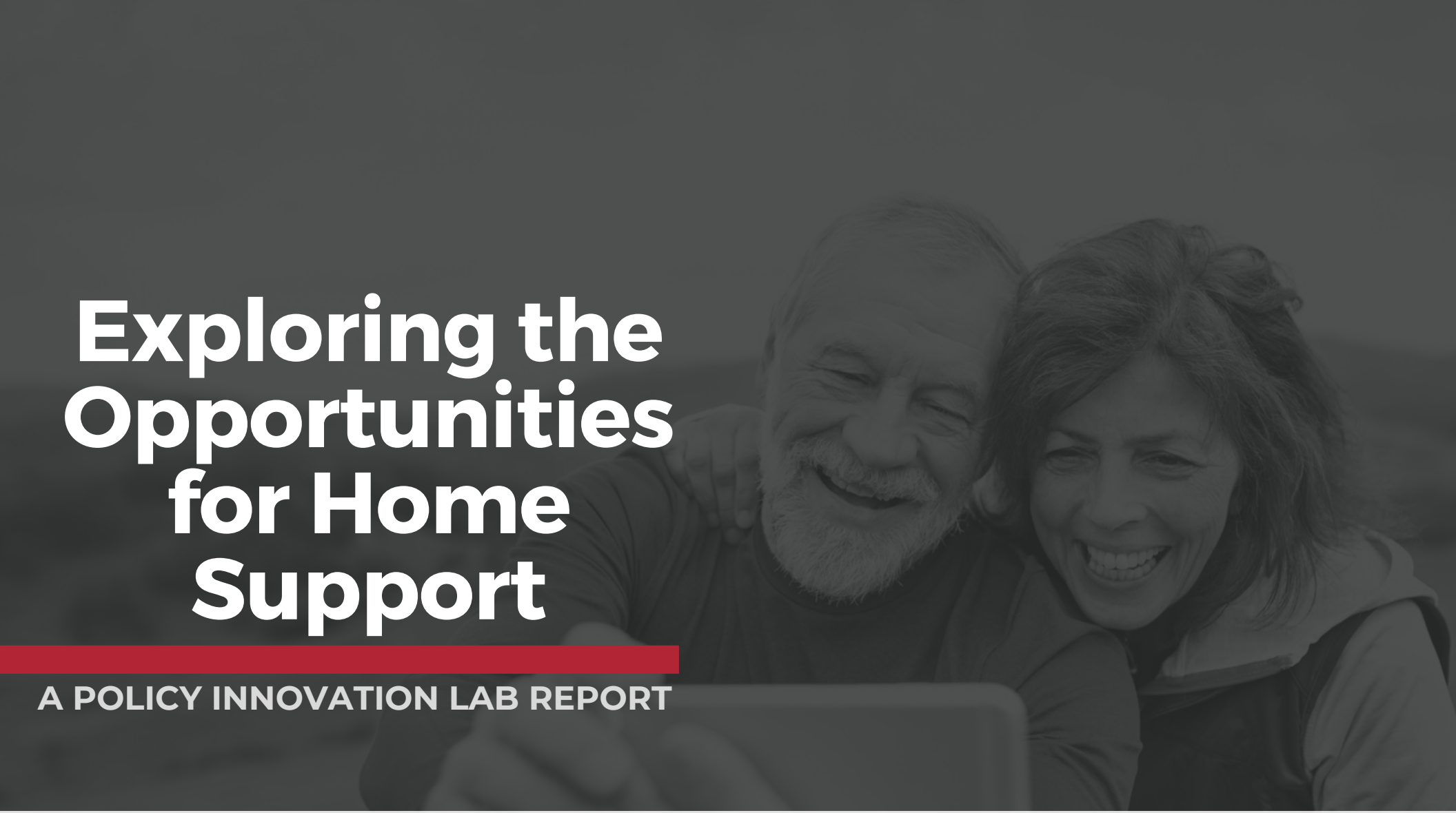

Exploring the Opportunities for Home Support

A POLICY INNOVATION LAB REPORT

A summary report highlighting a two-day sprint lab by AGE-WELL National Innovation Hub APPTA Inc. with support from Synthetikos Consulting

AGE-WELL NATIONAL INNOVATION HUB • CENTRE NATIONAL D'INNOVATION

APPTA POPRAVIT

Leadership Team

The leadership team for APPTA's first policy innovation sprint lab consisted of the APPTA team, two representatives from the AGE-WELL NCE network, and two Synthetikos partners

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*From left: Samuel Hunter, Emily Kerry, Ann Marie Carrado, Heather Higgins, Jenna Roddick, Dorina Simeonov, Alex Ryan, Keren Perla, Candice Pollack

Executive Summary

As the population of Canadians aged 65 and older continues to rise, an increasing number of older adults are seeking support to remain in their homes (1, 2).

This report shares the results of APPTA's first Policy Innovation Lab, where participants identified unmet needs experienced by older adults across Canada, that included outdated approaches and fragmented systems.

Through a co-design process, participants built prototypes for potential solutions to address the challenges discussed and defined actionable steps to enhance equitable access to home support for everyone across the country.

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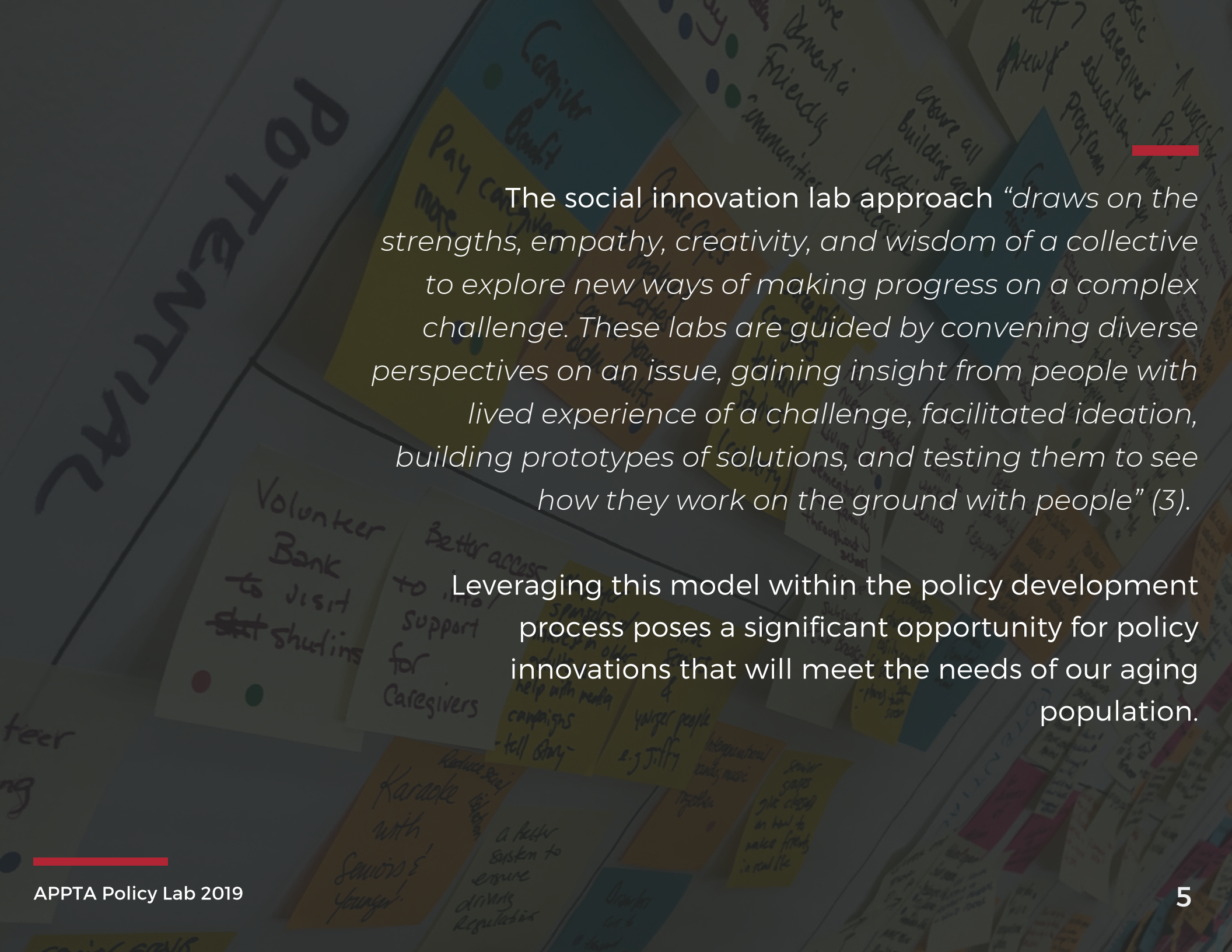
Introduction

Traditional policy development processes often face important constraints to fully understanding the system in its entirety and the interactions between each of its parts. Some of the most notable constraints in the traditional policy development process include:

- Siloed approaches to problem framing and problem solving;
- People with lived experience do not participate throughout the policy development process; and
- Policy analysis shifts from descriptions to prescription without first attempting to understand root causes for system-level challenges.



The social innovation lab approach *"draws on the strengths, empathy, creativity, and wisdom of a collective to explore new ways of making progress on a complex challenge. These labs are guided by convening diverse perspectives on an issue, gaining insight from people with lived experience of a challenge, facilitated ideation, building prototypes of solutions, and testing them to see how they work on the ground with people" (3).*

Leveraging this model within the policy development process poses a significant opportunity for policy innovations that will meet the needs of our aging population.

By the Numbers

The research process was completed over a 3 month period and consisted of literature scans, qualitative interviews, and jurisdictional scans. The lab participation and process was set to both validate this work and fill substantial gaps.

Research

40
Articles analyzed

11
People interviewed

Representation

5
Older adults & caregivers

7
Healthcare & Allied Health Professionals

11
Policy-makers

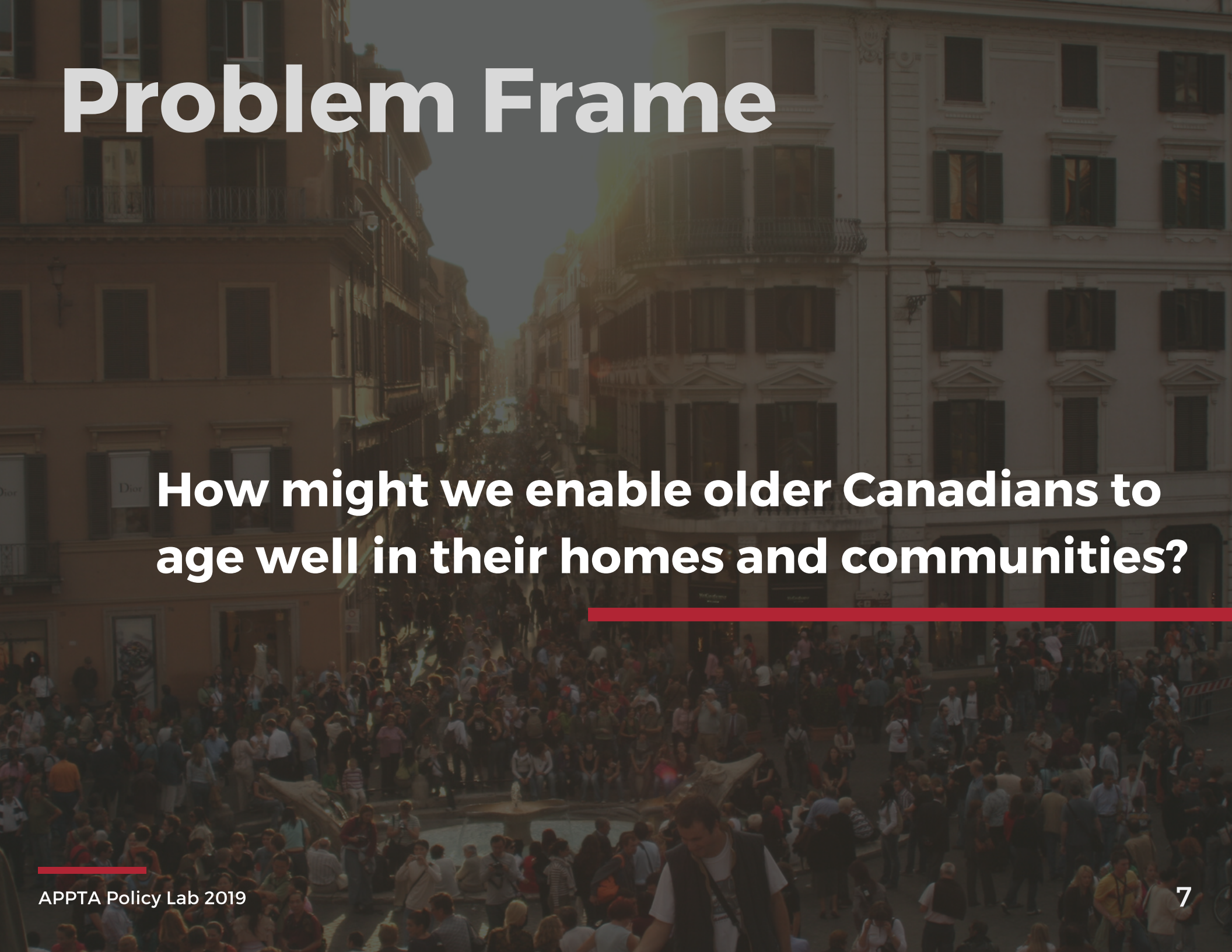
11
Canadian jurisdictions respresented

3
Researchers with an aging focus

6
Community-based organizations

32 Lab participants

Problem Frame



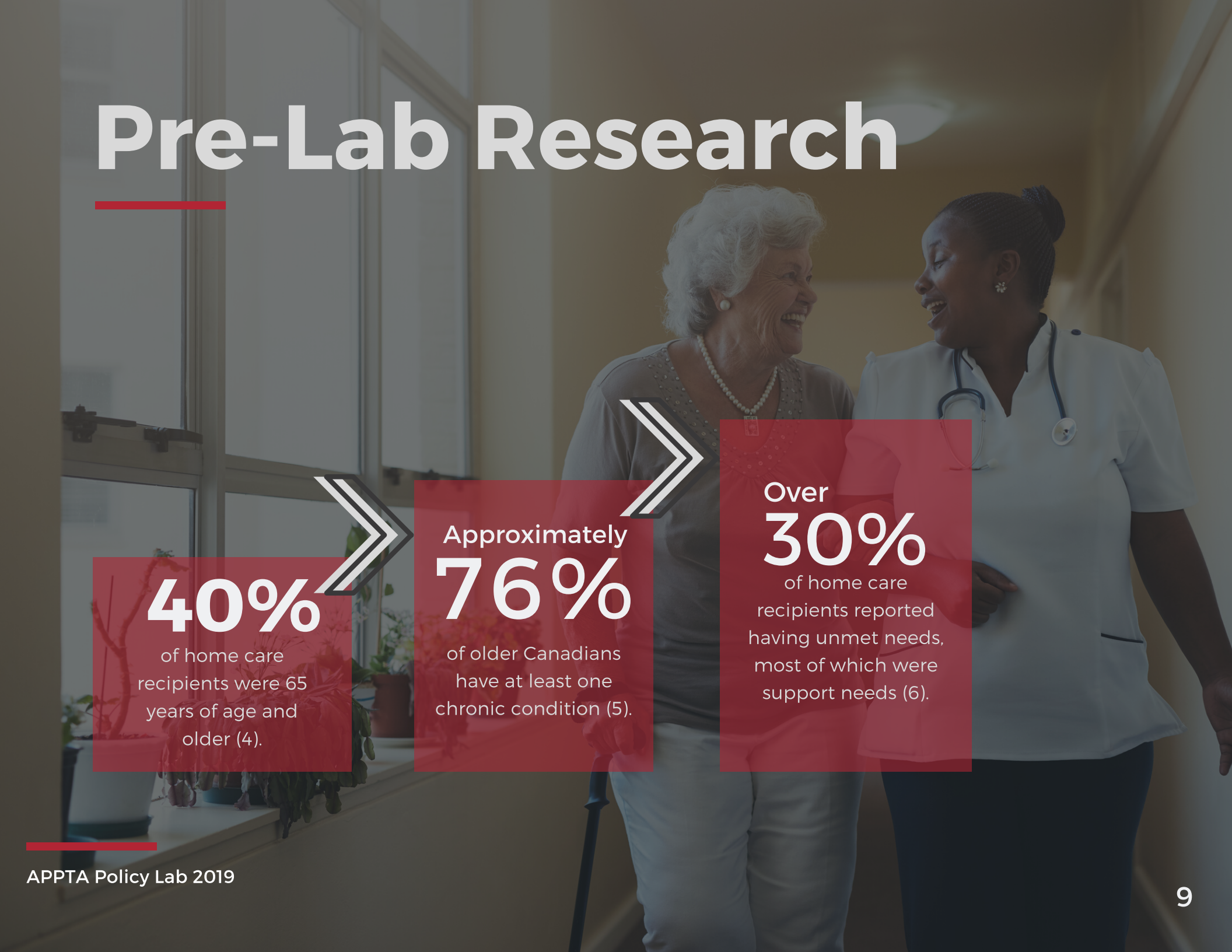
How might we enable older Canadians to age well in their homes and communities?

Pre-Lab Research

Pre-lab work was conducted to provide a baseline understanding of the key issues that may negatively impact an individual's ability to remain in their home or the place of their choosing. This included:

- 2 rapid literature reviews on home support & housing;
- 1 jurisdictional overview of home care systems; and
- 11 in-person interviews with people with lived experience of aging in place.

Pre-Lab Research



40%
of home care recipients were 65 years of age and older (4).

Approximately
76%
of older Canadians have at least one chronic condition (5).

Over
30%
of home care recipients reported having unmet needs, most of which were support needs (6).

Landscape of Home care & support services

Pre-lab work was conducted to identify what home care and home supports looks like across Canada. In our search, it became apparent that every jurisdiction used different language when naming their programs. Therefore, a broad approach was taken to define the difference between home care and home support.

Home Support: assistance with personal activites of daily living (ADLs) such as grooming, bathing, and homemaking, and can include community supports, assistance through volunteer organizations, personal support workers (PSWs), or unpaid caregivers.

Home Care: an array of services provided by health professionals in-home based on assessed needs of the client.

> Programs available across Canada lack standardized terminology, making it difficult to gain a full understanding of the similarities between home care and home support programs across the country.

What do home-based services look like across Canada?

PALLIATIVE CARE

Provides support and respite services to patients and their support network to help people with terminal illnesses stay at home.

NURSING

Provides health care services, such as: health monitoring, IV therapy, and injections.

REHABILITATION SERVICES

Provides services such as: Occupational therapy, physiotherapy and speech-language pathology.

HOME SUPPORT

Provides assistance with self-care activities such as eating, grooming, bathing, dressing, toileting, transferring and mobility.

HOMEMAKING SERVICES

Provides assistance with household activities such as light housekeeping, laundry, and in-home meal preparation.

RESPITE SERVICES

Provides substitute caregiving services so that primary caregivers can get temporary relief.

*These services are highlighted in supportive documents used as preliminary materials for the lab discussion.

Funding Models

How are these services paid for?

CO-PAYMENT MODEL

A co-payment model between the government or the regional health authority and the client, where the individual pays for the services they can afford, has been used primarily. These co-payment models are typically income-dependent, and the user-fee contribution varies widely.

FULLY FUNDED MODEL

Yukon, the Northwest Territories, and Nunavut have invested heavily in home care programming, and fully fund services provided in the home.

*These models are highlighted in supportive documents used as preliminary materials for the lab discussion.

What are the current challenges?

Home Care & Home Support

APPTA Policy Lab 2019

HOME SUPPORT WORKERS

- Lack of proper compensation
- Workplace safety
- Lack of regulation (including issues with education and training)

PROVISION OF SERVICE

- Challenges with care planning and coordination within the system
- Not recognized as an essential service under the Health Act
- Out of pocket costs

INEQUITIES EXPERIENCED IN SERVICE DELIVERY

- Low-income
- Immigrants & visible minorities
- Indigenous Peoples
- Rural & remote communities

*These challenges are highlighted in supportive evidence synthesis used as preliminary materials for the lab discussion.

Core Housing Need

AFFORDABILITY, ADEQUACY, AND SUITABILITY ARE THE THREE STANDARDS WHICH CMHC* DESCRIBES AS CORE HOUSING NEEDS

28%

of senior households were considered to be living in core housing need.

Likelihood of having core housing needs are higher among

Renters & Single households.

Affordability

is the most common core housing need among older Canadians (7).

*Canadian Mortgage and Housing Corporation

Lab Experience

Our approach to using a policy innovation lab was to collect insights and ideas for solution finding that enable collaboration and builds on the knowledge collected from the pre-lab work. The following section highlights the challenges, ideas, and solution prototypes generated in the lab.

What is a Prototype?

In the lab process, prototypes are co-developed by lab participants to provide a physical representation of the solution and its key features. A prototype could be a product, a service, a program, a policy, a system, a movement, a role, or an interaction.

Need Finding

Participants were asked to identify challenge areas that are currently limiting the quality of home support across the country, and to identify areas where we can turn these challenges into opportunities. This activity identified gaps in the system that informed the following three categories of unmet needs currently experienced by individuals seeking help to remain in their home.

Improved Infrastructure

- Adequate Housing
- Transportation
- Mobility
- Access to Information

Culture Change

- Cultural Appropriateness
- Guidelienes for Care Provision
- Choice & Autonomy
- Balance Quantity & Quality

Systemic Shift

- Skills & Training
- System Navigation
- Family Supports
- Flexible Supports
- Communication

Trends & Patterns

Lab activities encouraged participants to share thoughts on what trends have contributed to or influenced the current challenges experienced by older Canadians in relation to home care & support.

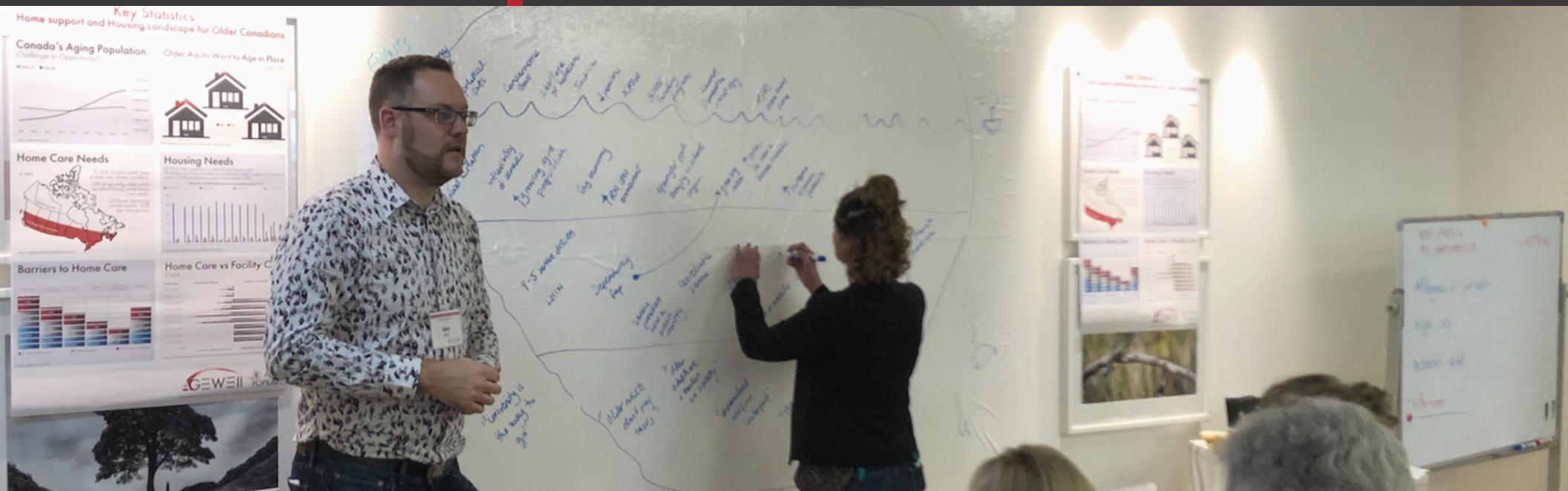
Increasing

- Caregiver Burnout
- Orphan Patients
- Usage of Internet Medicine
- Women in Workplace
- Emergency Department Utilization
- Age-friendly Communities
- Interest in Intergenerational Living

Decreasing

- Individuals Receiving Pensions
- Volunteerism
- Home Support Workers (shortage)

APPTA Policy Lab 2019



Structures

Lab participants considered the structures, regulations and policies in place that influence home care and home support services.

- Direct-funding programs
- Rigid service provision
- Costly services & co-payments
- Expensive education
- Siloed system
- Alternate levels of care
- Metrics for quality of life
- Broad territory for service providers
- UN Declaration on the Rights of Indigenous Peoples

Mental Models

Lab participants identified some common ways of thinking as it relates to the lab topic, and considered how these views could influence society.

Negative perception of older adults & caregivers

Expected gender roles for caregiving & care professions

Perception that government is risk averse

Tendency to employ reactive approaches on an encounter basis

There is a push for university over college programs, making professions such as home support workers less desirable

Lack of trust towards government among certain communities

Seeing the Opportunity

LAB ACTIVITIES ENCOURAGED PARTICIPANTS TO VERBALIZE IDEAL STATES AND CHARACTERISTICS OF A SYSTEM THAT WILL ALLOW PROTOTYPE SOLUTIONS TO THRIVE.

MOVING FROM FRAGMENTATION IN THE SYSTEM TOWARDS INTEGRATION

"In many cases, home support in rural communities gives a person much less choice on what care they need, and who is delivering the care required."

Now...

The system is complex; critical information regarding services, assistance for services, and other beneficial programs is difficult to find which negatively impacts individuals and their families.

Future

The workshop discussion focused on an ideal state that is integrated across disciplines and providers in the healthcare system, as well as social systems that enable individuals to remain, or return to their home.

MOVING FROM AGING AS A PROBLEM TO AGING AS AN OPPORTUNITY

"The worst experience I've run into is ageism. We expect older adults to be frail and that just isn't true."

Now...

The dialogue around aging has contributed to a national view that this population is a burden on society.

Future

The workshop discussion focused on shifting from a state of burden, or medicalized aging, to a state where older adults are viewed for their abilities. There is an opportunity to improve the system across the country that focuses on fostering abilities and independence.

"Employers need to understand that many older adults want to continue working and shouldn't be encouraged to retire."

MOVING FROM OUTDATED APPROACHES TOWARDS INCLUSIVE DECISION-MAKING

Now...

The current state was described in the workshop as a mentality and way of working that has created slow moving change and reactive approaches to solving critical issues.

Future

The ideal state discussed is one that allows citizens to be trusted in knowing what they need, where government is accountable for their promises, and one that aims to be predictive and proactive to key population health and social issues.

Reconcilitation

Another key issue discussed by lab participants was the need for reconciliation with Indigenous peoples, as governments need to do more to ensure their needs are met and voices heard.

MOVING FROM UNRECOGNIZED CAREGIVING TO VALUED AND TRUSTED PROVIDERS

"At what point do we think of quality of life over quantity of life? How do I negotiate that when I'm a caregiver?"

Now...

Caregivers are invaluable in society, but remain undervalued and unpaid. Home support work is not viewed as an appealing career choice for many reasons, therefore shortages are experienced across the country. These key challenges affect the amount of care, and level of care people are receiving across the country.

Caregivers, whether family or friends, are experiencing burden and burnout at considerable rates. One key issue they experience is that their value to care provision is often ignored when it comes to critical care decisions by health care providers.

Future

A system in which caregivers are viewed as the primary caregiver, rather than an informal caregiver and home support work is viewed as a career of choice, rather than a career of last resort.

Design Principles

The ideal states informed a set of design principles for solution building. These principles guided participants in the development of solution prototypes that would provide timely, accessible, and appropriate supports for older Canadians. The principles are as follows:

- Person-driven and person-focused support systems
- Recognition and respect demonstrated for all older adults
- Integrated systems, environments, and communities
- Balance of quantity of life and quality of life
- Predictive and proactive approaches to policy development

Prototype: Central Bureau of Aging

What is it?

A new model to address system navigation

The Central Bureau of Aging is envisioned as an agency that will be responsible for ensuring all individuals aged 75 and older receive appropriate supports.

How does it work?

The agency will schedule a home visit to provide this assessment and identify what supports a person might need or want. A coordinator role, perhaps a bureau liaison, within communities who is knowledgeable of resources and services will conduct the home visits and they will provide individuals with a toolkit or guidebook on services and programs they may require at that time or in the future.

The assessment will also gather information on strengths and abilities of the person to tailor a better community resource guide for that person, if needed, and what options they have for giving back to their community (i.e. interests in volunteering for particular sectors). This information can also be linked for the individual digitally to access when they require the resources discussed in the assessment. A care plan is developed from this initial assessment and the appropriate providers or vendors in the community will be dispatched for the individual. All information will be stored safely by the central bureau and used for resource and service planning for all individuals the bureau is responsible for.

What is the outcome?

With this approach, community members will also be able to communicate back to the bureau when they notice individuals within the membership are experiencing declines and might require a follow-up or additional services. This initiative will require a robust communication plan to generate buy-in among the public, government, and communities and should be promoted as a positive shift for system navigation.

Prototype: Person-driven support

What is it?

A model of service provision that centres around the individual and their needs

This prototype was developed with the idea of taking supports and services out of the box they exist in and building that around the individual and what matters to them.

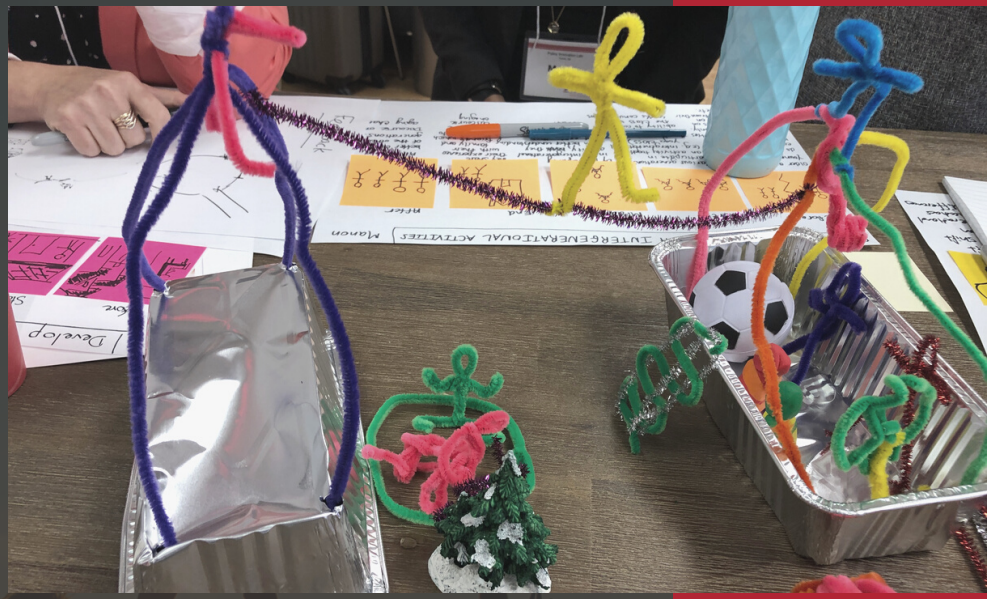
How does it work?

This concept aims to use what exists, or can exist in the community that could benefit individuals and their needs and support their individualized planning. People will be provided with the necessary funds and resources to choose their own care or support plan as well as their vendors and service providers.

What is required?

This initiative would not require additional resources, but sectors coming together to combine funds to provide a more flexible approach to service provision. Community support networks, departments of health, municipalities, NGOs, other social supports can come together to build on the strengths and abilities they have for this flexible approach, which is represented by the string that ties all resources together. This requires a cultural shift that would be supported by policy change in that care provision supports an individual's choice.

Prototype: Human-ing



What is it?

A community-centered model to reduce social isolation and loneliness in older adults by making critical services more accessible.

How does it work?

This prototype will use a human liaison to identify the services a person may need and to direct older adults to the events and services that will keep them integrated in the community.

What is required?

In this model, it will also be the responsibility of the community to identify which services would benefit an individual the most on a per-case basis. Since not every community has sufficient funding to have every service available locally, it will also be up to members of the community to identify which services would most benefit their citizens, and work together to determine what is missing.

What is the outcome?

The idea of this prototype is to offer older adults more choices when trying to connect to the community. In many cases, older adults may become more incrementally isolated over time and may not know where to go to access services that they feel they need.

Prototype: Community Hub

What is it?

A model of centralized services and resources

How does it work?

Envisioning the Canadian Health Act is changed to include the social determinants of health, people in the community from birth to end of life will be able to interact with the system regardless of whether their needs are medical or social. Participants prototyped a system where people can come to the community hub in any way that is accessible to them; by car, walking, telephone, websites etc. This will come from a centralized pot of funding that is no longer divided into specific sectors i.e. acute care, primary care, home care so that health care providers will be empowered to prescribe to their clients what they need. For example, if a patient requires more suitable housing, a provider of the community hub will be able to ensure that there is a way that need can be addressed.

What is required?

This prototype will require systems to work together to provide individuals with well-rounded support and care when and how they need it.

From Silos to Integration

Prototype: A Canada Health Act that Embeds the Social Determinants of Health

What is it?

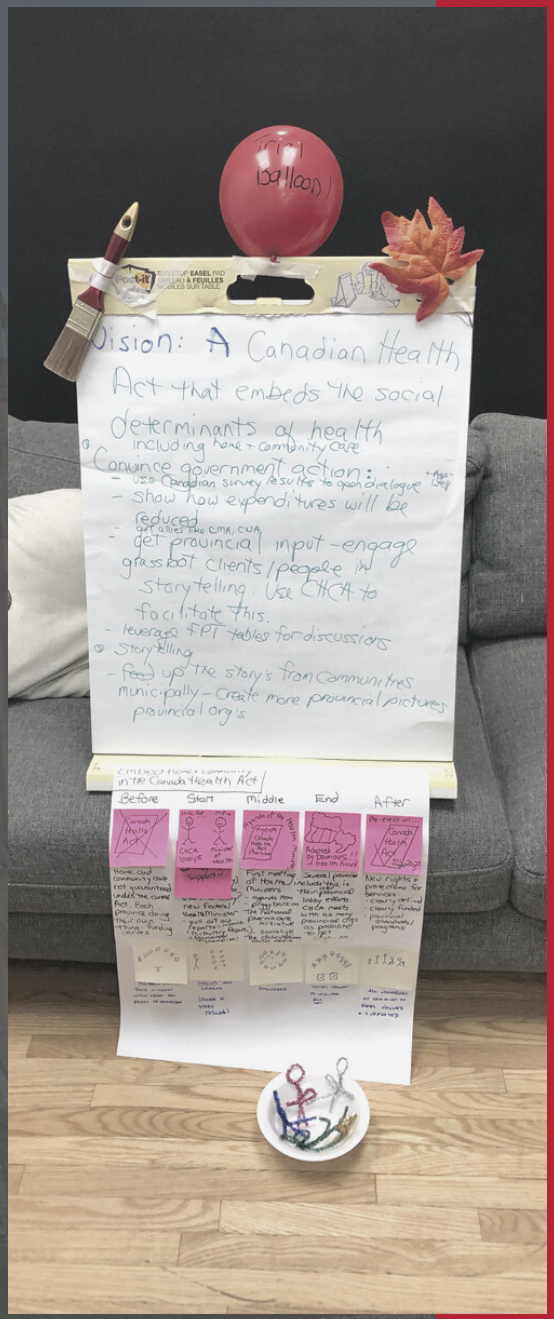
A Canada Health and Wellness Act

What is required?

This prototype was developed recognizing a long-term approach was needed, beginning with “convincing government action” by sharing narratives from communities and taking a grassroots approach to moving the needle on a broader Canada Health Act. The Canadian Home Care Association was identified as a potential partner, as it has a current platform and experience in the policy realm to support this initiative. This vision emerged from an identified need that home and community care are not viewed as essential services for Canadians under the current system. If the Canada Health Act (adopted in 1984) were to embed the social determinants of health, it would promote a more inclusive governance of health and wellness services for provinces and territories to fund through health insurance programs. This initiative must be socialized and trialed at the provincial and territorial level, with federal support, to encourage inclusive and thoughtful co-development of a new Health Act. A procurement by co-design approach is envisioned to create buy-in for provinces, territories and Canadians themselves.

What is the outcome?

This engagement will support the creation of an Act that will consider all aspects of health with the proposed amendment of a Canada Health and Wellness Act.



Prototype: Procurement by Co-design for Indigenous Communities

What is it?

Consulting elders to identify what they want and need out of internet services is the first step to enhancing their access to such services. Using eyes and ears to represent leadership (i.e. directors of programming) to initiate a better system for internet access that supports communication on reserves. The notion of **"nothing about us without us"** is a concept that underpinned participants way of approaching this prototype.

What is required?

Participants described the essential steps that would need to be taken for this prototype to occur and come to life:

1. Invitations to partner in co-construction from concept to proof of concept;

2. Development of the right team who understands cultural safety and humility (an assessment will be done to ensure this team holds those competencies);

3. Finalize team selection and community pitches to engage diverse groups.

What is the outcome?

After this, a co-designing process will be completed with the team, elders, directors of health or technology, education, housing etc. to best understand the needs of the people and technology so that the goals can be accomplished. This is envisioned to occur within 12 months, as engaging with elders in First Nations communities takes more time to build trusting relationships. This is a valuable and essential step that ensures the co-constructed product is what individuals want and need. The prototype will be demonstrated to all those engaged in the process and an assessment of their feedback will occur to identify areas of improvement and course corrections in that prototype. After that is complete, the team will need to find a source of funding and support whether private or public sector.

Prototype: Family Caregiver Support Line

What is it?

A helpline for necessary information and resources for caregivers.

In an emergency, services are typically made available through emergency lines such as 911, or directly, by going to the emergency department. However, for unpaid caregivers, there are no services currently available that are tailored for the ongoing issues that they deal with as primary caregivers. Given the plethora of information available online, unpaid caregivers are able to educate themselves prior to an emergency, but in many cases, the information is much more difficult to find when in crisis.

How does it work?

The family caregiver support line aims to supply up-to date information on caregiving issues that require immediate non-health related help such as incontinence, dealing with erratic behavior of the person you are caring for, or general questions that a caregiver may have. The support line is also in place to be a navigator for caregivers and to be able to connect them to community supports that they may need help to access. In addition to a typical phone line, there will also be online services available that can be accessed through any device that will link the caregiver with a navigator, who can then direct the caregiver to services or information they need to address their problem(s).

What is the outcome?

This prototype aims to address a significant information gap for unpaid caregivers, who are typically not trained in the field of nursing, to have an easily accessible outlet that has answers to the questions that make their job as a primary caregiver more difficult.

Prototype: Validated by VeritAge

Given that geofencing can be created around any location, it will be possible to leverage the public and private sector to incentivize businesses, considering that there will be a possible influx of older adults visiting these locations to access safe information on the internet.

What is it?

A platform that leverages public, accessible spaces to create a safer internet

This prototype was developed to address the fact that the internet continues to pose a significant threat to older adults with lower levels of digital literacy across Canada. To avoid the hassle of being solely responsible for identifying fraudulent services, VeritAge™ aims to create trusted spaces for older adults to ensure that they cannot be exploited online.

How does it work?

VeritAge™ will assess safety of all data travelling from the web to the user by creating filters and barriers in hopes that all information accessed by the older adult will be secure and reliable.

What is the outcome?

VeritAge™ will be able to create strategic geo-fences that protect areas that seniors typically visit, such as community centres and coffee shops that will allow safe and accessible internet access for older adults across Canada.

How did we do?

Insights from participant evaluations echo the value of convening a diverse group of people to explore critical issues and tailor solutions.

Most enjoyable lab aspects

"Time to connect deeply with others of [different] disciplines around common problems."

"Learning new processes to encourage collective brainstorming."

The value of this approach

"This idea and approach truly gets to creative problem solving."

"...gets people starting with the desired state rather than getting stuck on what can't be done."

"Everyone should try this process to help them be more creative or proactive."

What can we do?

The following action items have been identified as APPTA's key role to ensuring that any of these prototypes can be refined and brought to life:

- Draft Proposals with a role in developing clear vision and mission for prototypes.
- Search for similar & related initiatives in Canada and abroad to learn from.
- Host virtual working groups for prototype teams and other key stakeholders to refine prototypes, field test, and evaluate prototypes.
- Share success stories of prototypes with APPTA's network

Are you interested learning more about our prototypes or the policy innovation lab process?

Please email info@appta.ca to find out more!

https://agewell-nih-appta.ca/

ACKNOWLEDGEMENTS

APPTA is grateful to all who took part in and supported this Lab. Without their commitments, insights and thoughtful contributions, this lab would not have been possible.

To Alex and Keren - Synthetikos, thank you for your time and guidance throughout the pre-lab process and facilitation expertise.

To our guest table facilitators, thank you for your commitment and support throughout the two days, and your contribution to the development of promising prototypes.

To Lab Participants, thank you for your candid insights into the challenges and opportunities to create a more inclusive and accessible system of home support, and your innovative ideas on how to make that happen.

To all stakeholders who agreed to take part in an interview, thank you for your time and openness about your lived experiences that informed many discussions and considerations in the lab process.

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