now that the average life expectancy has drastically increased and Canadian citizens have matured, its health care system has not kept pace or met their evolving needs.[8]

The Canada Health Act (CHA) was created in 1984. The CHA replaced the federal hospital and medical insurance acts and consolidated its principles by establishing five core principles.[9] It provides the

provinces and territories of Canada with conditions that must be respected for health insurance plans to receive federal cash contributions.

1. **Public Administration:** insurance programs must be publicly accountable for the funds they spend.
2. **Accessibility:** outlining reasonable access to insured services.
3. **Comprehensiveness:** insurance programs must include all medically necessary services.
4. **Universality:** provincial health insurance programs must insure Canadians for all medically necessary hospital and physician care.
5. **Portability:** a provincial insurance plan covers Canadians during short absences from that province.

For decades, the federal government transferred payments to the provinces to carry out their health care responsibilities, post-secondary education, and public assistance. These transfers were known as the Established Programs Financing (EPF) and the Canada Assistance Plan (CAP). In 1995, the Federal government eliminated these transfers and merged the EPF and CAP under Bill C-76, the Canada Health and Social Transfer (CHST). In 2003, these transfers were divided into two for health care and social programs.[10] These changes drastically reduced the cash transfers for these essential programs and created confusion in determining the exact federal contribution to healthcare funding.

In response to these reductions, extreme austerity measures followed. These measures include, but were not limited to, reducing hospital budgets, removing public funding for social services, offloading the responsibility for services to provinces, municipalities and often turning to private providers.[11] Now is the time to robustly resource this critical aspect of our social programming for the future.

COVID-19 AND THE ROLE OF THE FEDERAL GOVERNMENT

While Canada's overall COVID-19 mortality rate has been relatively low compared to rates in other OECD countries, it has the highest proportion of LTC deaths.[12] This statistic is not surprising to experts in the field who have been pleading for changes. Before the pandemic, LTC homes had staffing issues, and few had the capacity for effective infection prevention and control (IPAC), which was considered acceptable and ordinary. There is a longstanding history of whistleblowing and reports outlining warning signs in the sector for decades.

When analyzing the risk of COVID-19 outbreaks in LTC, findings are consistent with previous studies and current observations. One study's authors attribute some negative outcomes to outdated designs which fall below 1972 standards, including, but not limited to, heightened reliance on multiple occupancy rooms, crowded and self-contained common spaces leading to widespread transmission.[13]

In April 2020, some LTC facilities within Ontario and Quebec had no choice but to request assistance from the federal government in managing the outbreaks. In response, the Canadian Armed Forces (CAF) deployed teams to facilities in need. Reports noted unsettling observations such as insufficient supplies of personal protective equipment, poor quality of care, chronic understaffing, and inappropriate behaviour towards residents, as well as insufficient physical distancing and isolation protocols.[14]

This report also noted that nurses or other regulated professionals provide little direct care to residents. Up to 90% of direct resident care is provided by unregulated and unlicensed care aides or personal

support workers.[15] The unregulated and under-training of staff that provide daily care to older residents make holding facilities accountable for harm or negligence difficult. The contributing factors to these statistics have been noted as poor infrastructure, problematic staffing practices, limited support from nurses and physicians, overcrowding, little infection containment, isolation and control measures and insufficient training on the use of personal protective equipment and its availability.[16]

Further, compared to other OECD countries, Canada spends comparatively less on the provision of publicly funded LTC.[17] Demand and pressure placed on front-line staff has created greater workloads, increasing the risk of a work injury and lead to less attention and time spent per resident.[18] The demand for LTC and resident acuity increases each year. However, staffing levels and access to training have not kept the same pace.[19]

Funding for care homes across the country must be increased to allow staff to meet residents' needs. The workload and working conditions that exist across the country lead to inferior care: the number of staff working in LTC must increase and federal leadership and funding is required in this regard. An investment in staffing will begin to address the longstanding issues that arise with poor working conditions and ultimately benefit the whole sector. A part of this investment in staff should include a special envelope accessible by the provinces and territories to fund social work staff in each LTC setting, dependent on regionally developed staffing models

In addition to the issue of lack of funding for adequate staffing, there is the related but separate issue of an unstable workforce: comparatively low renumeration for all professions in LTC, lack of sick pay, and an overworked workforce that creates negative working conditions all contribute to a sector that is often difficult to staff, and difficult to retain existing workers. Increased funding for LTC must also target these issues: staff must be compensated and supported in ways commensurate with the critical and essential services they provide, which will, in turn, create better outcomes for residents.

THE CRITICAL ROLE OF SOCIAL WORKERS IN LTC

Though the COVID-19 has exacerbated many issues within LTC, these problems predate the pandemic, and are indicative of the need for not only minor adjustments, but an overall philosophical shift in the sector. As research grows around the critical importance of the social determinants of health, robustly supporting holistic wellbeing delays or prevents costly comorbidities, more extensive interventions, and further intensive care down the line. As such, LTC must take a holistic approach and address the full range of resident's needs -- physical, nutritional, emotional, psychosocial, cultural, spiritual, and recreational – to properly support mental and physical health. Programs, services, and supports that are compassionate and comprehensive are also the most cost effective in preventing more costly interventions. In this same vein, LTC requires a fully integrated interprofessional team, which includes the resident's circle of care in their approach and meets the full scope of residents' needs. Based on this model of care, the need for more social workers in LTC is directly and logically indicated.

Social work has a long history of playing a significant role in the provision of long-term care. As a result of being multi-disciplinary in nature, long-term care provides an opportunity for social workers to practice collaboratively with allied professionals on a fully integrated interprofessional team, while at the same time maintain the integrity of their particular knowledge and skill base.

Social work is a unique profession with a broad, yet specialized, skill set. One critical element of social workers' education is the emphasis on ecological, systems-based, and person-in-environment worldviews and care modalities. This means that social workers are skilled in assessing a client's spectrum of needs and situation to optimize health and wellbeing within their environment and circumstances, while also acting as an advocate for the client and their circle of care.

Social workers' core services can include the following:

Social work services provided during the various phases of residency (see Appendix), which are essential to the well-being of residents/families in long-term care include the following:

- admission preparations;
- screening;
- assessment;
- counselling;
- practical assistance;
- identifying, locating and/or arranging resources;
- internal and external advocacy;
- education;
- group work; and
- discharge planning

For the social worker, the scope of practice within a long-term care setting "involves influencing the social determinants of health that are relevant to the resident by intervening with the resident, the family, other residents and staff within the facility, and also the broader community. Emphasis is on building upon existing strengths, modifying risks and seeking solutions to issues that interfere with optimal quality of life."[20]

In terms of the broader, in-context role within any LTC setting, social workers' critical work includes:

• Responding to enquiries and providing education to persons in the community on the current health care system as well as assisting clients in navigating services;

• Providing psychosocial expertise in aspects of care (for example, in helping staff and resident alike to deal with the difficult issues of dying and death as well as emotions such as guilt, anger, and fear);

• Supporting, developing, or implementing innovative programs;

• Enhancing residents' care, including promoting holistic approaches, maintaining therapeutic relationships with residents and families and providing specialized individual and family counseling, engaging in resident advocacy, family support groups, family councils, and resident councils, and co-ordinating with other community services;

• Promoting a positive atmosphere and attitudes and playing a leadership role in counteracting stereotyping, stigmatization, and discrimination;

• Sharing responsibility for educating residents, families, and staff colleagues and for challenging the status quo when advocating on behalf of residents.

- "providing a personal, relational, educational and advocacy role, (for example, ensuring all staff are aware of the perspectives, needs and values of individuals and their families)[21]"
- "advocating for institutional and systemic change"[22]

Social work services provided during the various phases of residency – pre-admission, admission, residency, and discharge, transfer, or death – are essential to the well-being of residents in long-term care and their families.[23]

In addition to these client, circle of care facing services and approaches, social workers can also play a critical role in supporting other staff, for instance, assisting other "front line staff in developing active listening, communication and relationship building skills."[24]

As highlighted above, social workers play a vital role in a variety of essential services within a LTC home. Within the scope of practice of a registered social worker (RSW), a RSW can play an essential role in ensuring residents' safety and quality of care.[25]

A recent study that explored the impact of social service staffing on nursing home quality and residential outcomes found that increasing social services staffing levels are a cost-effective strategy to improving quality of care, and higher qualifications of social service staff improve resident outcomes.[26] Increased support is needed at the federal level to ensure staff qualifications match the roles and responsibilities of the job to best meet the resident's needs and that care homes provide a wide range of services for older adults to improve their quality of life.

Finally, when considering the psychosocial and mental health impacts of the pandemic, social work is made all the more vital: social workers' specialized skillset that merges mental health training with broader psychosocial tools and modalities is not only a vital, but cost-effective addition to the LTC sector. Social workers are able to provide many of the same types of care as psychologists or mental health nurses, as well as other types of services and care highlighted in this paper. However, where social work differs from all other professions, is the leveraging of lived experience, and a speciality in holistic, person-in-environment approaches to care: social workers are not only a logical addition, but an imperative one in this setting.

RECOMMENDATIONS

The aging population within Canada is diverse and complex. The complexities of residents' health entering LTC are not reserved for older adults. Additionally, there have been an increasing number of adults under the age of 65 with disabilities being forced into nursing homes because there are no other options:[27] The current system is not equipped to meet the needs of Canadians, and the solutions and recovery of the LTC sector must be affordable, accessible, and be driven by the wants and needs of the population it is intended to serve. Bold responses from the federal government are needed to correct the course, not just in response to the pandemic but in moving forward.

CASW recommends that the federal government:

1. Increase federal funding for long-term care to, at minimum, the OECD average, and regularly reassess this level:

Canada spends 1.3% of GDP on LTC, whereas the OECD average is about 1.7%. Additionally, Canada's proportion of spending in this model has barely increased since 2006, whereas it has grown significantly in other countries. CASW recommends the federal government increase the level of spending to match the OECD average immediately. CASW also encourages the federal government to reassess this percentage and adjust these numbers accordingly, post-national study.

2. Create a new *Demographic Top Up Transfer* to complement and support the Canada Health Transfer:

Canada's premiers have called on the federal government to increase the CHT to 25% of provincial and territorial health care costs to address the needs of an aging population. However, as members of HEAL (Organizations for Health Action), CASW agrees that, rather than change the CHT formula, we recommend that an additional demographic top-up be transferred to provinces and territories based on the projected increase in health care spending associated with an aging population. The Conference Board of Canada calculated the amount for the top-up to the CHT using a needs-based projection: for the fiscal years of 2017–2020, this top-up would require a federal investment of approximately $1.66 billion to 1.88 billion each year.

This demographic top up would help each region provide more robust, upstream supports for older adults, having an exponential and holistic impact on population health. This would mean acute and complex types of care can be delayed or sometimes eliminated – in turn reducing the overall burden on LTC.

3. Develop a *Safe Long Term-Care Act* collaboratively with the provinces and territories:

CASW appreciates the challenges posed by reopening the CHA and believes necessary changes, accountability, and sustained funding can also be achieved by developing a new Act – as promised in the 2021 Liberal Party of Canada election platform – that proposes enhanced national standards. These standards must ensure equitable access to a good standard of care for all, regardless of the funding model, resident's income, culture, language, religion, gender, geographical location, and complexity of need. In this regard, monitoring and accountability will be key. This Act should be crafted after careful study and in collaboration with the provinces and territories and be implemented at a responsible pace to ensure minimal impact on existing services while efficiently ameliorating the LTC situation.

This Act should, additionally, incentivize and encourage the use of Registered Social Workers (RSWs) in all LTC settings. Social workers are critical in LTC, both for optimal client wellbeing, and as a fiscally responsible method of ensuring LTC is adequately staffed with trained, accountable professionals. A part of the work of creating this Act should be asking provinces and territories to identify adequate staffing models that work in their particular contexts. The new Act should contain a specialized envelope of funding accessible for provinces and territories that wish to uptake it to fund the minimum social work staffing component identified through these models in every LTC setting. At the very minimum, it is critical that all LTC settings have access to a social worker "fully

integrated into the care team, for each facility, to support person centred care, address emotional and mental health needs of families, and to provide support to care giving staff."[28]

4. Support and enhance options to live and age in place:

   Research shows that many Canadians prefer to age at home or other homelike spaces. Though this is not always possible due to different levels of care required, it is unacceptable that an individual is denied this option based on a lack of resources: those with less complex needs who wish to live and age in place should be supported to do so. Additionally, an abundance of literature states the benefits of seniors aging in place: evidence suggests that aging in place programs may yield cost savings for families, government, and health systems and aging in place has also shown to have health and emotional benefits over institutional care. The federal government must increase dedicated funding to support all those who live in Canada to live and want to age in place.

5. Co-create a new Framework for Indigenous Long-term Care as promised in the 2021 Liberal Party of Canada election platform that meets the needs of Indigenous people and communities in Canada:

   The Assembly of First Nations (AFN) has advocated for funds for First Nations to "establish and operate long-term care facilities." As AFN states: "Many of the current generation of First Nations seniors were forced to leave their communities and to attend Indian Residential Schools. Forcing First Nations seniors to leave their communities again for palliative, end of life or long-term care at the end of their lives is unacceptably cruel."[29] This framework must also include resources to support Indigenous people to live and age in place, wherever they may reside.

CASW ACTS

Canadian Association of Social Workers

Association canadienne des travailleuses et travailleurs sociaux

[1] Gaur, S., Dumyati, G., Nace, D., & Jump, R. (2020). Unprecedented solutions for extraordinary times: Helping long-term care settings deal with the Covid-19 pandemic. Infection Control & Hospital Epidemiology. doi:10.1017/ice.2020.98

[2] Canadian Institute for Health Information. (2020). Pandemic Experience in the Long-Term Care Sector. [PDF File]. https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf

[3] Richard O'Donnell, 1983, as cited in Daly, T. (2015). Dancing the Two-Step in Ontario's Long-term Care Sector: More Deterrence-oriented Regulation= Ownership and Management Consolidation. Canadian Institutes of Health Research. doi:10.1080/19187033.2015.11674945.

[4] Marrocco, F., Coke, A., & Kitts, J. (2021). Ontario's Long-Term Care COVID-19 Commission. Final Report. [PDF File]. http://www.ltccommission-commissionsld.ca/report/pdf/Ontarios_Long-Term_Care_COVID-19_Commission_Final_Report.pdf .

[5] Ibid

[6] Action for Reform of Residential Care (ARRC). (2021). Improving Quality of Life in Long Term Care – A Way Forward. [PDF File]. http://arrcbc.ca/Improving%20LTC%20-%20A%20Way%20Forward.pdf

[7] National Institute on Ageing. (2019). Enabling the Future Provision of Long-Term Care in Canada. [PDF File]. Retrieved from https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5d9de15a38dca21e46009548/1570627931078/Enabling+the+Future+Provision+of+Long-Term+Care+in+Canada.pdf

[8] Ibid

[9] Government of Canada. (2020). Canada Health Act. https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html

[10] Madore, O. (2003). The Canada health and social transfer: Operation and possible repercussions on the health care sector. http://www.publications.gc.ca/Collection-R/LoPBdP/CIR/952-e.htm

[11] Daly, T. (2015). Dancing the Two-Step in Ontario's Long-term Care Sector: More Deterrence-oriented Regulation= Ownership and Management Consolidation. Canadian Institutes of Health Research. doi:10.1080/19187033.2015.11674945.

[12] Canadian Institute for Health Information. (2020). Pandemic Experience in the Long-Term Care Sector. [PDF File]. https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf

[13] Ibid

[14] Norris, S. (2020). Long-term care homes in Canada- The impact of Covid-19. The Library of Parliament. Hill Notes. https://hillnotes.ca/2020/10/30/long-term-care-homes-in-canada-the-impact-of-covid-19/

[15] Ibid

[16] Tholl, B., Hirdes, J., & Hérbert, P. (2020). A Rare Window of opportunity to finally fix long-term care. Policy Options. https://policyoptions.irpp.org/magazines/july-2020/a-rare-window-of-opportunity-to-finally-fix-long-term-care/

[17] National Institute on Ageing. (2019). Enabling the Future Provision of Long-Term Care in Canada. [PDF File]. Retrieved from https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5d9de15a38dca21e46009548/1570627931078/Enabling+the+Future+Provision+of+Long-Term+Care+in+Canada.pdf

[18] Ministry of Long-Term Care. (2020). Long-Term Care Staffing Study. Ontario. [PDF File]. https://files.ontario.ca/mltc-long-term-care-staffing-study-en-2020-07-31.pdf

[19] Ibid

[20] Ibid

[21] Action for Reform of Residential Care (ARRC). (2021). Improving Quality of Life in Long Term Care – A Way Forward. [PDF File]. http://arrcbc.ca/Improving%20LTC%20-%20A%20Way%20Forward.pdf

[22] Ibid

[23]Ministry of Long-Term Care. (2020). Long-Term Care Staffing Study. Ontario. [PDF File]. https://files.ontario.ca/mltc-long-term-care-staffing-study-en-2020-07-31.pdf

[24] Action for Reform of Residential Care (ARRC). (2021). Improving Quality of Life in Long Term Care – A Way Forward. [PDF File]. http://arrcbc.ca/Improving%20LTC%20-%20A%20Way%20Forward.pdf

[25] Ontario Association of Social Workers (OASW). (2020). Submission to the ministry of long-term care staffing study advisory group. [PDF File]. file:///Users/meganduncan/Downloads/Submission%20to%20the%20Long-Term%20Care%20Staffing%20Study%20Ad%20(1).pdf

[26] Restorick Roberts, A., Smith, A.C. & Bowblis. J.R. (2019). Impact of social service staffing on nursing home quality and resident outcomes. Scripps Gerontology Center. [PDF File]. https://sc.lib.miamioh.edu/bitstream/handle/2374.MIA/6345/Roberts-3-2019-Impact-Social-Service-Staffing-NH-Quality.pdf?_ga=2.201277869.2002810210.1622840162-553903643.1622840162

[27] Goffin, P. (2017). Thousands of under-65 adults with physical disabilities are being forced into Ontario nursing homes: Ministry data. Toronto Star.

[28] Action for Reform of Residential Care (ARRC). (2021). Improving Quality of Life in Long Term Care – A Way Forward. [PDF File]. http://arrcbc.ca/Improving%20LTC%20-%20A%20Way%20Forward.pdf

[29] Assembly of First Nations (AFN). (2017). The First Nations Health Transformation Agenda. https://www.afn.ca/uploads/files/fnhta_final.pdf