

Report Summary

Labour Market Study of Home Care/Special Care Aides in Saskatchewan

Prepared by:
Mercury Information Services

July, 2002

ACKNOWLEDGEMENTS

The following are the members of the Saskatchewan Home Care/Special Care Aide Sector Partnership Steering Committee. We would like to acknowledge the work of these Steering Committee members. Their insights and guidance were much appreciated in the development of this report.

Industry Representatives

Dianne Anderson

Health Workforce Planning
Saskatchewan Health

Marlene Smadu

Saskatchewan Health

John Carter

Director of Educational Services
Saskatchewan Association of Health
Organizations (SAHO)

Donna Spott

Home Care Case Manager
North Central Health District

Jean Morrison

Vice-President, Nursing
Saskatoon District Health

Pat Kessler

Nurse Manager
South Central Health District

Greg Trew

International Representative
Service Employees International Union
(SEIU)

Eunice Patterson

Home Care Consultant
Saskatchewan Health

Nora Mae Sullivan

Saskatchewan Health

Victoria Gubbels

Aboriginal Employment
Development Consultant
Saskatchewan Association of Health
Organizations (SAHO)

Dawn McNeil

Director of Home Care
Regina Health District

Vicki Towriss

Workforce Planning Consultant
Saskatoon District Health

Pearl Blommeart

Canadian Union of Public Employees
(CUPE)

Peggy Becker

Saskatchewan Government Employees
Union (SGEU)



Stakeholder Representatives

Gladys Hill

Saskatchewan Learning

Wendy Wright

Saskatchewan Learning

Alice Wainwright-Stewart

Dean of Health and Human Services
Lakeland College

Ursula Osteneck

Program Head - Home Care/Special Care
Aide Program
Saskatchewan Institute of Applied Science
and Technology (SIAT) - Woodland Campus

David Rosenbluth

Director, Research and Evaluation
Saskatchewan Social Services

Harry Dahl

Saskatchewan Learning

Jackie Hunchak

Dumont Technical Institute

Alida Silverthorn

Saskatchewan Association of Career Colleges/
Personal Care Aide Program Director
Saskatoon Business College

Anita Hatten

Home Health/Long Term Care Aide
Coordinator
Saskatchewan Indian Institute of
Technologies (SIIT)

Frank Bellamy

Saskatchewan Seniors Mechanism

This report was prepared for the
Saskatchewan Home Care/Special Care Aide Sector Partnership Steering Committee by:

Mercury Information Services:

Linda Thauberger
Managing Partner

Lianne Hopkins
Consultant

Karen Lacroix
Contract Consultant

Beth Campbell
Contract Consultant



Table of Contents

ACKNOWLEDGEMENTS	i
REPORT SUMMARY.....	1
1.0 INTRODUCTION.....	1
2.0 METHODOLOGY	1
<i>Literature Review</i>	<i>1</i>
<i>Human Resource and Training Needs Assessment</i>	<i>1</i>
<i>Focus Groups</i>	<i>1</i>
<i>Profile of the Existing Saskatchewan Home Care/Special Care Aide Workforce.....</i>	<i>1</i>
<i>Training Providers in Western Canada</i>	<i>2</i>
<i>Gap Analysis</i>	<i>2</i>
<i>Recommendations and Final Report.....</i>	<i>2</i>
3.0 LITERATURE REVIEW KEY FINDINGS	2
<i>General Front-Line Health Providers/Supervisors.....</i>	<i>3</i>
<i>Regulators, Unions, and Professional Associations</i>	<i>4</i>
<i>Senior Managers</i>	<i>4</i>
<i>Northern</i>	<i>4</i>
<i>Rural.....</i>	<i>5</i>
<i>Urban</i>	<i>5</i>
<i>Employment Status</i>	<i>5</i>
<i>Turnover and Vacancy Rates</i>	<i>6</i>
<i>Reasons for Recruitment and Retention Difficulties of Home Care/Special Care Aides in</i> <i>General.....</i>	<i>6</i>
<i>Demographics</i>	<i>6</i>
<i>Unionization.....</i>	<i>6</i>
<i>Public</i>	<i>7</i>
<i>Private Vocational.....</i>	<i>7</i>
4.0 HUMAN RESOURCE AND TRAINING NEEDS ASSESSMENT KEY FINDINGS.....	8
4.1 Demographic Overview	8
<i>Employer Survey</i>	<i>8</i>
<i>Employee Survey</i>	<i>8</i>
<i>Training Provider Survey.....</i>	<i>9</i>
4.2 Employment Status/Job and Employer Information.....	9
<i>Employer Survey</i>	<i>9</i>
Home Care Aides	9
Special Care Aides	10
<i>Employee Survey</i>	<i>10</i>
4.3 Recruitment, Retention and Job Satisfaction	11
<i>Employer Survey</i>	<i>11</i>
Home Care Aides	11
Special Care Aides	12
<i>Employee Survey</i>	<i>13</i>
<i>Training Provider Survey.....</i>	<i>13</i>
4.4 Skills and Training.....	14
<i>Employer Survey</i>	<i>14</i>
Home Care Aides	14



Special Care Aides	15
<i>Employee Survey</i>	16
<i>Training Provider Survey</i>	17
4.5 Barriers to Training.....	18
<i>Employer Survey</i>	18
<i>Employee Survey</i>	18
<i>Training Provider Survey</i>	18
4.6 Training Programs	18
<i>Employer Survey</i>	18
<i>Employee Survey</i>	19
<i>Training Provider Survey</i>	19
4.7 New Skills Areas.....	19
<i>Employer Survey</i>	19
<i>Employee Survey</i>	19
<i>Training Provider Survey</i>	20
4.8 Transferability	20
<i>Employer Survey</i>	20
<i>Employee Survey</i>	21
<i>Training Provider Survey</i>	21
4.9 General Industry.....	22
<i>Employer Survey</i>	22
<i>Training Provider Survey</i>	22
5.0 FOCUS GROUP KEY FINDINGS	23
5.1 Demographic Overview	23
5.2 Employment Status	24
5.3 Recruitment and Retention	25
5.4 Skills	26
5.5 Training.....	27
5.6 General Industry.....	28
5.7 Closing Comments.....	29
6.0 PROFILE OF THE EXISTING SASKATCHEWAN HOME CARE/SPECIAL CARE AIDE	29
6.1 Home Care/Special Care Aide Employers and Industry.....	29
<i>Key Issues</i>	29
6.2 Home Care Aides.....	30
<i>General Employment Status</i>	30
<i>Urban, Rural and Northern Employment Status</i>	31
<i>Vacancy, Turnover Rates, Recruitment and Retention</i>	31
<i>Gender and Age of Employees</i>	31
<i>Unionization</i>	31
<i>Duties and Knowledge Areas</i>	32
<i>Job Satisfaction and Utilization of Skills</i>	32
6.3 Special Care Aides.....	33
<i>General Employment Status</i>	33
<i>Urban, Rural and Northern Employment Status</i>	33
<i>Vacancy, Turnover Rates, Recruitment and Retention</i>	33
<i>Gender and Age of Employees</i>	34
<i>Duties and Knowledge Areas</i>	34



<i>Job Satisfaction and Utilization of Skills</i>	34
7.0 TRAINING ANALYSIS	35
<i>General Overview</i>	35
<i>Comparison of Training Providers in Western Canada</i>	35
8.0 GAP ANALYSIS.....	36
<i>Job Descriptions</i>	36
<i>Competencies</i>	36
<i>Training</i>	36
<i>Casualization</i>	37
<i>Industry Association</i>	37
9.0 RECOMMENDATIONS	38
10.0 NEXT STEPS	39



Report Summary

1.0 INTRODUCTION

In order to better understand the changing needs of both Home Care/Special Care Aides and their current and potential employers, Saskatchewan Health and Saskatchewan Learning (formerly Saskatchewan Post-Secondary Education and Skills Training) provided funding to assist in the establishment of a Saskatchewan Home Care/Special Care Aide Partnership Steering Committee (hereon referred to as the Steering Committee) to conduct a labour market analysis of these health providers.

More specifically, the Steering Committee completed an in-depth examination of the current supply and demand of Home Care/Special Care Aides, identified how they are currently being employed, how they could be employed differently, how retention could be improved, and if changes are required to the current training curriculum.

2.0 METHODOLOGY

The following outlines the methodology used by Mercury Information Services, the consulting firm contracted to complete this Labour Market Study. An overview of the key findings for each methodology used is provided in subsequent sections of this Executive Summary.

Literature Review

In order to gain a better understanding of the overall Home Care/Special Care Aide occupations in Saskatchewan, a comprehensive literature review was conducted.

Human Resource and Training Needs Assessment

Surveys with Employers, Employees and Training Providers were conducted to gain valuable input into the issues surrounding Home Care/Special Care Aides. An overview of the surveys and key findings is provided in subsequent sections. An attempt was also made to contact industry associations and all relevant unions (CUPE, SGEU, and SEIU). While there were many informal regional groups, no formal provincial associations were available to speak to the issues relevant to this report. In addition, the unions were unavailable due to contract negotiations during this time period.

Focus Groups

Five focus groups with representatives from relevant areas of the Health Care industry were conducted to validate the findings from the Literature Review and Human Resource and Training Needs Assessment.

Profile of the Existing Saskatchewan Home Care/Special Care Aide Workforce

A profile of the existing Saskatchewan Home Care/Special Care Aide workforce was developed based on the literature review, survey results, focus group validation, and Steering



Committee meetings. This profile was intended to provide an aggregate overview of the industry; therefore, components of this profile may not be reflective for all individual employers and employees.

Training Providers in Western Canada

A comparison of Home Care/Special Care Aide type programs in Saskatchewan and the western Canadian provinces was compiled. Programs that have been granted SIAST equivalency status are identified and a training grid was developed to outline program details. As indicated in the grid, there is no standardization between training programs as costs, length of program, certificate received, etc. varies between the training providers.

Gap Analysis

A gap analysis was completed as a part of the final report. The gap analysis is based on the literature review, survey results, focus group validation and Steering Committee meetings. It outlines the fundamental gaps that exist between what is currently in place and what the Saskatchewan Home Care/Special Care Aide industry requires.

Recommendations and Final Report

The results were compiled into a final report that was submitted to the Steering Committee for their review and input. With the active participation and input of the Steering Committee, recommendations and next steps were developed and included as a part of the final report. To summarize, the final report includes the literature review results, survey results, a copy of each survey instrument, focus group results, a copy of each focus group moderator's guide, a gap analysis, a profile of the Home Care/Special Care Aide, and recommendations/next steps.

3.0 LITERATURE REVIEW KEY FINDINGS

The following highlights the key findings from the comprehensive literature review that was completed as part of this study.

- Job titles and job descriptions vary within the Home Care/Special Care Aide industry.
- The following are examples of trends that are expected to affect Home Care and/or Special Care Aides in the future:¹
 - Aging population;
 - Increased demand for services;
 - Increased substitution of in-home and community-based care for nursing home and hospital care;
 - Increasing public expenditures for home care;
 - The decreased supply of informal caregivers;

¹ *Human Resource Issues in Home Care In Canada: A Policy Perspective 1999 Article; Canadian Home Care Human Resources Study website; SIAST Report of the Curriculum Validation of the Home Care/Special Care Aide Program - June 2000; and the 2000-2001 Saskatchewan Health Annual Report.*



- Emphasis on consumer-directed care and development of self-managed care programs;
 - Demands of clients and patients for care in their own homes;
 - The private versus public mix of home care services;
 - The increased devolution of health care administration and service delivery to regional authorities;
 - The escalation in the level and complexity of care in both long term and home care;
 - The rise in the number of clients with impaired cognition;
 - The expectation for excellence in care in times of decreased resources;
 - The amalgamation of health care services;
 - The perception of inadequate staffing levels for the care required;
 - The shortage of Registered Nurses and Licensed Practical Nurses in the health care system; and
 - A perceived shortage of Home Care/Special Care trained workers.
- Because of the trends, the Home Care/Special Care Aide role is being impacted in a number of ways:²
 - The scope of practice is expanding and Home Care/Special Care Aides are expected to play a more equal role on the health team;
 - The pace of work is increasing dramatically and workplace stress is increasing; and
 - The work environment has expanded to include acute and integrated care settings.
 - The *Job Satisfaction, Retention, Recruitment, and Skill Mix for a Sustainable Health Care System 2000 Study* outlined a variety of key challenges identified by General Front-Line Health Providers/Supervisors; Regulators, Unions, and Professional Associations; and Senior Managers for many health occupations, including Home Care and Special Care Aides. There were a few specific comments reported pertaining to Home Care and Special Care Aides; however, most responses were aggregate throughout the study. Examples of the challenges identified are as follows:

General Front-Line Health Providers/Supervisors

- Problems created by current workloads and expectations placed on all professional staff to do work that was not “theirs”;
- Issues about the physical work environment such as access to equipment;
- People issues in the work environment;
- Inability to access permanent work to ensure a secure stable job;
- The lack of support in our health districts for professional development;
- The casualization and lack of permanent positions has decreased job satisfaction; and

² *SLAST Report of the Curriculum Validation of the Home Care/Special Care Aide Program - June 2000.*



- With regards to home care specifically, it is difficult to attract and retain an adequate supply of home care workers. “A constant issue in home care has been combating the image of home care work as being less ‘professional’ than work in other health sectors such as hospitals, community health centres and physician’s offices.”³ In addition, “employment issues are characterized by such features as a large unregulated workforce, isolated work settings, and shared responsibilities for care with family members.”⁴ Particularly in the rural areas, professional isolation from peers is an issue in general for health care providers.⁵

Regulators, Unions, and Professional Associations

- Members are not utilized to the full extent of their competencies’ scope;
- Reservations were expressed regarding using providers whom they do not represent;
- Most of the unions listed workload and remuneration as their top concerns; and
- Front-line management has been pared down too much and management skills within the system are regarded as being poor.

Senior Managers

- One of the biggest barriers to recruitment and retention was competition between provinces, the public and private sector, and the urban-rural split;
- Managers expressed that they feel dependent on casual employees;
- It was assumed that if rural areas are experiencing difficulty in attracting and retaining health care providers, the northern and remote areas likely have equal or even greater challenges in that area;
- One of the most common barriers cited by managers regarding rural areas was the difficulty in being able to provide jobs for spouses;
- Workload varies throughout the health care system; and
- It was recognized that there is poor employee morale throughout the system.

The aforementioned study also identified key trends and challenges regarding training. Examples of these include:

- There has been a decrease in orientation, training and professional development;
 - There is an inability to find resources for continuing education; and
 - There is concern regarding quality, varying availability and cost, job mobility, and content of the Aide training programs.
- In order to assist with survey development, preliminary discussions were held with various northern, urban, and rural health districts, long-term care facilities and/or home care. Trends and issues identified through these preliminary discussions are as follows:

³ Health Canada website - *Human Resource Issues in Home Care in Canada: A Policy Perspective* – July 1999 Article.

⁴ Health Canada website - *Human Resource Issues in Home Care in Canada: A Policy Perspective* – July 1999 Article.

⁵ *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System.*



Northern

- There is a definite need for home care/special care aides.
- It is very difficult to recruit people to come to the north for this type of work.
- It is especially difficult to recruit casual employees.
- Local people who are interested need to be trained.
- Travel costs/time and course costs are barriers to training.
- Language barriers exist in some areas.
- Program prerequisites may be a barrier to entering the training course.

Rural

- It is difficult to recruit people to the area.
- There is a shortage of casual employees. Casual is not the best solution.
- There is a lack of security in the amount of work with home care.
- Some find working alone in home care to be difficult.
- Travel for training and travel in home care are issues.
- Even though the job calls for it, people do not like working weekends and shifts.
- There is a decreased supply of informal caregivers.

Urban

- It is harder to recruit for home care.
 - People want permanent versus casual work but they will accept casual work.
 - Special Care Aide positions are opening up in acute care.
- Information regarding the current Saskatchewan Home Care/Special Care Aide was obtained from the *2000 Saskatchewan Health Employer Survey Report* conducted by Saskatchewan Health. The information from this annual survey, which is referenced in the tables throughout the literature review section of the main body of the report, provides a comprehensive view of the Saskatchewan health services labour market as of December 31, 2000. Some highlights regarding the Saskatchewan Home Care and Special Care Aide are outlined below:

Employment Status

- Home Care and Special Care Aides combined account for approximately 23% of the total Saskatchewan health service employees reported in 2000.
- Approximately 25% of the Saskatchewan Home Care/Special Care Aide workforce (measured in FTE's or full-time equivalents) reported in 2000 were Home Care Aides and the remaining 75% were Special Care Aides.
- The majority of Home Care Aides reported in Saskatchewan were in part-time positions (55%) followed by casual (28%) and full-time (17%).
- Approximately 39% of Special Care Aides reported in Saskatchewan were in full-time positions, 31% were part-time and 30% were casual.



- Part-time positions accounted for the largest number of positions in urban and rural districts for Home Care Aides. However, the majority of Home Care Aide positions reported in the north were casual positions.
- Regarding Special Care Aides, numbers were only reported for urban and rural areas. The breakdown within these two areas was relatively similar to each other with full-time positions accounting for the largest percentage.

Turnover and Vacancy Rates

- When analyzed provincially, Home Care Aides and Special Care Aides did not have one of the highest vacancy rates of all health related occupations reported in 2000. However, most health district employers in the survey reported that their recruiting efforts are being directed towards a variety of occupations including Home Care and Special Care Aides, of which most were recruiting for casual positions followed by part-time positions.
- Vacancy rates reported were higher in the urban areas for Home Care Aides and Special Care Aides than in the rural and northern areas.
- The average turnover rate for all occupations was 5.3% in 2000. Thus, the turnover rate reported for Home Care Aides was above the average at 7.2%.
- Turnover rates for the rural and urban areas were the same for Home Care Aides but higher in urban areas for Special Care Aides.

Reasons for Recruitment and Retention Difficulties of Home Care/Special Care Aides in General

- Shortage of qualified candidates;
- Lack of available full-time positions;
- Education programs are expensive and not readily accessible; and
- Private employers cannot compete with the wages offered by some public employers.

Demographics

- The Home Care Aide and Special Care Aide occupations primarily consist of female employees.
- The average age for Home Care Aides reported was 39.8 in 2000. The average age of the Special Care Aides was 41.3 in 2000.

Unionization

- Unionized Home Care Aides belong to three main unions in Saskatchewan. In 2001, 52% belonged to CUPE, 45% to SEIU, and the remaining 3% to SGEU. Of the total unionized Home Care Aides, 62% were part-time, 26% were casual, and 12% were full-time.



- Unionized Special Care Aides belong to three main unions in Saskatchewan. In 2001, 52% belonged to CUPE, 46% to SEIU, and the remaining 2% to SGEU. Of the total unionized Special Care Aides, 37% were full-time, 33% were part-time, and 30% were casual.
- Through the literature review, it was found that there are two public and one private vocational Home Care/Special Care Aide training programs/certificates presently being offered in Saskatchewan:

Public

- Saskatchewan Institute of Applied Science and Technology (SIAST) Home Care/Special Care Aide Certificates; and
- Saskatchewan Indian Institute of Technologies (SIIT) Home Health Aide/Long-Term Care Aide Certificates.

Private Vocational

- Saskatoon Business College (SBC) Personal Care Aide Certificate (Home Care/Long Term Care, Acute Care pending).

SIIT's certificate is the only certificate in Saskatchewan that has received SIAST equivalency. SBC's certificate has been deemed equivalent to SIAST by Saskatoon District Health but not by SIAST. Saskatoon District Health and other employers (such as long-term care facilities in Regina, Moose Jaw, and Nipawin, and the Ile-a-la Crosse Hospital) recognize the certificate and hire graduates as equivalent.

- In addition to SIAST, SIIT, and SBC, other provincial training providers broker the SIAST or SIIT programs for full-time, part-time or on-the-job training. These training providers include the following:
 - *Regional Colleges:* There are eight provincial regional colleges that broker the SIAST program. Lakeland College, an interprovincial regional college, also offers two relevant programs. However, unlike the provincial regional colleges, the Lakeland College programs are not brokered from SIAST. Instead, the programs have been developed by Lakeland College with Community input.
 - *Dumont Technical Institute (DTI)* brokers the SIAST program; and
 - *On-the-Job Training* where any potential employer can broker a program.
- There are Home Care/Special Care Aide programs in other western Canadian provinces that have been granted SIAST equivalency. A listing of these is found in the main body of the report.
- In Saskatchewan, an employee can be hired without a Home Care/Special Care Aide certificate. However, with regards to public health care where employees are covered by collective agreements negotiated with SAHO, any employee who does not have a home



care/special care aide certificate (either individual or dual) is required to obtain a SIAST or equivalent certificate within a 2 year period of being hired.

- Regarding Prior Learning Assessment and Recognition (PLAR), SIAST presently offers a formal PLAR process. SIIT is currently conducting an evaluation to determine whether a formal PLAR process will be implemented for the Home Health Aide/Long-Term Care Aide program. At SBC, prior learning and experience is recognized through an informal process conducted by the college.

4.0 HUMAN RESOURCE AND TRAINING NEEDS ASSESSMENT KEY FINDINGS

Employer, Employee and Training Provider surveys were conducted between November 29 and December 14, 2001. Copies of the surveys used are provided in **Appendices G, H, and I**. An attempt was also made to contact industry associations and all relevant unions (CUPE, SGEU, and SEIU) by telephone between November 29 and December 14, 2001 (a copy of the survey that was developed for these industry associations/unions is provided in **Appendix K**). While there were many informal regional groups, no formal provincial associations were available to speak to the issues relevant to this report. In addition, the unions were unavailable due to contract negotiations during this time period.

Highlights from the Employer, Employee and Training Provider Surveys are outlined below. The complete key findings are included in the main body of the report.

4.1 Demographic Overview:

Employer Survey

- In total, 101 employers were contacted by telephone between November 29 and December 18, 2001.
- Employers were from health districts (includes home care and acute care facilities)/long-term care facilities/community health centres/integrated facilities (76.3% or n=77/101); personal care homes (21.8% or n=22/101), or “other” (2.0% or n=2/101) which included employers who operated a blend of facilities.
- Approximately half of respondents (51.0% or n=50/98; missing=3) are rural, with 30.6% (n=30/98; missing=3) being urban, 16.3% (n=16/98; missing=3) from out-of-province, and 2.0% from northern locations (n=2/98; missing=3).
- The majority of employers (56.4% or n=57/101) indicated they employ over 50 people, followed by less than 20 people (25.8% or n=26/101) and 21-50 people (17.8% or n=18/101).
- Of the employers surveyed 64.4% (n=65/101) are public sector organizations, 19.8% (n=20/101) are private organizations, and 15.8% (n=16/101) are from out-of-province. Of the public organizations, 10 are affiliates and 1 is a contract.

Employee Survey



- In total, 100 employees were contacted by telephone between November 29 and December 14, 2001.
- There was almost an even split of rural (47.0% or n=47/100) and urban (46.0% or n=46/100) respondents. Five percent (n=5/100) of respondents were from the north and 2.0% (n=2/100) were from a mixture of urban/rural locations.
- The majority of respondents (67.0% or n=67/100) were between 36 and 55 years of age.
- Almost all respondents (97.0% or n=97/100) were female.

Training Provider Survey

- In total, two Saskatchewan training providers were interviewed by telephone between November 29 and December 14, 2001.

4.2 Employment Status/Job and Employer Information:

Employer Survey

Home Care Aides

- Of the employers surveyed 45.5% (n=45/99; missing=2) currently employ Home Care Aide type positions. Of those employers who do not currently employ Home Care Aides (54.5% or n=54/99), 9.26% (n=5/54) currently have a need for these positions while 90.74% (n=49/54) do not.
- Those who employ Home Care Aides indicated the title “Home Care Aide” is used within 35.56% (n=16/45) of these organizations. Other titles used include Home Health Aide (19), Personal Care Aide (3), Care Givers (3), and Health Care Aides (3). The main duties of Home Care Aides include personal care (38), basic housekeeping (22), and meal preparation (15).
- All employers with Home Care Aides (n=45) were asked if they currently employ Home Care Aides on a full-time, part-time and casual basis. Twenty-one employers indicated they employ Home Care Aides on a full-time basis. Thirty-eight employers currently employ part-time Home Care Aides. Twenty-eight employers currently employ casual Home Care Aides.
- Home Care Aides often maintain dual positions within one organization, working as both Home and Special Care Aides. The majority of respondents (62.2% or n=28/45) have Home Care Aides also working as Special Care Aides within their organization. Two-thirds (66.7% or n=30/45) of Home Care Aides work for other organizations as either Home Care Aides or Special Care Aides.
- The average age of Home Care Aides, of those employers who responded, is approximately 41 years of age. The range of ages regarding these Home Care Aides is between 30 and 55 years, with the most common age being 40 years.

- The majority of employers (73.3% or n=33/45) surveyed estimate that 100% of their Home Care Aide staff is female. Another 20% (n=9/45) believes the female percentage of Home Care Aides is between 90-99.9%. Only 4.4% (n=2/45) estimated their female Home Care Aide staff as being 50% or less.

Special Care Aides

- Of the employers who responded 67.3% (n=66/98; missing=3) currently employ Special Care Aide type positions in their organizations. Of the 32.7% (n=32/98; missing=3) of respondents who indicated they do not employ Special Care Aides, only one respondent indicated they have a need for this position in their organization.
- Those who employ Special Care Aides indicated the title “Special Care Aide” is used within 65.2% (n=43/66) of these organizations. Other titles commonly used include Health Care Aides (9), Caregivers (5), Nurses Aide (4) and Home Health Aide (2). The main responsibilities of Special Care Aides include total personal care (65), meals and/or feeding (18), and socializing/entertainment (5).
- All employers were asked if they currently employ Special Care Aides on a full, part-time and casual basis. Of the employers with Special Care Aides, 96.9% employ Special Care Aides on a full-time basis. Most employers (92.2%) currently employ part-time Special Care Aides. The majority of employers (79.7%) currently employ casual Special Care Aides.
- Special Care Aides often maintain dual positions within one organization, working as both Special and Home Care Aides.. One-third of respondents (31.8% or n=21/66) have Special Care Aides also working as Home Care Aides within their organization. Over half (56.3% or n=36/64; missing=2) of Special Care Aides work for other organizations as either Home Care Aides or Special Care Aides.
- The average age of Special Care Aides, of those employers who responded, is approximately 39 years (n=62; missing=4). The range of ages regarding these Special Care Aides is between 25 and 50 years, with the most common age being 40 years.
- Just over half of respondents (53.0% or n=35/66) estimate that 100% of their Special Care Aide staff is female. Another 36.4% (n=24/66) believes the female percentage of Special Care Aides is between 90-99%. Only 4.6% (n=3/66) estimated their female Special Care Aide staff as being 50% female or less.

Employee Survey

- Overall, 70% (n=70/100) of the employees interviewed indicated they are currently employed as Special Care Aides, 28% (n=28/100) are employed as Home Care Aides, and 2% (n=2/100) are employed as both.
- The majority of Home Care Aides are hired into part-time positions (63.3% or n=19/30) while the largest number of Special Care Aides are hired into full-time positions (45.8% or n=33/72).



- On average, Home Care Aides work 25.5 hours per week with the range being 1-40 hours per week (n=30). The majority feel this is on target (66.7% or n=20/30) for the hours they wanted to work. On average, Special Care Aides work 31.5 hours per week with the range being 2-46 hours per week (n=72). The majority feel this is on target (75.0% or n=54/72) with the hours they wish to work.
- Seven percent (n=7/100) of respondents indicated they work for more than one employer, with the average number of employers being 2.29 (n=7).
- The majority of primary employers are long term care facilities (53.0% or n=53/100) followed by home care (24.0% or n=24/100). Most employers are in the public sector (89.0% or n=89/100).
- Respondents describe their primary job responsibilities as basic daily personal care (85) including bathing, toileting, feeding, dressing, lifting, home management, and reassurance checks.
- On average, respondents have worked in the Home Care/Special Care Aide industry for 6.56 years with the range being 0.5-20 years (n=100). They indicated they have changed jobs an average of 0.77 times with the range being 0-6 times (n=100). It should be noted that almost two-thirds of respondents (66.0% or n=66/100) indicated they have never changed jobs.

4.3 Recruitment, Retention and Job Satisfaction:

Employer Survey

Home Care Aides

- Almost half of respondents (44.4% or n=20/45) indicated they have no difficulty recruiting qualified Home Care Aides. Difficulties mentioned by the remaining 55.6% include lack of qualified candidates (8), inability to offer stable and regular hours (6), and low wages (5). Employers believe that these recruiting difficulties may be overcome with more training options and training availability (8), the ability to offer higher wages (4), regular shifts (3), and on-the-job training options (3).
- Of the employers with recruiting difficulties, it is believed that the most difficult type of position to recruit for is casual employment. Of those who responded, 73.9% (n=17/23; missing=2) believe recruiting casual staff is the most difficult.
- Of those employers who hire Home Care Aides 57.8% (n=26/45) have no difficulty retaining qualified staff. Difficulties listed by the remaining 42.2% (n=19/45) include not enough casual hours (10), leave for higher wages elsewhere (5) and dislike with the work (2). Retention difficulties are thought to be overcome via higher wages (3) and providing regular hours (3).
- In these employers' opinions 73.7% (n=14/19) believe casual employment is the most difficult to retain.



- Satisfaction among Home Care Aides jobs in general (full-time, part-time, and casual) is thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 3.78 (n=23; missing=22) for full-time employees, 3.88 (n=40; missing=5) for part-time employees, and 3.60 (n=33; missing=12) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.
- Satisfaction among Home Care Aides according to skill utilization (full-time, part-time, and casual) is also thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 4.0 (n=23; missing=22) for full-time employees, 4.15 (n=40; missing=5) for part-time employees, and 3.90 (n=32; missing=13) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.
- Employers believe the three job related concerns regarding Home Care Aides are: workload (7), varying hours and split shifting (7), and travel issues (7). The majority of employers with Home Care Aides (83.3% or n=35/42; missing=3) do not feel these concerns differ by employment status (i.e. full-time, part-time or casual status).

Special Care Aides

- Almost half of respondents (42.9% or n=27/63; missing=3) have no difficulty recruiting qualified Special Care Aides. Common difficulties experienced by the remaining 57.1% when recruiting include lack of education/not adequately qualified (17), lack of trained applicants looking for casual or part-time work (4), and inadequate wages (3). Of the employers who responded, it is believed many of these difficulties can be solved by implementing the following changes: offer more regular hours (5), find people more suited to the job or build dedication in employees (3), pay competitive wages/incentives (3), and improve prospective employees' understanding of the job (2).
- Casual Special Care Aide positions are thought to be the most difficult to recruit for by 78.1% (n=25/32; missing=4) of employers.
- Over two-thirds (69.7% or n=46/66) of those employers who hire Special Care Aides have no difficulty retaining qualified staff. Those with difficulties (30.3% or n=20/66) listed reasons such as not enough casual hours (9) and employees leave for higher wages elsewhere (5). It is believed retaining difficulties can be overcome by offering regular/guaranteed hours (2), paying competitive wages (2), offering more hours (2), and offering evening and weekend classes on a part-time basis (2).
- Of the employers who responded, 80.0% (n=16/20) believed that casual positions were the most difficult to retain.
- Satisfaction among full-time and part-time Special Care Aides is thought to be more satisfactory among the employers surveyed than casual Special Care Aides. Employers provided an average rating of 3.67 (n=64; missing=2) for full-time employees, 3.72 (n=62; missing=4) for part-time employees, and 3.07 (n=62; missing=4) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.



- Satisfaction among Special Care Aides according to skill utilization (full-time, part-time, and casual) is thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 4.05 (n=64; missing=2) for full-time employees, 4.13 (n=62; missing=4) for part-time employees, and 3.66 (n=62; missing=4) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.
- Employers believe the three job related concerns regarding Special Care Aides are: increased/heavy workload (26), salary/benefits issues (8), and shift-work (5). Concerns are not believed to be different because of employment status (78.8% or n=52/66).

Employee Survey

- Over half of employees (54.0% or n=54/100) do not feel it is difficult to recruit qualified Home Care/Special Care Aides to their primary workplace. Those who indicated it is difficult feel it is most difficult to recruit casual employees (84.8% or n=39/46), primarily because there are no guaranteed hours (34).
- The greatest number of employees indicated their workplace is actively recruiting casual employees (56.0% or n=56/100) followed by part-time employees (17.0% or n=17/100) and full-time employees (10.0% or n=10/100).
- The majority of employees (60.6% or n=60/99; missing=1) do not feel it is difficult to retain qualified Home Care/Special Care Aides in their primary workplace. Those who indicated it is difficult feel it is most difficult to retain casual employees (97.4% or n=38/39), primarily due to lack of guaranteed hours (34).
- The majority of respondents feel that when an employee leaves his/her job they always (51.3% or n=20/39) or sometimes (35.9% or n=14/39) obtain employment with a similar type of employer.
- Employees appear to be quite satisfied with their jobs. Respondents provided an average rank of 4.08 (n=100) when asked to rate their job satisfaction. They also feel their job makes good use of their skills, as shown by an average rating of 4.26 (n=100). This is based on a scale where 1 is not at all satisfied and 5 is very satisfied.
- The top job concerns mentioned by respondents included: understaffing and time pressures (84), shifts/lack of full-time hours/seniority (32), management issues (31), and safety/security of workers/clients (30).

Training Provider Survey

- Both respondents feel it is difficult to recruit and retain qualified Home Care and Special Care Aides, especially in casual positions. Some solutions for overcoming these difficulties include creating more full-time/part-time permanent positions, increasing wages, guaranteeing hours, improving the image and working conditions, and job sharing.



- The top job related concerns respondents thought Home Care Aides have include casual work/no assurance of a regular income, short shifts (i.e. 6 hours or less), stress in the work environment, and heavy workload/understaffed.
- The top job related concerns respondents thought Special Care Aides have included casualization, heavy workloads, performing duties not within scope/poor standards, and burnout.
- Generally Saskatchewan training provider respondents felt both Home Care and Special Care Aides in Saskatchewan are satisfied with their job, with satisfaction being ranked highest for full-time (3.50) and part-time (3.50) and 'neutral' for casual (3.00). This is based on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
- Saskatchewan respondents felt both Home Care and Special Care Aides in Saskatchewan are satisfied with the extent to which their skills are being utilized, with satisfaction being ranked as 4.5 out of 5 for all three types of positions (i.e. full-time, part-time, and casual). This is based on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.

4.4 Skills and Training:

Employer Survey

Home Care Aides

- It is believed that the top 5 knowledge areas required for a Home Care Aide are: personal care skills (17), communication skills (10), understanding dementia (9), nutrition (5), and conflict resolution/working with people (4).
- Employers indicated an average of 71.7% (n=43; missing=2) of their Home Care Aides have a relevant certificate from a recognized training institute that was obtained prior to their employment. On average, 35.9% (n=28; missing=17) of those they employ have a relevant certificate from a recognized training institution that was obtained on-the-job, while 23.4% (n=18; missing=27) of Home Care Aides have no formal certificate.
- On-the-job training certificate for Home Care Aides:
 - Almost half (43.2% or n=19/44; missing=1) of the employers who responded have participated in on-the-job training where employees have received a Home Care type certificate from a recognized training institution. Of the employers who have not participated in on-the-job training certification in the past (54.5% or n=24/44; missing=1), 83.3% (n=15/18; missing=6) do not plan to have this training offered in the future.
 - When asked how satisfied in general these employers were with this training to date respondents provided an average rank of 4.18 (n=19) on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.



- Over half of those who responded (61.5% or n=8/13; missing=6) felt PLAR was adequately recognized. Two-thirds of these employers (66.7% or n=8/12; missing=7) do not feel there were any barriers encountered by employees applying for PLAR.
- On-the-job training non-certificate for Home Care Aides:
 - Almost one-fifth (18.6% or n=8/43; missing=2) of the employers who responded have participated in on-the-job non-certificate training. A majority (81.4% or n=35/43; missing=2) of employers have not participated in on-the-job training in the past.
 - When asked how satisfied in general these employers were with this type of training to date, employers provided an average rating of 4.0 (n=8) on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.
 - Two-thirds of these employers (66.7% or n=2/3; missing=5) feel PLAR was adequately recognized for non-certificate programs. Of the employers that responded, 100% (n=2/2; missing=6) indicated that there were no barriers encountered by employees applying for PLAR.
- Other types of training for Home Care Aides:
 - Almost half (40.5% or n=17/42; missing=3) of the Home Care Aides hired who did not have a certificate when hired, have received a relevant home care type certificate from a training institution other than through on-the-job training.
 - The majority of the employers who responded (81.4% or n=35/43; missing=2) provide informal training, coaching, or one-on-one training for their Home Care Aides.

Special Care Aides

- It is believed that the top 5 knowledge areas required for a Special Care Aide are: personal care skills (16), communication skills (10), understanding dementia (6) and communication (6), compassionate caring/treating clients with dignity (4), and nutrition (4).
- Employers indicated an average of 64.1% (n=60; missing=6) of their Special Care Aides have a relevant certificate from a recognized training institute that was obtained prior to their employment. On average, 38.9% (n=39; missing=27) of those they employ have a relevant certificate from a recognized training institution that was obtained on-the-job while 25.1% (n=30; missing=36) of Special Care Aides have no formal certificate.
- On-the-job training certificate for Special Care Aides:
 - Almost half of respondents (41.9% or n=26/62; missing=4) have participated in on-the-job training where employees have received a Special Care type certificate from a recognized training institution. Of the employers who have not participated in on-the-job training certification in the past (58.1% or n=36/62;



missing=4), 75.0% (n=21/27; missing=9) do not plan to have this training offered in the future.

- Employers provided an average rank of 4.38 (n=26) when asked in general about this type of training to date on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
- Almost half of those who responded (47.1% or n=8/17; missing=9) felt PLAR was adequately recognized. Two-thirds of these employers (68.4% or n=13/19; missing=7) do not feel there were any barriers encountered by employees applying for PLAR.
- On-the-job training non-certificate for Special Care Aides:
 - Only 14.8% (n=9/61; missing=5) of the employers who responded have participated in on-the-job non-certificate training. A majority (83.6% or n=51/61; missing=5) of employers have not participated in on-the-job training certification in the past, nor will 94.9% (n=37/39; missing=12) of them conduct this type of training for Special Care Aides in the future.
 - When asked how satisfied in general these employers were with this type of training to date, employers provided an average rank of 4.30 (n=9) on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.
 - Three-quarters (75.0% or n=6/8; missing=1) of these employers feel PLAR is adequately recognized for non-certificate programs at this time. None of the employers who responded (n=7; missing=2) felt there were any barriers encountered by employees applying for PLAR.
- Other types of training for Special Care Aides:
 - Almost one-third (31.1% or 19/61; missing=5) of the Special Care Aides hired who did not have a certificate when hired, have received a relevant home care type certificate from a training institution other than through on-the-job training.
 - Over half of the employers who responded (63.9% or n=39/61; missing=5) provide informal training, coaching, or one-on-one training for their Special Care Aides.

Employee Survey

- The top knowledge areas required for Home Care Aide positions include: communication (28), personal care (26), and nutrition (18). The top knowledge areas required for Special Care Aide positions include: communication (57), personal care (52), and compassion/patience/understanding (51).
- All respondents (100.0% or n=100/100) indicated they have a Home Care/Special Care Aide type certificate. The majority of respondents (71.7% or n=71/99; missing=1) indicated their certificate enables them to work as both a Home Care/Special Care Aide (i.e. dual certificate). Two-thirds of employees obtained their certificate on-the-job (67.0% or n=67/100), followed by pre-employment (32.0% or



- n=32/100). Respondents were quite satisfied with their training, as shown by an average rating of 4.41 (n=100) on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
- Respondents with a training certificate:
 - Just over half of respondents (59.4% or n=19/32) with a pre-employment certificate indicated this was a prerequisite for being hired. All of these employees (100.0% or n=32/32) also indicated it was easier to find employment with their pre-employment certificate.
 - Just over half of respondents (56.1% or n=46/82; missing=18) with a training certificate indicated prior learning/experience (PLAR) was not adequately recognized. Most respondents (95.1% or n=77/81; missing=19) indicated they did not encounter any barriers to applying for PLAR.
 - Respondents with training but no certificate:
 - Only 18% (n=18/100) of respondents indicated they have taken formal, on-the-job training where no certificate was provided.
 - These respondents were quite satisfied with their training, as shown by an average rating of 4.17 (n=18) on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
 - Almost two-thirds of respondents (64.3% or n=9/14; missing=4) indicated prior learning/experience (PLAR) was not adequately recognized. Most respondents (92.9% or n=13/14; missing=4) indicated they did not encounter any barriers to applying for PLAR.
 - Over three-quarters of respondents (78.0% or n=78/100) indicated other formal training or updates have been required throughout the course of their employment, with the main types of training including CPR and/or First Aid re-certification (33), PART certificates (31), TLR certificates (20), and WHMIS certificate (16).
 - Most respondents (84.0% or n=84/100) have received informal training, coaching, or one-on-one training for their job. These respondents were quite satisfied with this informal training, as shown by an average rating of 4.14 (n=84) on a scale of 1 to 5 where 1 is not at all satisfied, 3 is neutral, and 5 is very satisfied.

Training Provider Survey

- The respondents were asked to provide, in their opinion, the top five knowledge areas required for Home Care Aides and Special Care Aides. Responses included:
 - Client observation
 - Physical and emotional care
 - Communication and interpersonal relationships
 - Professional work ethics
 - Ability to work alone
 - Treating others with respect and dignity
 - Ability to relate and make decisions in co-operation with others



- The minimum education and experience qualifications required when hiring Home Care Aides and Special Care Aides, from the perspective of the training providers, varied in terms of the levels required.
- The responses were split regarding how well existing Saskatchewan and non-Saskatchewan Home Care/Special Care Aide training programs recognize prior learning and experience, or PLAR. They were also split regarding whether there are barriers for a student applying for PLAR in Saskatchewan.

4.5 Barriers to Training:

Employer Survey

- All employers were asked what they felt the main barriers were for urban, rural and northern people to obtain Home Care/Special Aide training. The top three concerns included:
 - Urban: cost of program (53), lack of openings in training institutions (6), and lack of time/family commitments (6)
 - Rural: cost of program (44), travel (29), and distance/time to travel (16)
 - Northern: cost of program (29), travel (22), and proximity to training/distance (16)

Employee Survey

- The main barriers to obtaining training are thought to include cost/access to classes/travel (75).

Training Provider Survey

- Both respondents indicated the main urban barrier was cost (of both the program and lack of income during the training period). The main rural barrier mentioned was access to the program. The main responses provided for northern barriers included access and level of education of applicants.

4.6 Training Programs:

Employer Survey

- All respondents were asked how well do the existing Saskatchewan training programs for Home Care/Special Care Aides meet the needs of employers. Employers provided an average ranking of 3.82 (n=94; missing=7), where 1 does not meet needs at all, 3 being neutral and 5 meets all needs.
- All respondents were also asked how well do the existing non-Saskatchewan training programs for Home Care/Special Care Aides meet the needs of employers.



Employers provided an average ranking of 3.62 (n=65; missing=36), where 1 does not meet needs at all, 3 is neutral and 5 meets all needs.

Employee Survey

- Employees feel that Saskatchewan training programs meet the needs of employers, as shown by an average rating of 4.14 (n=100) on a scale of 1 to 5, with 1 being does not meet at all, 3 being neutral, and 5 being meets all needs.

Training Provider Survey

- When asked how well existing Saskatchewan training programs in general for Home Care/Special Care Aides meet the needs of employers, both Saskatchewan respondents provided a rating of 5 out of 5, with 1 being does not meet needs at all, 3 being neutral, and 5 being meets all needs.

4.7 New Skills Areas:

Employer Survey

- All employers were asked what new skill areas, if any will be required over the next 5 years for Home Care and Special Care Aides and what types of changes in training will be required to meet these new skill areas. The top responses included:
 - Home Care Aides: New skills areas include: delegation of nursing tasks due to changing roles (8), behaviour management, dementia (5), distribution of medications (5), and equipment (5). Training changes include: more education geared towards specified area (8), more practicum, hands-on hours specifically on these issues (5), need to implement new information in existing course (4), on-going, in-facility training, workshops (4), and spend more time on issue during training (4).
 - Special Care Aides: New skills areas include: behaviour triggers/dementia (9), more intense medical knowledge of disease, acute, chronic conditions (9), and conflict resolution (5). Training changes include: more training in the specified area (22), on-site, in-facility training, workshops (7), and add new modules, classes to training (4).

Employee Survey

- When asked what new skill areas will be required over the next five years for Home Care Aides, the main response was medication delivery, transfers and lifts (6). When asked what new skill areas will be required over the next five years for Special Care Aides, the main response was medication (23).



Training Provider Survey

- New skill areas expected to be required over the next five years for Home Care Aides include increased observation skills, dressings, care of various drains and tubes, new equipment, and post-acute assessment skills for medical conditions.
- New skill areas expected to be required over the next five years for Special Care Aides include acute care – observations, pediatric, palliative care; long term – blood pressure, simple dressings, simple treatments; and post-acute assessment skills for medical conditions.
- In addition, there were needs and niches identified that could be filled by Home Care/Special Care Aide training programs. For example, acute care, Palliative care, and special needs children were identified.

4.8 Transferability of Skills:

Employer Survey

- Transferability is generally not seen as an issue. Respondents provided the following average ranks for Home Care Aides:⁶
 - Employers within Saskatchewan: 3.57 (n=45)
 - Unions within Saskatchewan: 3.44 (n=45)
 - Health Districts within Saskatchewan: 3.61 (n=45)
 - Employers within other provinces: 3.53 (n=45)
 - Unions within other provinces: 2.87 (n=45) (Note: below average rating.)
- Respondents provided the following average ranks for Special Care Aides:⁷
 - Employers within Saskatchewan: 3.85 (n=66)
 - Unions within Saskatchewan: 3.67 (n=66)
 - Health Districts within Saskatchewan: 3.72 (n=66)
 - Employers within other provinces: 3.57 (n=66)
 - Unions within other provinces: 3.39 (n=66)
- All of the employers surveyed were asked if they felt many Home Care/Special Care Aides continued their education and branched into other occupations. Of those that responded, almost half (48.0% or n=48/100; missing=1) believed these employees branched into other occupations such as LPN or RPN/RN.

⁶ Based on a scale of 1 to 5, with 1 being very difficult, 3 being neutral and 5 being not difficult at all.

⁷ Based on a scale of 1 to 5, with 1 being very difficult, 3 being neutral and 5 being not difficult at all.



Employee Survey

- Respondents feel it is not difficult for Home Care Aides to transfer between employers within Saskatchewan (3.72) and unions within Saskatchewan (3.66) but that it is somewhat difficult to transfer between health districts within Saskatchewan (3.06) and employers within other provinces (3.01). They feel there is difficulty transferring between unions within other provinces (2.72). For all responses n=30.
- Respondents feel it is not difficult for Special Care Aides to transfer between employers within Saskatchewan (4.03) and unions within Saskatchewan (3.81) but that it is somewhat difficult to transfer between health districts within Saskatchewan (3.01) and unions within other provinces (3.01). They feel there is difficulty transferring between employers within other provinces (2.84). For all responses n=72.
- Approximately two-thirds of respondents (68.7% or n=68/99; missing=1) feel Home Care/Special Care Aides continue their education and branch into another occupation, such as LPN or RPN/RN. They feel this is not too difficult, as shown by an average rank of 3.28 (n=100) on a scale of 1 to 5 where 1 is very difficult, 3 is neutral, and 5 is not difficult at all.
- However, it does not appear that most respondents are interested in furthering their education and laddering onto transfer programs, as shown by an average rank of 2.86 (n=100) on a scale of 1 to 5 where 1 is strongly disagree, 3 is neutral, and 5 is strongly agree.

Training Provider Survey

- The respondents indicated that it would be difficult/very difficult to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs such as the LPN or RPN/RN. This is shown by an average rating of 1.50 out of 5, with 1 being very difficult, 3 being neutral, and 5 being not difficult at all.
- In general, it was perceived by Saskatchewan training providers that overall it would not be that difficult for Home Care Aides and Special Care Aides to transfer between employers within Saskatchewan (4.50), unions within Saskatchewan (4.00), and health districts within Saskatchewan (3.50). This is based on a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not difficult at all.
- Respondents were asked, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Home Care Aide transfers either to or from Saskatchewan, how difficult is it for the Home Care Aide to get the necessary upgrades if they are missing specific competencies. The two Saskatchewan respondents were of very differing opinions as one provided a rank of 5 out of 5 and the other provided a rank of 1 out of 5. The latter indicated this is because “competencies are determined by one training facility rather than by a provincial body.”



- Respondents were also asked, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Special Care Aide transfers either to or from Saskatchewan, how difficult is it for the Special Care Aide to get the necessary upgrades if they are missing specific competencies. Again, the two Saskatchewan respondents were of very differing opinions as one provided a rank of 5 out of 5 and the other provided a rank of 1 out of 5. The latter indicated this is because “competencies are determined by one training facility based on their expectations. Reviews of out-of-province programs are costly and take considerable time requiring the applicant to wait or unable to receive the top salary according to education.”
- Respondents were of differing opinions as to whether they feel that many Home Care/Special Care Aides continue their education and branch into another occupation, such as an LPN or RPN/RN.

4.9 General Industry:

Employer Survey

- The top issues for the Home Care industry include: staffing/shortage of Home Care Aides (10), lack of funding from the government (6), and providing the kind of care required for the heavier clients, increasing services (4). The top issues for the Special Care industry include: heavy/increased workload (9), increase of elderly population/increase of heavy care (8), and not enough personnel/short supply of employees (6).
- The most pressing training issues for the Home Care industry are seen as: ongoing training/enhancement of skills (8), accessibility of education (5), and course costs (5). The most pressing training issues for the Special Care industry are seen as: accessibility of education, especially in rural areas (6) and continued education (4).

Training Provider Survey

- Examples of the most pressing general issues facing the Home Care and Special Care industries were identified as applicants have a ‘caring’ attitude but not the proper background and changing roles and responsibilities. When asked how they think these issues can be resolved, the responses included “more time spent in the program on life skills, responsibility and accountability followed up with emphasis and role modeling in the clinical setting” and more in-services on important areas (i.e. dementia care).
- The most pressing general training issues facing the Home Care and Special Care industries, as stated by one respondent, include dementia care, assessment in home, and the child-care area. The other respondent indicated there is a need for a non-training provider agency to ensure training meets the needs of employers and the industry.



- Respondents commented on how training providers could work together to standardize training for Home Care and Special Care Aides. Examples included:
 - Have standards set by employers/provincial committee and trainers meet these standards (the training provider should not be setting the standard)
 - Bring various training providers together
- A variety of groups were identified by the respondents when asked what other groups could be involved in standardizing this training in Saskatchewan and across the western Canadian provinces. These groups included:
 - SRNA
 - A licensing body for the program has to start within the group or Saskatchewan Health, etc.

5.0 FOCUS GROUP KEY FINDINGS

Mercury Information Services completed five focus groups with representatives from relevant areas of the Health Care industry. Following a survey, focus groups are used to validate the information gathered and explore in greater depth key findings or issues that are identified in the survey. A moderator's guide was used to stimulate discussion during the focus groups. A copy of the moderator's guide is included in **Appendix L**.

5.1 Demographic Overview:

There were five groups conducted at the following locations:

- Regina – Public Employers (does not include Regina Health District) - February 4, 2002
- Saskatoon – Private Employers, February 6, 2002
- Saskatoon - Employees, February 6, 2002
- La Ronge – Employees, Employers, Training Providers and a Saskatchewan Health Representative, February 7, 2002
- Saskatoon – Regina Health District, Saskatoon Health District, Training Providers and SAHO, February 26, 2002

Participants were recruited for the focus groups from the database of companies who were either participating on the Steering Committee/Referent Group or are members of the health care industry either employing or representing Home Care/Special Care Aides. It was decided by Mercury Information Services and members of the referent group to breakdown the focus groups by 'category' so that every group would have an opportunity to participate. These groups included public sector employers, private sector employers, employees with certificates from 1 of the 3 accredited training providers, a northern group representing employers, employees and training providers and finally a focus group with the 2 largest Health Districts, training providers and SAHO.

The following is a summary of the key findings from all five focus groups.



5.2 Employment Status:

The participants generally agreed with the following profile regarding Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

However, several participants in the health districts/training providers group felt that Special Care Aides are not employed on a full-time basis. They also stated that many Home Care Aides are employed full-time. As well, some respondents in the employee group mentioned that Home Care and Special Care Aides may be dissatisfied with their jobs depending on the workplace and amount of time spent in the industry.

The employer groups commented that there is role confusion in the industry due to the number of job titles used for Home Care and Special Care Aide type positions. The participants also indicated that some employers require their employees to obtain a certificate within a two year period while others do not require that the employees have a certificate. Some respondents commented that not having a certificate affects the employees' ability to obtain a position other than casual.

When asked whether they agree that approximately one-quarter of employers employ Aboriginal people in their organization, most of the participants commented that they employ between zero and 30 percent. However, participants in the northern group indicated that the majority of their workforce is Aboriginal.

The participants generally agreed that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services. However, the public employer group felt that housekeeping is not a main duty of Home Care Aide type positions anymore. As well, the northern group indicated that the type of duties depends on whether the Home



Care Aide is trained (for example, duties would include personal care) or untrained (for example, duties would not include personal care but would include housekeeping).

Many respondents felt that Home Care Aide type positions also have additional duties, such as palliative care, medication administration, social and emotional care, shopping, assessment and charting.

The participants generally agreed that the main duties for Special Care Aide type positions are basic daily personal care, meals and feeding, and socializing/entertaining. However, the private employer group commented that the duties differ whether the employee is in a special care home or a personal care home. The employee group indicated that the duties are accurate depending on the amount of time the Special Care Aide has. The employees also mentioned that Special Care can be more task-oriented and Home Care can be more people-oriented.

Many respondents listed additional duties for Special Care Aide type positions. These included dementia care, family counselling/family networking, assessing, housekeeping, charting, delegation of medications when supervised, and teaching other Aides who are orientating.

In general, the participants agreed that some of the main differences between urban, rural and northern survey respondents include travel issues, cost and accessibility of training. Some of the other issues mentioned were as follows: private services for homemaking do not exist in the rural areas, rural Home Care Aides have to take on more tasks, it is difficult to find private care providers in rural areas, and rural Aides do not have the support that urban Aides have. In addition, the availability and retention of Aides, access to equipment and safety of rural Aides were mentioned as issues.

The northern group stated issues that were especially relevant for the north. Issues included the cost and difficulty in getting students to one location due to the large geographical area, education and language issues, challenges in finding instructors, and the lack of cultural sensitivity by some trainers. Concerns regarding practicums were raised in terms of the amount of travel required and having to leave their families, as well as centers not being large enough to accommodate the number of practicums needed. As staff missing work to attend training was seen as an issue, respondents mentioned that some on-the-job type training was being done in shorter durations over a longer period of time to assist with staffing requirements.

Some of the participants in the public employer group discussed how on-the-job training seems to be discouraged by the College (SIAST).

5.3 Recruitment and Retention:

When asked what they thought employers and the health care industry in general could do to overcome some of the recruiting and retaining difficulties for Home Care and Special Care Aide type positions, enhancing the image of the industry and accentuating the job positives, offering full-time and other types of desired employment and job security, increasing job



satisfaction, increasing wages, better screening, making the retention of local staff a priority, sharing staff between communities, and offering training and bursaries were the type of responses mentioned.

The participants were asked what initiatives could be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aide type positions in Saskatchewan. Responses included encouraging them to submit resumes, having trainers use a tougher evaluation process, increasing the entrance level requirements, having a tracking process when they leave the course, having on-site student training, getting the instructors to be more involved in the practicum, realistically preparing students for the job and unionization, and changing the image of these types of jobs.

The participants were asked what could be done to address the need for more part-time and casual employees. Comments included re-examine the collective agreements for Home Care, realistically communicate the type of position new graduates can expect, guarantee hours, and have a “job shadowing” program.

Most respondents agreed that it is more difficult to recruit and retain part-time and casual employees than full-time employees. Potential solutions mentioned include job-sharing and offering benefits or a full-time shift to casual employees.

Most participants agreed that the top concerns of Home Care and Special Care Aide type positions include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety. However, some employers felt workload, irregular shifts, and salary and benefits were not concerns. Some employees mentioned that they do not feel empowered.

5.4 Skills:

The participants general agreed that the main skill or knowledge areas regarding Home Care and Special Care Aide type positions are: personal care, communication, providing compassion, empathy and a caring attitude, understanding dementia and nutrition. Some additional skill areas mentioned include assessment, palliative and acute care, medication administration, anatomy and physiology, dealing with different types of diseases, charting, TLR, personal response training, alternative approaches to caregiving, and defensive driving. Many respondents indicated that training is required in these areas.

The vast majority of participants felt that the skill areas they were trained in are still relevant.

The employee group mentioned that sometimes work in dementia can be dangerous and that it is not an easy process to refuse to give these clients care. They also commented that work has become heavier in terms of the level of care and type of clients.

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is. In general, there seems to be a demand for this type of training and many respondents have accessed it. The northern



group commented that they would like to access this training, but it is very difficult to get the specialized trainers to come in so staff members need to be sent away for training.

A comment was made by the private employers that this study deals more with Home Care and long-term care issues. *“It’s not really pertaining to a lot of the personal care homes.”*

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts. Responses included assessment, communication with the client and supervisor, computer/internet skills, administrative skills, respite care skills, and time management skills.

The participants were asked to comment on how they can best develop the skills and competencies required by industry to meet future needs of both employers and clients. Responses included enabling access to training, knowing what types of clients there will be in the future and communicating that back to employees (e.g., cognitively impaired clients), communication among the training providers and between the training providers and the employers who are providing in-house training, on-line and satellite training, and access to 24 hour home care. Some respondents in the employee group indicated that more training in certain areas would be beneficial, but it is difficult to have the time and money to take the courses.

The private employer group expressed frustration with the lack of government subsidies for clients regarding private industry services. It was mentioned that subsidization would enable more clients to access their services, which in turn would allow them to offer better benefits, etc. to their employees. When asked if it would help if an association was in place, comments included that they have been trying to do that for years.

The employee group was also asked if they felt it would be better if an association was in place. All agreed that it would be better.

5.5 Training:

The participants generally agreed that existing formal training programs meet the needs of both graduates and employers. Some participants in the private employer group indicated that the programs have some inadequacies. A comment from the northern group was that they are only beginning to require that people be trained.

When asked whether they feel more on-the-job training should be provided for Home Care and Special Care Aide type positions, some respondents stated there should be more.

The participants were asked if there are any barriers to providing on-the-job training besides cost and time. Comments included having the staff available to train and lack of a supervisor. One private employer stated that it sometimes takes awhile for a new employer to learn to teach the skills properly.



The public employers were asked whether the expectations of the practicum are always realistic. There was mixed reaction regarding the realism of expectations from both their employees and training providers.

The participants agreed that the cost of pre-employment and on-the-job training is not reasonable for most people. Some employees indicated that they were paid to while they took their training.

Some of the participants were unaware of what prior learning assessment was so a definition was provided. When asked to comment on whether current training initiatives and their employers adequately recognize prior learning and on-the-job training, the employees agreed that the recognition is not adequate. Some of the public employers comments included that they have not seen it used, it is brand new, it is expensive, it saves time, and it is a good opportunity but it is work intensive. Some of the private employers indicated that they do recognize experience, including volunteer work.

The participants were asked how well existing training programs allow Home Care and Special Care Aides to ladder into other training programs. Several of the employees felt they could easily ladder into the LPN or other programs and stated that many continue their education. However, some employees commented that they were not aware of these laddering opportunities. The private employers felt that the ability to ladder into other training programs has improved. The health districts/training providers group indicated that there are some difficulties with the laddering process and it would help if the Aides had an association. The public employer group was mixed on how well existing training programs allow the Aides to ladder into other programs, and they felt that laddering is not a common occurrence.

Most participants agreed that there is a need to standardize training programs, both pre-employment and on-the-job. When asked what mechanism could be used to enable training providers and industry to work together, effective communication and meetings were mentioned. However, many of the respondents were unsure of what should be done.

When asked how trainers can gain input from the health care industry to develop their programs, the health districts/training providers group responded that there are Advisory Committees in place and they work well. In addition to having employers communicate the changes directly to training providers, it was felt that the Aides also need to be involved. The employees indicated that having an instructor with industry experience is another way for the programs to gain input from the health care industry.

5.6 General Industry:

The employee group felt that it would be difficult for employees to move between employers, health districts, and unions both within and outside the province. However, most of the participants in the private and public employer groups stated that it would be relatively easy. One participant in the health districts/training providers group also stated it would be difficult due to unions.



The participants generally agreed that the future need for Home Care and Special Care Aide type positions will increase regardless of whether the position is full-time, part-time or casual. The private employer group agreed there will be an increase and that the future needs will be different (e.g. there will be more dementia care). They also felt that many clients stay in Saskatchewan as long as they can and then move to other provinces to where their families are. Reasons provided for this trend include the lack of government subsidization and cost as compared to other provinces.

The health districts/training providers group felt that a number of activities could be undertaken by the health care industry to ensure that the future need for these positions are met. Some activities mentioned include advertise, glamorize the profession, better screening, and organize the Aides like the LPN's.

The participants were asked what the general health care issues are that affect the labour market for Home Care and Special Care Aide type positions. The employee group stated that physical and mental abuse from the clients and safety are issues, and they want to be treated as professionals. The northern group commented that private home care and how soon people are discharged from the hospital affect the labour market. The health districts/training providers group indicated that negative attitudes about the profession and wages are issues.

5.7 Closing Comments:

The participants were asked if they had any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan. One respondent in the public employer group commented that training has improved over the years as people used to be hired "right off the street." Some of the comments provided by the private employers included students should not be forced to take this type of training through welfare and other programs, it is difficult to find volunteers, it is difficult for personal care homes to get practicums, and private personal care home issues need to be dealt with soon.

6.0 Profile of the Existing Saskatchewan Home Care/Special Care Aide

A profile of the existing Saskatchewan Home Care/Special Care Aide workforce has been developed based on the literature review, survey results, focus group validation, and Steering Committee meetings. This profile is intended to provide an aggregate overview of the industry; therefore, components of this profile may not be reflective for all individual employers and employees. The profile includes a general overview of the Home Care/Special Care Aide employers and industry, Home Care Aides, and Special Care Aides.



6.1 Home Care/Special Care Aide Employers and Industry:

Key Issues

- Home Care and Special Care Aides combined account for approximately 23% of the total Saskatchewan health service employees.
- The main employers of Home Care and Special Care Aide type positions are home care and long-term care facilities.
- Approximately 25% of the Saskatchewan Home Care/Special Care Aide workforce (measured in FTE's or full-time equivalents) are Home Care Aides and the remaining 75% are Special Care Aides.
- Some Home Care and Special Care Aides work for more than one employer. In addition, some Home Care Aides also work as Special Care Aides and vice versa.
- Difficulties in recruiting and retaining Home Care and Special Care Aide type positions are experienced by many employers, especially those in the rural and northern areas.
- Casual positions are the most difficult positions to recruit and retain.
- Of those who are recruiting for Home Care and Special Care Aides, most are recruiting for casual positions followed by part-time positions.
- Employers and industry use various job titles and descriptions for Home Care and Special Care Aide type positions.
- Employers in the public sector usually require the employee to receive certification within a two to five year period while many in the private sector do not require their employees to be certified.

6.2 Home Care Aides:

General Employment Status

- Approximately 25% of the total Home Care/Special Care Aide workforce in Saskatchewan are Home Care Aides.
- The majority of Home Care Aides are employed on a part-time basis, followed by casual.
- Some Home Care Aides work for more than one employer and/or also work as a Special Care Aide.
- The number of full-time, part-time and casual Home Care Aide type positions is expected to increase in the future.

Urban, Rural and Northern Employment Status

- The majority of full-time equivalent Home Care Aides are employed in rural districts.
- The majority of Home Care Aides employed in urban and rural districts are in part-time positions. The majority of Home Care Aide positions in the north are casual positions.
- Differences exist between the two urban health districts with regards to employment status of Home Care Aides. In 2000, the Regina Health District reported that 31% of their Home Care Aides are in full-time positions, 47% are in part-time positions, and 22% are in casual positions. In comparison, the Saskatoon Health District reported that 22% of their Home Care Aides are in full-time positions, 52% are in part-time positions, and 26% are in casual positions.

Vacancy, Turnover Rates, Recruitment and Retention

- When analyzed provincially, Home Care Aides did not have one of the highest vacancy rates in the health care industry in 2000. Vacancies include positions for which personnel were actively being recruited during the calendar year. However, employers are actively recruiting for Home Care Aide positions.
- Vacancy rates reported in 2000 were higher in the urban areas for Home Care Aides than in the rural and northern areas.
- Turnovers include staff that ceased employment during the calendar year through resignations, retirements and terminations. The Home Care Aide turnover rate reported in 2000 was the same in both the rural and urban areas.

Gender and Age of Employees

- Almost all Home Care Aides in the industry are female and their average age is 40.

Unionization

- Unionized Home Care Aides belong to three main unions in Saskatchewan: 52% belong to CUPE, 45% to SEIU, and the remaining 3% to SGEU.
- Of the total unionized Home Care Aides, 62% are part-time, 26% are casual, and 12% are full-time.



Duties and Knowledge Areas

- The main duties of Home Care Aide type positions include:
 - basic daily personal care (dressing, bathing, and grooming);
 - basic housekeeping (cleaning, laundry);
 - meal preparation; and
 - respite services.
- Additional duties include palliative care, medication administration, social and emotional care, shopping, assessment and charting.
- The main knowledge areas for Home Care/Special Care Aide type positions include:
 - personal care;
 - communication;
 - providing compassion, empathy, and a caring attitude;
 - understanding dementia; and
 - nutrition.
- New skills are expected to be required of Home Care/Special Care Aide type positions in the next five years. These include:
 - delegation;
 - behaviour management;
 - palliative care;
 - distribution of medications;
 - conflict resolution;
 - new equipment and lifts;
 - assessment;
 - communication with the client and supervisor;
 - computer/internet skills;
 - administrative skills;
 - respite care skills; and
 - time management skills.

Job Satisfaction and Utilization of Skills

- Home Care Aides are generally satisfied with their jobs and the extent to which their jobs utilize their skills. However, many still identified concerns that need to be addressed, such as workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.



6.3 Special Care Aides

General Employment Status

- Approximately 75% of the total Home Care/Special Care Aide workforce in Saskatchewan are Special Care Aides.
- The largest number of Special Care Aides are employed in full-time positions.
- Some Special Care Aides work for more than one employer and/or also as a Home Care Aide.
- The number of full-time, part-time and casual Special Care Aide type positions is expected to increase in the future.

Urban, Rural and Northern Employment Status

- The majority of full-time equivalent Special Care Aides are employed in rural districts.
- Full-time positions comprise the largest percentage of Special Care Aide positions in rural and urban districts.
- Differences exist between the two urban health districts with regards to employment status of Special Care Aides. In 2000, the Regina Health District reported that 56% of their Special Care Aides are in full-time positions, 26% are in part-time positions, and 18% are in casual positions. In comparison, the Saskatoon Health District reported that 28% of their Special Care Aides are in full-time positions, 31% are in part-time positions, and 41% are in casual positions.

Vacancy, Turnover Rates, Recruitment and Retention

- When analyzed provincially, Special Care Aides did not have one of the highest vacancy rates in the health care industry in 2000. However, employers are actively recruiting for Special Care Aide positions.
- Vacancy rates reported in 2000 were higher in the urban areas for Special Care Aides than in the rural and northern areas.
- Turnover rates reported in 2000 for Special Care Aides were highest in urban areas.

Gender and Age of Employees

- Almost all Special Care Aides in the industry are female and their average age is 41.

Unionization

- Unionized Special Care Aides belong to three main unions in Saskatchewan: 52% belong to CUPE, 46% to SEIU, and the remaining 2% to SGEU.
- Of the total unionized Special Care Aides, 37% are full-time, 33% are part-time, and 30% are casual.



Duties and Knowledge Areas

- The main duties of Special Care Aide type positions include:
 - basic daily personal care;
 - meals and feeding; and
 - socializing/entertaining.
- Additional duties include dementia care, family counselling/family networking, assessing, housekeeping, charting, delegation of medications when supervised, and teaching other Aides who are orientating.
- The main knowledge areas for Home Care/Special Care Aide type positions include:
 - personal care;
 - communication;
 - providing compassion, empathy, and a caring attitude;
 - understanding dementia; and
 - nutrition.
- New skills are expected to be required of Home Care/Special Care Aide type positions in the next five years. These include:
 - delegation;
 - behaviour management;
 - palliative care;
 - distribution of medications;
 - conflict resolution;
 - new equipment and lifts;
 - assessment;
 - communication with the client and supervisor;
 - computer/internet skills;
 - administrative skills;
 - respite care skills; and
 - time management skills.

Job Satisfaction and Utilization of Skills

- Special Care Aides are generally satisfied with their jobs and the extent to which their jobs utilize their skills. However, many still identified concerns that need to be addressed, such as workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.



7.0 Training Analysis

The following outlines conclusions drawn from the literature review, survey results, focus group validation, and Steering Committee. As the conclusions are based on aggregate responses, some of the following may not reflect individual situations.

General Overview

- Those in the public sector usually require employees to receive certification within a two to five year period while many in the private sector do not require their employees to be certified.
- Cost and time are the main barriers to accessing Home Care/Special Care Aide pre-employment and on-the-job training. Northern locations also view travel, proximity to training, education and language issues, challenges in finding instructors, lack of cultural sensitivity by some trainers, and access to practicums as a barrier. Some of these issues are relevant for the rural areas as well.
- Existing Saskatchewan formal training programs generally meet the needs of both graduates and employers.
- There were needs and niches identified by Saskatchewan training providers that could be filled by Home Care/Special Care Aide training programs. For example, the areas of acute care, palliative care, and special needs children were identified.
- There is a need to standardize training programs, both pre-employment and on-the-job.
- Currently, there is limited or no transfer of credit regarding laddering into other programs, such as the LPN, through Saskatchewan training providers.
- Many employers and employees are unsure of what PLAR is and feel that prior learning and on-the-job training is not being recognized.

Comparison of Training Providers in Western Canada

A comparison of Home Care/Special Care Aide type programs in Saskatchewan and the western Canadian provinces is outlined in the main body of the report. Programs that have been granted SIAST equivalency status are identified. There is no standardization between training programs as costs, length of program, certificate received, etc. varies between the training providers.



8.0 Gap Analysis

Unless otherwise stated in the points below, the following gap analysis is based on findings from the literature review, survey results, focus group validation and Steering Committee meetings. The analysis outlines the gaps between what is currently in place and what the Saskatchewan Home Care/Special Care Aide industry requires.

Job Descriptions

- There are numerous job titles and descriptions for Home Care and Special Care Aide type positions that are used in the industry. This causes confusion for employers, employees, training providers and other relevant entities in Saskatchewan and other provinces. Presently, the need for comprehensive job descriptions and pay equity is being addressed through a *Joint Job Evaluation Project in Saskatchewan* conducted by SAHO. However, this project only applies to public employees.

Competencies

- The role and scope of the Home Care and Special Care Aide type positions is expected to expand even further in the future. As a result, numerous additional skill areas are expected to be required in the next five years. Thus, the current curriculum will need to be examined to determine what existing and future content should be included.
- Potential candidates for the Home Care and Special Care Aide type programs need to be properly screened, as identified through the focus group research. Having the right aptitude and the desire to work in this field are essential for success.

Training

- Home Care/Special Care Aide training requirements are not standardized between employers as those in the public sector usually require the employee to receive certification within a two to five year period while many in the private sector do not require their employees to be certified. Thus, standardizing training requirements in the industry should be explored. The research also indicated there is a need to explore the standardization of Home Care/Special Care Aide type training programs, both pre-employment and on-the-job, across training providers.
- Cost and travel time are main barriers to accessing training. Thus, alternatives for accessing Home Care/Special Care Aide type training in rural and northern locations should be investigated with training providers and employers. In addition, funding alternatives for continued training should be explored with entities such as Saskatchewan Health.
- Findings from the focus group and survey research indicate that many employers and employees are unsure of what PLAR is and/or feel that prior learning and on-the-job training is not being adequately recognized.



- Training providers stated that currently there is limited or no transfer of credit regarding laddering into other programs, such as the LPN. From the surveys and focus group research, there appears to be a lack of understanding by industry of the laddering process, as some participants believe existing training programs allow Home Care and Special Care Aide type positions to easily ladder into other training programs.

Casualization

- Casualization affects the ability to attract and retain qualified Home Care and Special Care Aides. Without steady employment, Aides seek other work which leads to an expanding casual labour pool.

Industry Association

- There currently is no regulatory body that addresses the needs and concerns of Home Care and Special Care Aide type positions.
- There exists a negative perception or image of Home Care/Special Care Aide type positions. Specifically, the literature review found that home care's image of being less 'professional' than other health occupations is a constant issue. The focus groups also reiterated that a professional image is needed and that there is a lack of understanding of what an Aide's job entails (e.g., "people still think that Home Health Aides only cook and clean.") Comments also included that in addition to those outside the industry, there often is a negative perception of the job among the Aides themselves.
- The views and needs of private and public employers are vastly different as identified through the focus group research. Private employers do not require certified training upon hiring, although most prefer it. Private employers also do not require those employees without a certificate to obtain one during employment, and they offer less on-the-job training mainly because of cost and time restrictions.
- From the literature review, it was identified that there is a lack of studies available regarding the Home Care and Special Care Aide industries and there is no standardization of data collection within Saskatchewan and between the provinces. As more studies are being conducted, information sharing within the industry needs to occur in order to avoid duplication of efforts and to build upon existing research.

9.0 Recommendations

The following recommendations proposed by the Steering Committee are to serve as a guide for the future direction of this Sector Partnership. These recommendations, which are based on the research findings and discussions with the Steering Committee, are deliberately intended to be basic in nature and will serve as the first steps for this sector.

Through this Labour Market Study of Home Care/Special Care Aides in Saskatchewan, the following key issues have been identified:

- ✓ *Job Descriptions*
- ✓ *Competencies*
- ✓ *Training*
- ✓ *Casualization*
- ✓ *Industry Association*

The Steering Committee recommends:

1. That the Steering Committee be enhanced and continue meeting to develop strategies to address the identified issues.
2. That a facilitator be brought in to guide the group's planning, which will include setting goals and objectives, identifying priorities and developing strategies to address those priorities.

10.0 NEXT STEPS

The following action plan was developed regarding the next steps for the Steering Committee:

1. Enhance and strengthen this Steering Committee to ensure that there is strong representation from all key groups to carry on the discussions and initiatives from the report. Membership of the Steering Committee will be reviewed, with consideration given to adding members representing key stakeholders.
2. Work with SAHO to determine timing of next meeting which should include an update on the *Joint Job Evaluation Project in Saskatchewan* and an overview of the effects of casualization.
3. Communicate the results of the study to the various stakeholder groups, including the Aboriginal community, unions and employers.
4. There are currently discussions being held by a sub-committee of the SAHO sector partnership about project L.I.N.C. (Ladders in Nursing Careers). Ensure that this Steering Committee has representation on that sub-committee.
5. Recently completed reports have indicated that there is an enhanced role for in-home personal care providers. Disabled individuals may receive subsidies to have a full time caregiver available. Investigate the implications of this information.

Include the job descriptions currently being developed by SAHO as part of this report, when completed.

