

Home Care Fact Sheet #2

The government's new regulation under the Long Term Care Act, passed secretly in the months before the June 1999 election, severely restricts the amount of home care patients can receive by setting rigid maximums and establishing specific criteria for eligibility. Draft policies for long term care, currently circulating through the Ministry of Health, further point to planned underfunding, rationing of services for the public and downloading of care and costs to individuals.

The crisis in Home Care is the result of the government's moves to close hospitals, cut beds, staff and funding and shorten the length of time patients are permitted to stay in hospital. As patients are forced out of hospital quicker and sicker, they are faced with the grim reality of too few hours of care available.

This downloading of hospital patients is also creating a terrible crisis for chronic patients. Community Care Access Centres, underfunded as they are, do not have enough money left to adequately care for chronic and frail elderly patients. These are people with crippling arthritis and osteoporosis, those who have been incapacitated by strokes and other serious conditions. Many are being shunted to the bottom of long waiting lists. Others are being disqualified.

When patients point out they are not getting sufficient service, they are told that they can "top up" services if they are prepared to pay for them. Many cannot afford to do this and go without. Unlike hospital care, home care services are not governed by the Canada Health Act. This government assured Ontarians that home care services would be there when we need them. Their draft Long Term Care policies tell another story, as do their new regulations ?one of severe rationing, waiting lists and shortages of care.

HOME CARE FACTS

- **Massive underfunding creating a terrible crisis for those who need Home Care**
- **Too few hours of care available**
- **Families, particularly women, forced to provide the missing care**
- **Patients forced to pay out of their own pockets for extra needed care**
- **Frail elderly placed at the bottom of the priority list**
- **Lack of monitoring and quality control**
- **Boom for private, for-profit providers**
- **Downgrading of wages and working conditions leading to worse care for patients and on, and on, and?**