

Shaping the Future of Care Closer to Home for Older Adults

EXECUTIVE SUMMARY

Older people should be free to choose to age in place – meaning people should be supported to live safely and independently at home or in the community, for as long as they wish and are able. Canada’s unprecedented pace of ageing will heighten the demand for innovations and models of care across the country that empower people to have independence, choice, and opportunities to improve their quality of life while ageing at home.

Over the past year, Healthcare Excellence Canada (HEC) has reviewed relevant literature and engaged in numerous conversations with organizations that have an interest in ageing in place. It is clear from this initial intelligence gathering phase that there are gaps in access to appropriate and equitable care at home. Older adults and their essential care partners¹ face many hurdles, including difficulty navigating a fragmented system of care and support, and that rigidity and lack of resources hinders person-centred care.

One of HEC’s core values is to partner meaningfully. We believe that the lived experience of patients and providers should drive quality and safety in healthcare. We know that those with lived experience are best positioned to identify barriers and solutions to ageing in place. As such, HEC conducted a stakeholder consultation process to ensure we heard the voices of those with lived experience.

We heard from 130 individuals across the country through focus groups and interviews. Participants included older adults, unpaid essential care partners, those working in home care delivery (e.g., Home Support Workers², nurses, care coordinators, agency administrators, etc.), and those working in other areas of the health system with an interest in older adults (e.g., primary care, long-term care, research, policy, etc.). Five key themes were identified from these consultations:

¹ Essential care partners provide physical, psychological, and emotional support, as deemed important by the patient*. This care can include support in decision making, care coordination and continuity of care. Essential care partners can include family members, close friends or other caregivers and are identified by the patient or substitute decision maker. (*Our use of the term “patient” includes people receiving services in diverse settings, who may also be referred to as clients, residents, etc.).

² When referring to home support workers (HSWs), this is encompassing of personal support workers / healthcare aides / continuing care assistants, etc. – those who provide personal care and support to home care clients living in the community.

Person-centred care

Participants made it clear that person-centred care should remain a priority among the home care workforce. Many participants felt that there was insufficient training in areas such as bedside manner, culturally and sensitive and appropriate care, and mental health support among healthcare workers. Participants also expressed frustration with a lack of choice and flexibility of services.

Access to home care & community support

Participants conveyed those individuals with reliable access to formal home care and community support were most likely to stay at home longer. One notable barrier to access was workforce shortages. Home Support Workers (HSWs), while expressing a passion for their job and its unique care setting, identified that lack of role clarity, variation in training and scope, along with systemic factors (e.g., directives from agency, inappropriate allocation of home care resources, hierarchies, etc.) challenge their ability to meet the needs of those receiving care. We also heard that access to services that generally fall outside of the scope of home care are often difficult to navigate and are not always affordable.

Essential care partners

Participants shared that older adults who have reliable and actively engaged essential care partners are able to age in place because it allows for greater continuity of care. They deemed having caregiving and technical skills, as well as confidence among essential care partners, as valuable assets to support older adults living safely at home. However, it was also recognized that there are immense responsibilities and expectations put on essential care partners and insufficient resources to support them in their role.

System navigation

Focus group participants shared experiences of confusion and difficulty with navigating the health and social care systems, and a lack of awareness of services available. Many participants want navigational support from individuals who understand both diagnoses and the system, citing many positive experiences with the support of a navigator. Participants also want access to easy-to-understand system, service, and health information.

Equity

Participants identified several examples of inequitable access and quality of care. Older adults living at home have various social, economic, cultural, and geographical factors which participants felt either enabled or challenged their experiences of ageing in place. Specifically, rural dwelling seniors face gaps in access, and lower income seniors have difficulty accessing tools and support that require out-of-pocket payment (e.g., technology, assistive devices, home modifications, transportation, etc.). Participants also discussed how ageism impacts how services, systems and communities are designed.

Throughout our consultation, we heard many experiences of struggles and frustration to access and provide appropriate care and services to help older adults age in place. Much of what we heard echoed what we read in the literature, but with the added understanding of the barriers not only to ageing in place, but the impact those barriers have on older adults, their essential care partners, healthcare providers.

HEC will use what we heard from participants as a building block to plan future programming that improves quality and safety for older adults living in the home or community. This work will involve:

- Identifying new and building on existing partnerships with others working to achieve excellence in care for older adults, to learn from each other and enact collective change.
- Exploring innovations for models of care that leverage enablers and/or address barriers to ageing in place. This could include testing generalizability of innovations to determine suitability for future scale and spread.
- Creating a plan to make healthcare, home care, and community support service information publicly accessible via a centralized repository.

Hearing the lived experiences of older adults, their essential care partners, and healthcare providers made it clear there is much to be done in this area, but there are also many promising ways to support ageing in place and many dedicated people and organizations who want to make it happen.