JUST CARE DREAMS

A TOOLKIT FOR BUILDING MORE JUST CARE SYSTEMS

www.djno.ca/justcare

JULY 2024

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DISABILITY JUSTICE NETWORK of ONTARIO

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This toolkit was created through months of planning, discussions, and a collective vision across communities of academics, workers, caregivers, care receivers, and activists.

These activities included a visioning workshop with home care workers, caregivers, care receivers, and activists; 7 meetings of the Towards Just Care Advisory Council; 2 meetings of the Toolkit Subcommittee; 2 in-depth interviews with care workers; 1 in-depth interview with a caregiver; 1 interview with a care receiver; and 4 Toolkit Feedback Focus Groups with various communities of care activists, workers, receivers, and caregivers.

Specifically we want to recognize the entire Towards Just Care team of:

- Academics (Mary Jean Hande, Bharati Sethi, Laura Funk, Erika Katzman, Cynthia Cranford, Christine Kelly, Sheila Novek, and Ethel Tungohan)
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Project Manager Leah Nicholson provided critical organization and structure to the toolkit

Finally, we recognize the central role of Community Educator Sarah Malik in developing the methodology, planning, formatting, content, and artistic vision of the toolkit.

TABLE OF CONTENTS

INTRODUCTION

WHAT IS TOWARDS JUST CARE?

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Towards Just Care (TJC) is a community-engaged research project. We research existing home care systems and engage various communities to imagine more socially just alternatives to long-term residential care (LTRC).

TJC is funded in part by the Social Sciences and Humanities Research Council.

TJC is supported by researchers and staff in Ontario, Manitoba, Nova Scotia, and British Columbia. We are guided by a Community Advisory Council made up of home care workers, home care receivers, and their advocates.

Our work includes:

- Analyzing Ontario's home care system to determine who owns and runs the service agencies, who benefits from home care profits, and who makes up the wider network of home care providers
- Analyzing home care systems using tools of disability justice and migrant justice
- Building coalitions between migrant care workers, low-income older adults, disabled people, care receivers and care advocates
- Collectively imagining more just care systems for all

ABOUT THE TOOLKIT

Towards Just Care has put together this toolkit for:

- People fighting to access quality home care
- Home care workers fighting to make a living wage
- People passionate about improving disability and senior care in Canada
- Communities fighting for the rights and wellbeing of migrant workers in Canada
- Social movements fighting against health care privatization
- All those fighting, dreaming, and organizing for a more just future, where we all have the support and community connections we need to thrive

The toolkit is particularly useful for those who want to fight for a more just system of care and support. It provides tools for movements and individuals to:

- Identify who is making money from our current systems
- Find and use supports within the system (for both home care receivers and workers)
- Make informed choices about how to access and participate in home care systems

JUST CARE ADVOCACY

Keep an eye out for text boxes like this one throughout this section for real life examples of advocacy guided by migrant justice and disability justice principles.

The toolkit can also help groups to work together to improve Ontario's home care systems for both low-income care receivers and direct care workers by:

- Addressing current failures built into home care systems
- Challenging the lack of supports, funding, and status of care receivers and care workers by highlighting their perspectives on home care
- Identifying ways to resist cutbacks (scarcity) and create more abundance in our care systems
- Imagining home and community based care models and practices, that honour the needs of care workers and their communities, and care receivers and their communities
- Expanding public understanding, support, and movements for new futures, including vibrant and just home care systems

ABOUT THE TOOLKIT

What do we mean when we say home care?

There are many different types of care that people can receive at home, from help with meal preparation, post-operative wound care, to physiotherapy.

In this toolkit, we focus on home care that is ongoing (often long term) and provides supports for daily life, such as:

- Meal preparation
- Laundry
- Nurturing assistance for disabled parents with small children
- Getting out of bed
- Getting dressed
- Eating and drinking
- Working
- Using the computer, and reading books
- Using the washroom

These supports can help people who need chronic, long term supports avoid residential care.

We focus on this form of home care because it is in high demand, yet the most under resourced (including the lowest paying) home care.

Above: A Deaf Black man wearing glasses holds a sign reading “NOTHING about us without US.” The background features a vibrant mural of a Black woman. (Source: Disabled and Here)
Below: An Asian woman with gray hair seated in a wheelchair smiles at the camera while a woman in scrubs embraces her. Behind them is a hallway mirror and flowers (Source: Canva)

TIPS FOR NAVIGATING THE TOOLKIT

For community organizers and activists who want to transform the system:

- Check out Map 2: Who holds the power? (p.28) to get insight on the companies and individuals that have power and influence in Ontario's home care systems
- Read the interviews and dreams of care workers and care receivers (p.25, p.34, p.40, p.50)
- Learn about Disability Justice and Migrant Justice frameworks, where they converge, and how they have improved home care systems for both care receivers and workers (p. 37)
- Explore our Just Care Framework (p. 47) to learn about the term "just care" and what our care systems could be

Tip: follow the QR codes on Map 1 and Map 2 to view the relationships between care companies

For care receivers and care workers who wants to understand the system better:

- Check out Part 1: What is the home care system? (p. 14)
- Check out the different care providers using Map 1: The Big picture of home care in Ontario (p. 19)
- Read the interviews and dreams of care workers and care receivers (p.25, p.34, p.40, p.50)
- To dig deeper: read Map 2: Who holds the power? (p. 28)

For people who want to advocate with or for someone in the system:

- Check out Part 2: Digging deeper into home care? to understand which companies and politicians are tangled up in the system (p. 27)
- Read the interviews with care workers, care receivers, and care supporters (p.25, p.34, p.40, p.50)
- Check out Part 3: How can we transform the home care system? (p. 36)

GLOSSARY

Abundant: Robust, well supported, comprehensive, more than enough. The opposite of scarcity. “Scarcity is the lie. Actually the society we want to build, the society we want to structure and move toward is one in which there’s abundant justice, abundant attention, abundant liberation, where there is enough for all of us to feel attended to.” [1]

Tip: not sure what that word means? When using the PDF version of the toolkit, press CTRL+F and type the word to see if it’s in the glossary

Accessible: An ongoing process of creating spaces where we can be our whole selves and have the support we need wherever we are. Accessibility includes a dynamic range of practices, tools, and relationships, which might mean interpretation services, free childcare at events, ramps to enter buildings, bathrooms with adult change tables, hybrid meeting options, and much more! Sometimes, accessibility is flattened to mean “inclusion in an unjust system.” [2] But as disability justice organizer Mia Mingus explains, we can also use access “in service of justice, liberation and interdependence.”[3]

Attendant: See caregiver vs care worker

Carceral: Parts of our everyday lives that contribute to, resemble, or are remnants of the prison system. This can include practices of being watched and monitored, having movement limited, and where punishment can be used to maintain power. For example, carceral care work refers to the ways in which social services rely on forms of punishment such as fines, bans, austerity, and exclusions.

Care: Broader than “health care” or “medical care”, this term describes how we support each other, and ourselves to survive and thrive. As disability justice activist Alice Wong explains, “Care is not a checklist of tasks and responsibilities. Care is a shared value and actions operating in a larger political context within a hypercapitalist, racist, ableist society that devalues certain types of labor and bodies”.[4]

GLOSSARY

Caregiver vs care worker: Typically, the term "caregiver" refers to those who provide or give care without monetary compensation. Most often, these are family and friends. Care workers, on the other hand, are paid or contracted to provide support services such as personal care and assistance with daily living activities. Home care workers are not designated as professionals (i.e. nurses, doctors, therapists). Rather, they are typically low wage, part time employees hired through private companies, temporary staffing agencies, health institutions, or directly by care receivers and their families. In Ontario, home care workers include Personal Support Workers (PSWs), Attendants, Live-in Caregivers, and Companions.

Care provider: Companies, agencies, and organizations that coordinate home care services, and hire and manage home care workers.

Care receiver: A dynamic label for people who are receiving informal or formal supports to live. Care receivers are often referred to as "clients", or "patients" in home care systems.

Care relations: The messy bonds, communication, and intimacy shared between caregivers, care workers, and care receivers. Care relations often refer to positive relationships, in which care is mutual, liberatory, and sustainable.

Decolonial: The development of long term residential care and other institutions (including schools, psychiatric hospitals, etc.), was an important part of colonizing North America.[5] Decolonial care practices challenge these colonial care systems that reinforce the vulnerability and powerlessness of care receivers and rely on racialized workers from (previously) colonized countries to provide most care. For example, decolonizing care enables Indigenous people and those who are often marginalized and harmed within care institutions (e.g. hospitals, nursing homes, etc.) to have power, voice, and self determination in their care based on values of mutual reciprocity, responsibility, and liberation. Examples of decolonial care are Indigenous mutual aid, community based/driven care, and community self defense.[6]

GLOSSARY

Deinstitutionalization: Efforts to get disabled people out of residential facilities like psychiatric hospitals and institutions for people labelled with intellectual disabilities.

Direct funding: Government programs which provide funding to disabled individuals and non profits, in order for them to directly hire care workers. Christine Kelly explains that "In direct funding arrangements, people with disabilities become the employers (in varying respects) of their attendants and are often required to take on administrative duties previously in the purview of service provision organizations or governments." [7]

Financialization: When a wide range of public services, businesses, infrastructure, and essentials of everyday life are transformed into financial assets to be bought, sold, and traded by financial institutions.[8]

Equity: When policies, processes, and communities are responsive and accountable to the various systems of power and marginalization among individuals in relationships and groups.

Equitable: A decision that has considered the equity of various group members, to ensure that all have the support they need to take on risks.

Intergenerational: Relating to, involving, or affecting several generations. Intergenerational care is not age segregated or restricted to only some age groups. Moreover, it facilitates relational care across the life course.

Intersectional or intersectionality: Kimberlé Crenshaw used the term "intersectionality" as a "metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and they create obstacles that are often not understood within conventional ways of thinking" about anti racism or feminism or whatever social justice advocacy structures we have.[9,10] This concept also makes clear that experiences of oppression shift over time and across various situations. For example, the legalization of gay marriage and abortion changes the experiences of

oppression for women or queer people in Canada versus in the United States. Understanding how these different kinds of oppression shift and are experienced differently across social groups also helps us understand how people are offered different opportunities and can engage in different ways of resisting these oppressions.

Institutional: A way of thinking about disability and care, that is rigid, and prioritizes efficiency and profit, over care and liberation. Institutional care is often residential, highly regulated, and organized in a top down manner, where care receivers and care workers have little control over how care is provided.

LTRC or long term residential care: Facilities where disabled people and older adults live together, in order for ongoing (or long term) care and housing to be accounted for. Sometimes, the term "long term care" refers to any care supports that are needed or provided on a long term basis. However, in this toolkit, we focus on how long term care is predominantly residential and institutional in Canada. Home care is a non-residential community-based alternative to LTRC.

Mapping: Graphic tools and strategies to observe the many relationships and associations between individuals, groups, organizations, governments, and companies.

Mutuality: See relational

Personal support worker (PSW): See caregiver vs care worker

Privatization: When the provision of service is offloaded or outsourced to private, for-profit companies, rather than funded by public money (taxes) and organized by government or publicly accountable organizations. This can take several forms: (1) Provision of service in exchange for profit (through fees or government subsidies); Prioritization of profit making in the organizations and management of service provision; (3) Shifting the responsibility of health, well-being, and care onto individual people; (4) Secrecy around decision-making

and spending practices in care provision; and (5) Limiting the total number of care workers, as well as limiting their pay and their power to demand rights.[11]

Relational: Recognition that things are inherently interconnected and that changes to one thing or person will necessarily impact another. It signifies something changing and necessarily mutual in experience and practice. Relationships can be uneven and even exploitive or violent. Relational care indicates a focus on reciprocity and mutual feelings, commitments, and experiences in care relations.

Resistance: Various forms of organized and autonomous resistance, which fight back against dominant systems of oppression. Examples of resistance include building tenant unions in apartment buildings or LTRC, postering to demonstrate the greed of care homeowners, or continuing to speak, stim, or communicate in ways that are punished by institutional staff.

Solidarity: "Support can be occasional. It can be given and just as easily withdrawn. Solidarity requires sustained, ongoing commitment."[12]

Sustainable: Sustainable care systems that are flexible, reliable, and responsive to the wellbeing of workers. Current care systems are unsustainable for migrant care workers who are paid very low wages, separated from their families and struggling to pay rent. Current care systems are unsustainable for care receivers who are forced to ration care, by minimizing showers and bathroom usage, which can increase risk of infections.

SNOW CLEARING IN HAMILTON (1,2)

After three years of work by community and disability activists, Hamilton City Council passed a motion to pilot sidewalk snow clearing on sidewalks that are transit connectivity routes.

PART 1: WHAT IS THE HOME CARE SYSTEM?

HOME CARE IN ONTARIO: SOCIAL AND POLITICAL CONTEXT

During the COVID 19 pandemic, more people died in long term residential care (LTRC) facilities in Ontario than in other workplaces, communities, and other shared residential settings.[13]

In the last 4 years, care workers have left LTRC in large numbers due to burnout, trauma, and poor working conditions. Immigrant direct care workers had more care responsibilities during the pandemic, making up for staffing shortages while struggling with:

- Higher than average COVID 19 infection rates
- Harder work and longer hours, and
- Terrible working conditions[14]

Relying on LTRC is a standard response to disability and aging in Canada.

Long term residential care (LTRC) includes:

- Nursing homes
- Retirement homes
- Group homes
- Hospitals

Canadians have a well known preference for home care that allows people to live in community and age in their own homes.[15] Despite this preference, 87% of Canada's spending on long term care supports goes to residential care, and admission rates are likely to increase.[16,17]

Ontario's home care options are difficult to access and understand. The home care sector does not provide enough support for people who need assistance living at home.

In Ontario, home care is provided through various independent private sector providers.[15] Frequent policy changes, lack of funding, limits on care hours, and poor regulation and planning

Did you know: people with advanced dementia can avoid LTRC? Many types of community based supports are available for people with cognitive differences, such as dementia. Moving to LTRC is not inevitable.

HOME CARE IN ONTARIO: SOCIAL AND POLITICAL CONTEXT

Immigrant home care workers who provide direct care at home tend to have the least power in care work systems and worker shortages are very high.[20]

In some cases, care work itself disables workers, yet many immigrant workers and their families struggle to access health care services.[21]

As a result of these challenges, low income disabled people, their caregivers, and immigrant direct care workers frequently experience home care systems as precarious, exploitative, and even violent.[22,23,24]

To address these issues, the Towards Just Care Project has partnered with the Disability Justice Network of Ontario.

Together we are imagining care systems that are:

- More socially just for both low income care receivers and immigrant care workers
- Guided by disability justice and migrant justice principles, and
- Built on cross movement alliances

This project builds on decades of disability and migrant justice organizing. In the past, this organizing has led to major improvements in care systems.

Dating back to the 1970s, disability activists have led movements for "deinstitutionalization."

Deinstitutionalization movements shut down live in "care" facilities where millions of people have been forced to live for generations.

These movements required coalitions with a variety of other community organizations.

For example, churches, unions, gay rights groups, and radical groups like the Black Panther Party worked together to support the Section 504 sit in in Oakland, California, a 26 day sit in a Federal Building in San Francisco.[25]

The sit in:

- Strengthened independent living models of care support
- Pressed governments to make public buildings accessible so disabled people could participate in their communities

HOME CARE IN ONTARIO: SOCIAL AND POLITICAL CONTEXT

Above: A Black man speaks to a crowd next to an Asian man holding a sign about injured workers. They wear matching IAVGO hats. Many people hold signs about workers' rights. (Source: IAVGO)
Below: A multiracial group of people with prostheses, canes, and wheelchairs stand together. One holds a sign that reads "disabled and HERE." (Source: Disabled and Here)

Similarly, migrant care activism has used different tactics and relationships to fight for permanent residency and improved working conditions.[23,26] These activism victories make it possible for workers to provide better care and continue care relationships.[23]

Over the years, a lot has changed in Ontario's home care systems. The demand for home care keeps growing, but:

- Government spending is not keeping up with demand
- Working conditions have gotten worse, and
- Worker shortages are very high

These problems result from government decision making that caters to companies with huge profits. Despite these challenges, the pandemic has brought energy and attention back to deinstitutionalization campaigns and care worker activism.

There is a renewed desire to work together and make change in our care systems. Towards Just Care hopes to build new spaces and foundations for community groups to imagine and build more just home care systems in Canada.

MAP 1: THE BIG PICTURE OF HOME CARE IN ONTARIO

USING MAPS IN ADVOCACY

Map 1 is a bird's eye view of the home care system in Ontario. We created this map using data sourced from the Ontario Ministry of Health in 2023. [27]

This map shows us the Ministry of Health's Home Care at Home system, the Ministry's funded self managed direct funding program. Note how complicated home care provision is in Ontario.

For (potential) care receivers: Understand who is providing, funding, responsible for, or profiting from your care, what larger companies an agency is a part of, if they are a subsidiary, if they are for profit, or if they are independent/not for profit.

For care workers: Understand which agencies are unionized and for profit, or subsidiaries of larger companies with bad track records.

For friends and family trying to support or manage care: Understand the system you are navigating. Transparency is important to understand the profit structure of home care providers, particularly larger companies, business, or political figures or entities.

Did you know: you can hire your own care workers with the support of government funds? Ask you care coordinator about direct funding programs that might work for you.

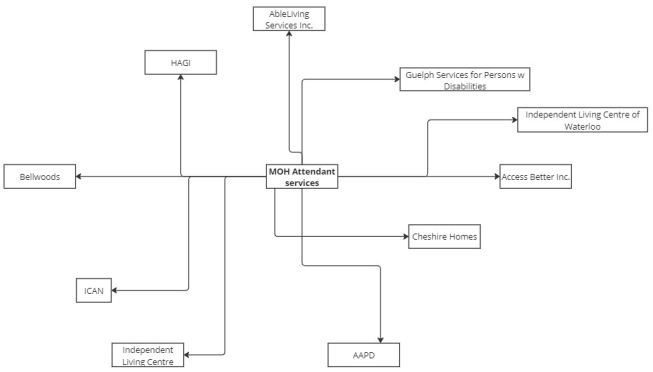
Our maps are huge!

Scan the QR code or click here to view the home care systems map in detail.

MAP 1: THE BIG PICTURE OF HOME CARE IN ONTARIO

In Ontario, the home care system is set up in 3 major streams:

1. Attendant Services
2. Home and Community Care Support Services (HCCSS) and/or Ontario Health @ Home (OH@H)
3. Independently Funded/Fully Private Home Care



A systems map of agencies the Ministry of Health contracts with to provide attendant services. (Source: Towards Just Care)

1. Attendant services

Attendant services are offered by public, not-for-profit Independent Living providers, the largest of whom is Centre for Independent Living Toronto (CILT). Other providers include Guelph Independent Living, Independent Living Halton, and Independent Living Hamilton.

To explain the system, we are using CILT as an example. CILT is a public, not for profit system.

CILT is for people:

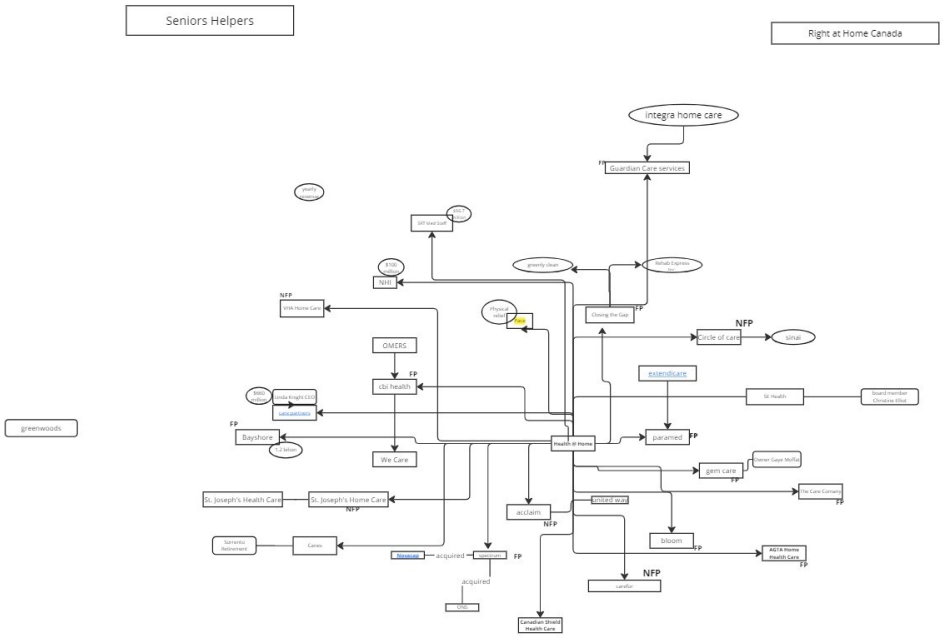
- With physical disabilities
- Who do not need 24 hour care
- Who can autonomously make decisions and manage their home care

People labelled with intellectual or psychiatric disabilities, and people with disabilities who require more than seven hours of care per day generally cannot receive CILT.

Individuals are assessed by CILT to determine their allotment of care hours.

Because care receivers can train their workers (typically referred to as “attendants” under CILT) according to their individual needs, care workers can be hired from smaller agencies or from the community.

MAP 1: THE BIG PICTURE OF HOME CARE IN ONTARIO



An elaborate systems map made of ovals and rectangles connected by arrows. The map shows us agencies involved in the Ministry of Health's Home Care at Home system. (Source: Towards Just Care)

HOW IS THE HOME CARE SYSTEM IN ONTARIO SET UP?

Home care services in Ontario are provided by private companies who are subsidized by the provincial government. Government service money goes to:

- Regional or city public health offices
- Businesses
- Not for profit (community) organizations
- People who use care services or their families

These groups make decisions about how to spend care service money.

Tool: these systems maps can help you find care providers that work with your needs and values.

Government "care coordinators" help home care receivers with their service provision, but coordinators have very large caseloads and are very limited in the kinds of hands on support they can provide receivers.

The government has rules about how to use care service money, but the groups providing service do not have to offer the same services or make the same decisions.

MAP 1: THE BIG PICTURE OF HOME CARE IN ONTARIO

Accessing CILT

1. Call or submit an application online (https://www.cilt.ca/wp-content/uploads/2015/12/ASAC-Application-2020-10.pdf) Note: Waitlists are known to be very long.
2. CILT will call about the application, provide an approximate wait time, and tell you about next steps.
3. Generally they will call you months later to book an intake appointment. Intake appointments involve assessing your needs and goals and creating a proposed plan for what care is needed and for how long.
4. You then determine if you would like to hire care workers through an agency or directly hire your own worker. A worker can provide care for a maximum of 7 hours per day.

How the funding works

If your care is directly funded public money goes to organizations like CILT.

CILT gives this money to the care receiver. The care receiver has to:

- Apply for a business number
- Apply for employer insurance
- Work with an accountant
- Make sure remittances (ex. taxes and deductions) are paid and documents (ex. T4s) are filed

People living in rural areas, people needing language specific services, and people with other specialized needs often use the self managed/family managed (FMHC) program in Ontario. In these case:

- The province gives OH@H a lump sum for the care receiver
- The family pays workers at a set rate and reports back to OH@H

MAP 1: THE BIG PICTURE OF HOME CARE IN ONTARIO

2. Home and Community Care Support Services (HCCSS) and/or Ontario Health at Home (OH@H)

Agency-based care

HCCSS/OH@H is the default, government subsidized, agency based home care model for people with various disabilities who may be unable to self manage their home care needs. HCCSS/OH@H have contracts with agencies to provide care for individuals.

OH@H does a yearly assessment to determine the number of care hours a person will receive. These assessments tend to be based on narrowly defined needs with cost savings in mind.

HCCSS/OH@H users can talk to a government care coordinator about their home care. However, these coordinators are known to be difficult to reach and they have limited power to address system wide problems in the home care system.

Workers in this stream are registered PSWs who typically have college training to work in institutions. These workers often receive higher wages than non PSW care workers (for example, workers hired through CILT).

OH@H Family-Managed Home Care (FMHC)

FMHC is a new form of government funded home care that operates similarly to attendant services. Care receivers and their families can directly hire care workers (whether they are PSWs or not).
In this model, individuals or families have more responsibilities. They have to:

- Hire
- Schedule
- Bill the government to get funds
- Pay workers
- Manage insurance

Did you know: you can ask for information about the company that Ontario Health @ Home hires to provide your home care? If you prefer a non-profit home care provider, you can ask your care coordinator to match you with one.

Accessing HCCSS/OH@H:

A person seeking care services through HCCSS/OH@H can get a referral from:

- Themself
- A doctor
- A physiotherapist
- An occupational therapist
- A family member
- A friend

Did you know: there are no official limits on home care hours in Ontario? Many people have found way to get many more daily hours of care than what they were first offered.

The application is done online. An organization or company contracted by OH@H to provide intakes will call the contact listed on the application to assess needs and discuss information provided in the online application.

3. Independently Funded/Fully Private Home Care

People with high income or savings can hire an independent care worker who can provide 24 hour care and fill gaps in the current system. This type of home care is largely unregulated.

People purchasing care with their own personal funds have more choice and flexibility. They may hire care workers directly or through agencies that cater to their preferences, which might include consistent or specific workers or particular schedules and tasks.

The former live in caregiver program fell under the independently funded stream. Under this program, individuals could hire care workers from other countries.

Federal and provincial governments have identified a labour market shortage for care workers, and this immigration program aimed to fill that shortage. The employer of a live in caregiver is responsible for the worker's immigration process, care, housing, food, etc.

ALESSIA: SURVIVING HOME CARE

Alessia is 43 year old and lives in Toronto. She has used Ontario home care services every day for 24 years.

Alessia needs support with personal care and transferring, and uses a ventilator to assist with breathing.

Alessia lives with her partner in an accessible housing cooperative. The coop provides attendant care to some of the coop members through an outside organization.

The coop members who use attendant care share caregiving resources with other members.

When at work, Alessia uses outreach care.

These government funded home care supports do not cover all of Alessia's needs.

To cover the rest of her needs Alessia recruits and hires private workers. She pays these workers herself. These workers help her with care needs and provide support with medical appointments and travel.

Alessia enjoying a bath for the first time in many years while on vacation.
Image courtesy of Alessia Di Virgilio

Alessia worries about her future. She knows that disability rights activism has fought for alternatives beyond LTRC and other institutional settings.

But Alessia has noticed home care services being cut back and following stricter rules over the years.

ALESSIA: SURVIVING HOME CARE

The training that colleges and agencies provide to workers are not always right for in home care.

For example, PSWs are trained to do mechanical transfers only when two staff can work together. This does not work in community care, where only one care worker is on duty.

Care receivers cannot predict what kind of training their care workers get before coming to work with them. But Alessia has found strategies to limit how much institutional care training influences her care.

Alessia has had to learn ways to build relationships of shared caring with the workers that come into her home.

This means making sure there is room for more than just task-based care. For Alessia, relational, reciprocal care is asking genuinely "How are you doing?" and "creating a space for care that considers my needs, but also makes it a good work environment."

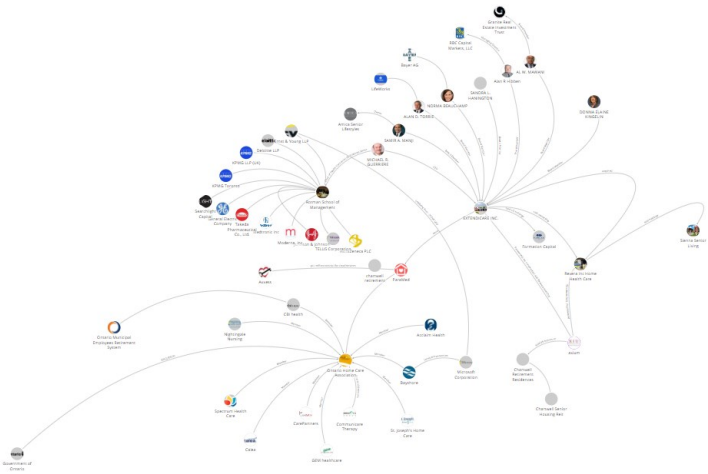
CAREMONGERING MUTUAL AID NETWORK

Starting off as a mutual aid project during COVID-19, the Disability Justice Network of Ontario (DJNO), the Hamilton Student Mobilization Network (HSMN) Erich's Cupboard, and the Hamilton Centre for Civic Inclusion (HCCI) worked together to deliver food to people with disabilities or who can't afford groceries.

PART 2: DIGGING DEEPER INTO HOME CARE

MAP 2: WHO HOLDS THE POWER?

Map 2 shows the network of Paramed, the largest home care provider in Canada, and its connections to corporate power in both Ontario and Canada more widely.



Paramed's extensive links to banks, pharmaceuticals, and the long term care industry and the flow of capital within these networks. (Source: Towards Just Care)

Why Paramed?

Paramed is a subsidiary of Extendicare and is the largest home care provider in the country. The company has expanded its control of the home care sector. In 2015, Extendicare acquired the home healthcare portfolio of Revera, another home care company, for $83 million.[28]

Why power mapping?

Power maps expose vast networks of people, organizations, and business, political, and personal relationships. They also expose how these networks hold power and influence the systems we rely on.

As community based home care continues to expand in response to the growing demand to age at home, there is a lot of money to be made. We need to know who is profiting from home care.

For disability justice and migrant justice movements, power networks can be an area of political education and action. Workers and receivers can use this information to identify strategies to build a system where the benefits are reaped by both workers and receivers through meaningful work and employment.

Our maps are huge! Scan the QR code or click here to explore the interactive power map

MAP 2: WHO HOLDS THE POWER?

Interconnected struggles:

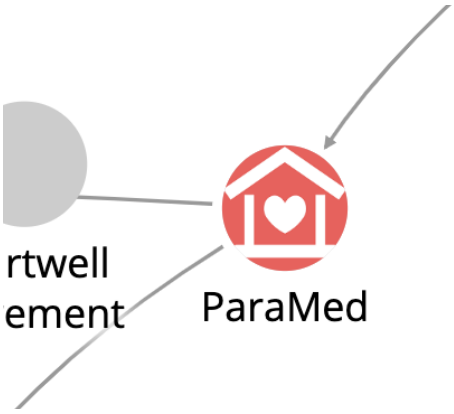
Map 2 demonstrates how massive companies can charge for essential services, like food, water, internet, and care. For example, Extendicare is a major shareholder of Real Estate Investment Trusts (REITs), who are driving the housing crisis. This connects to a broader privatization of services through Lifeworks and consulting firms like Deloitte and KPMG.

Map 2 makes the need for wide reaching and deep coalitions of people clear. Although the interconnections can seem complex, they reveal that behind the scenes a small number of corporate and political powerholders are profiting.

Who owns home care? Paramed: Ontario's largest home care provider

Paramed is the largest home care provider in Canada. Its parent firm, Extendicare, accumulated approximately $1.3 billion in revenue in 2023.[29] Over the last decade, ParaMed has grown to make up nearly half of all Extendicare operations.[29] In acquiring Revera Home Health, the company adapted to the: "growing preference among seniors to age in the home and ... [positioned] ParaMed ... to be a leader in this important segment of the health care continuum."[28]

In 2023, Paramed delivered approximately 9.9 million hours of home care, 94% of which were in Ontario.[29] The company promises home care recipients a "customized plan to preserve [their] independence and safety".[30] Unfortunately, the reality of Paramed's services is at odds with this promise and is riddled with inconsistent care and high PSW turnover.[30]



The Paramed icon as it appears on the power map (Source: Towards Just Care)

In recent years, Paramed has been accused by both care workers and care recipients of booking one worker at two

different appointments. While the company is paid for the missed appointment, it leaves care recipients at risk with missed appointments and minimal care, ultimately forcing many to transition into long-term care.[30] Systematic failings such as these are left unregulated and unaddressed by Ontario's government.[30]

Officially, Extendicare attributes missed appointments to staff shortages, which the company claims are extremely prevalent in Northern Ontario.[31] Meanwhile, the CEO of Home Care Ontario has maintained that home care providers, including Paramed, "are unable to effectively serve five out of every 10 people who require nursing care".[31]

The repercussions of such a figure are especially felt by people like Alyssa Kirk who depend on Paramed for assistance with basic tasks such as washing, taking medication and mobility, but instead are left with regularly missed scheduled appointments.[31] For Kirk, Paramed's missed appointments led to her sustaining a fall and a 11-inch, deep gash that required stitches.[31]

Who owns Paramed? The parent company: Extendicare

The Extendicare icon as it appears on the power map (Source: Towards Just Care)

Extendicare Inc. is a publicly traded for profit health and residential care firm, that operates two significant subsidiaries: Extendicare Inc. and ParaMed Inc, but operates additional divisions including Esprit Lifestyle Communities, Extendicare Assist, and a purchasing partner network known as Silver Group Purchasing (SGP).[28] ParaMed overlooks Extendicare's home health care operations and is the company's second largest subsidiary, amassing a total of $469 million in revenue in 2023.[28]

MAP 2: WHO HOLDS THE POWER?

In 2022, the company's president and CEO, Micheal Guerriere, was compensated a total of $1.9 million, $600,000 of which were his allocated salary and $460,200 were his bonus.[32] Meanwhile, personal support workers (PSWs) in Ontario have a starting wage of $16.50 an hour, which is notably $7 less than the hourly wage of unionized PSWs in the province of Saskatchewan.[30]

Currently, Extendicare is battling three class action lawsuits filed over gross negligence for the disabled and older residents during the COVID 19 pandemic.[33] One class action lawsuit has been filed for $200 million for Ontario residents, which includes Tender Care residents, where 81 residents died from COVID 19 due to inappropriate infection controls.[33,34]

"We are seeking answers to understand the events that transpired leading up to her death, accountability and justice for her and countless others who have died due to the neglect, lack of direction and preparation by management"

- Kienmy Tran, niece of Tender Care resident Tien Ngan Luu [34]

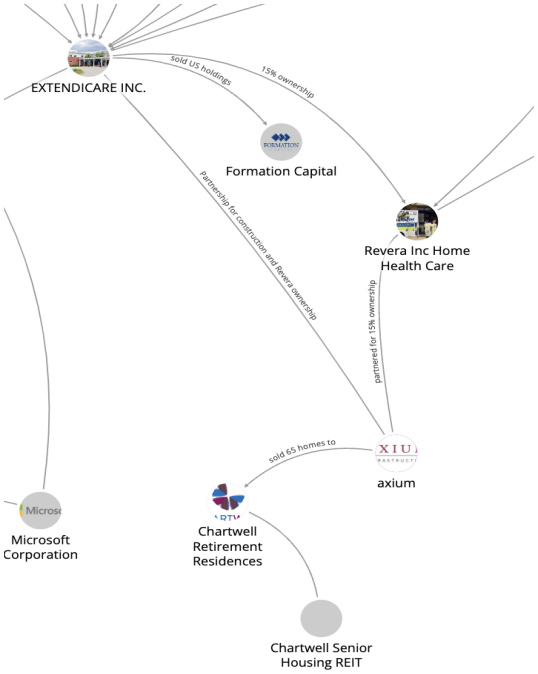
How does Extendicare work with competitors to dominate the market?

The case of mergers and acquisitions: Axium, Revera, and Extendicare expands ParaMed

While technically competitors, Canadian health firms Extendicare, Chartwell, Sienna Senior Living, and Revera have close relationships.[35]

In 2015, Extendicare Inc. acquired the entirety of Revera's home health portfolio in a sale of $83 million.[36]

Revera is a wholly owned subsidiary of the Public Sector Pension Investment Board.[37] Once a major LTRC actor, it now primarily conducts asset management, and operates retirement



A section of the power map showing links between Extendicare, Axium, Revera, Chartwell, and Formation Capital. Source (Towards Just Care)

facilities through its' subsidiary Sunrise Senior Living.[37]

Revera and Extendicare have maintained close relationships in the market, and their shared networks, such as with shared executives and directors.[38] In more recent years, Extendicare took over operations of [56] Revera homes, and partnered with Axium to acquire 15% ownership of several Revera homes.[35]

Axium is a private equity firm based in Montreal, that solely invests in infrastructure projects, such as LTRC facilities, private housing, highways, and ports.[39] Axium has an 85% interest in 32 facilities, 4,718 beds located in Ontario and Manitoba. Extendicare operates the homes and owns the balance of the shareholder equity ownership interest in the portfolio.[40]

In 2024, Extendicare dominates home care and LTRC, Revera and its subsidiaries dominate senior living communities, while Chartwell primarily operates retirement homes with add-on care workers.[41,42,43] The firms shuffle their portfolios to maximize their profits.

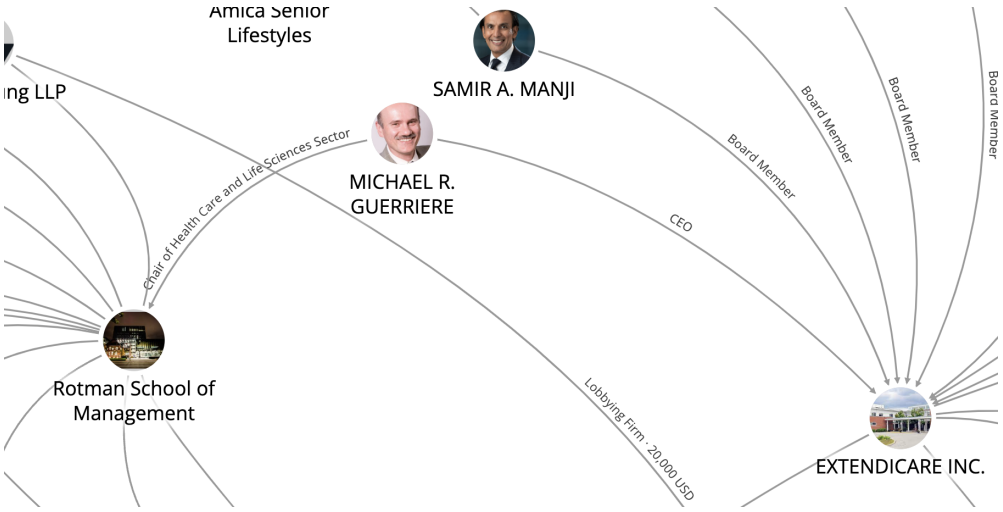
Who Runs Extendicare? The CEO of Extendicare: Micheal R. Guerriere

In October of 2018, Dr. Micheal R. Guerriere was appointed as Extendicare's President and Chief Executive Officer.[38] A graduate of the Rotman's School of Management, and a medical doctor, Dr. Guerriere also serves as the chair of the Health and Life Sciences Advisory Board at the Rotman School of Management at the University of Toronto and is an Advisor at Georgian Partners Growth.[44]

In 2009, CBC uncovered Guerriere's involvement in what they termed "white- collar corruption" during his time as a founding executive of a healthcare consultancy known as Courtyard Group. It was uncovered that eHealth, a provincial agency, granted Courtyard contracts, worth millions of dollars, because of personal connections between Guerriere and several board members.[45]

In 2022, "two years after COVID 19 ravaged long-term-care homes," Dr. Guerriere was compensated a total of $1.9 million, $600,000 of which were

MAP 2: WHO HOLDS THE POWER?

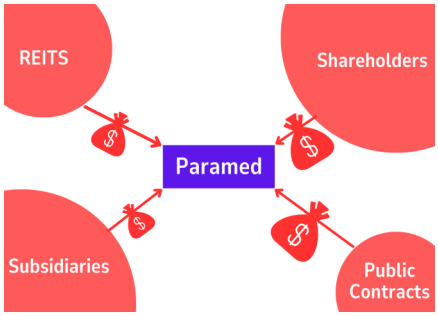


A section of the power map showing Michael R. Guerriere's links to the Rotman School of Management and Extendicare. (Source: Towards Just Care)

his allocated salary.[32,46] It was also in 2022 that Extendicare Parkside, a Saskatchewan LTRC, where 94 of 198 residents got COVID 19 and 39 of them died, apologized directly to affected families.[47] This apology only came when it was directly recommended by a Saskatchewan ombudsman.[47] Dr. Guerriere never assumed any responsibility or apologized to any of the thousands of families affected by Extendicare's gross negligence during the COVID 19 pandemic.

Instead, Dr. Guerriere framed COVID 19 outbreaks in Extendicare facilities as misfortunes and offered "sincere condolences" to families.[48] In contrast, Dr. Guerriere's never falls short in his fiduciary duty to shareholders. In fact, while 15 of its LTRC homes were experiencing an active COVID 19 outbreak, Extendicare still managed to increase the its profits by selling its retirement living division.[46]

ParaMed, and its parent company Extendicare, continue to find ways to make abundant profits by making LTRC and home care sites of scarcity. Instead of providing the care needed for individuals to thrive, massive care companies are willing to sacrifice the lives of care workers, disabled people, and older adults.



The flow of money into Paramed. (Source: Towards Just Care)

GRACE: WHO DOES THE SYSTEM WORK FOR?

An illustration of a person with long hair and a dress flying with the help of birds (Source: nelli v. agbulos)

"Grace", traveled to Canada in 2007 through the live-in-caregiver program. She cared for children for 7 years before moving out.

Grace was then hired both by a private home care agency and by a care receiver who managed their care services directly.

Most of the people Grace cares for are over 65 years old now.

Like many immigrant home care workers, Grace has close to 10 years of caregiving experience in multiple countries — in her case, the Philippines and Hong Kong — before coming to Canada.

Grace left behind her family, including her 5 children, to be a care worker in Canada.

Thousands of home care workers in Ontario share Grace's experience.

These workers are recruited from around the world to prop up a care system that does not have enough workers or resources.

Even though caring for older and disabled people is important, and there is a lot of need for care services, a lot of things about Grace's job don't work for her:

- Government funded and private jobs both pay just above minimum wage, usually under $20 per hour
- No job security
- Constantly on-call
- Working close to 40 hours/week but still considered a casual worker after several years
- Grace has to keep track of her own hours and struggles to get paid for the hours she works

Grace explains how the large company she works for makes it seem like there aren't enough resources to go around, and pits workers and receivers against each other.

GRACE: WHO DOES THE SYSTEM WORK FOR?

“It's a race to get enough hours.” When care receivers request certain workers, the company says “we don't have enough staff”; but they tell the workers “we don't have enough clients.”

Like many other workers, she also feels disrespected by her employer.

In one case, she was sexually assaulted by a male client. In response, her employer and family caregivers dismissed the assault saying: “It's okay, because he doesn't know what he's doing.”

Grace engages in migrant justice organizing. She is fighting for better working conditions for her and thousands of immigrant home care workers just like her in Ontario.

More than anything, Grace would like Ontario to provide medical insurance for retired home care workers.

Grace dreams of a system of “caregivers for caregivers”.

KAPIT-BISIG LABAN MUTUAL AID NETWORK

Kapit-Bisig Laban mutual aid network is a multi-sector alliance of organizations that came together during COVID to provide community supports such as food baskets, PPE, and essential items such as diapers and medications to im/migrants abandoned by state protections such as CERB and EI, or who otherwise work in low-wage, essential, and precarious jobs.

PART 3: HOW CAN WE TRANSFORM THE HOME CARE SYSTEM?

DISABILITY JUSTICE AND MIGRANT JUSTICE: A BACKGROUNDER

An illustration of a person in a wheelchair and a person seated on the ground. Each person faces a window in a small house (Source: nelli v. agbulos)

Disability justice is a movement and framework dating back to the 1970s, when deinstitutionalization campaigns were underway in the United States.

Historically, disability justice has responded to more mainstream disability rights organizing which often overlooked the perspectives of:

· People with invisible disabilities and cognitive impairments
· Black, Indigenous, and racialized people
· Queer, trans, and non binary people
· Women
· Transnational diasporic communities

Broad and diverse coalitions with various community organizations have ensured this movement's success.

Today, disability justice is broadly seen as having 10 key principles:

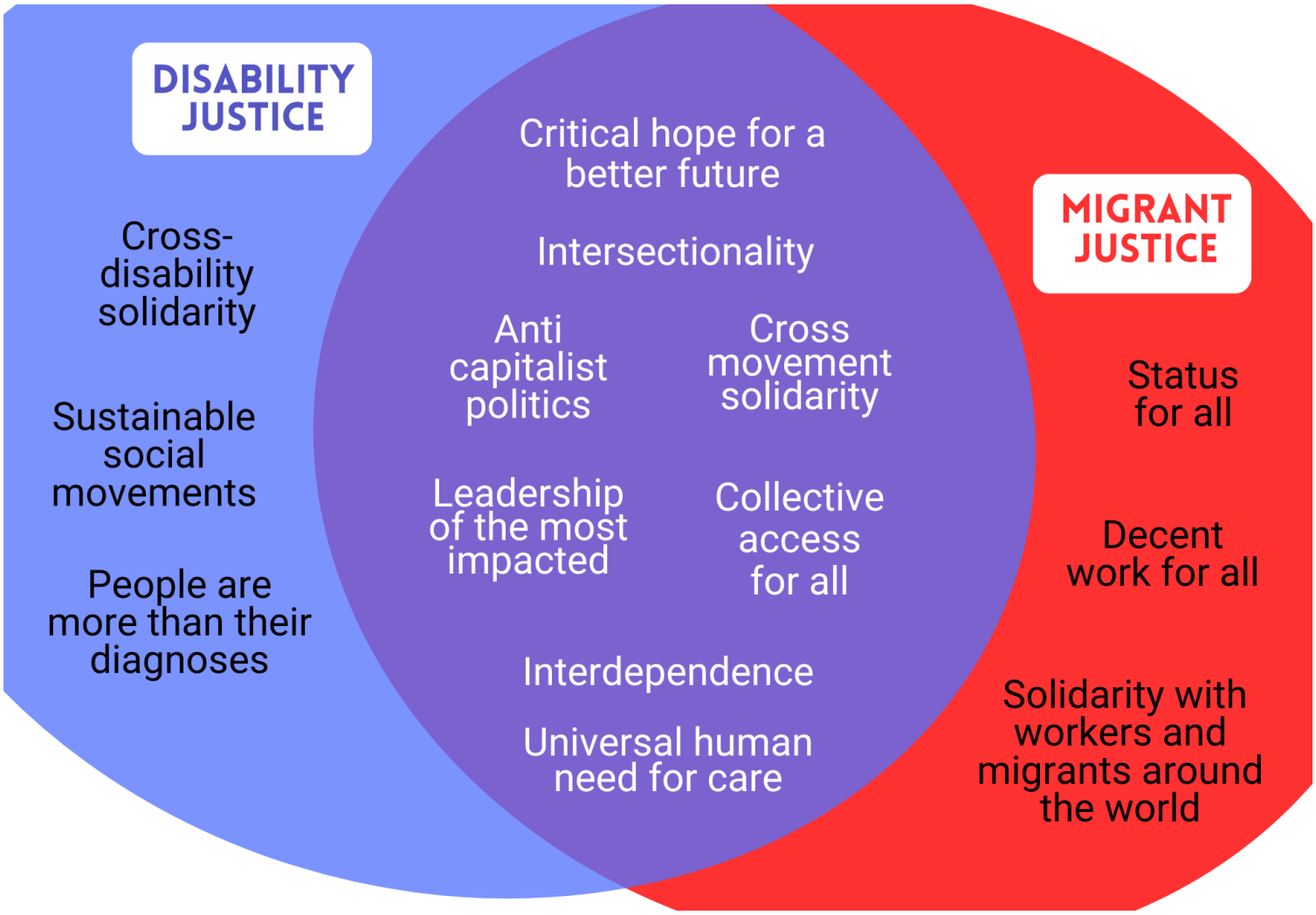
- Intersectionality
- Leadership of the most impacted
- Anti capitalist politic
- Commitment to cross movement organizing
- Recognizing wholeness
- Sustainability
- Commitment to cross disability solidarity
- Interdependence
- Collective access
- Collective liberation

DISABILITY JUSTICE AND MIGRANT JUSTICE: A BACKGROUNDER

Migrant justice fights for rights, well-being, and access for migrants in the places they live.

The conditions of temporary and precarious immigration status, as well as migrants' limited access to essential services, and employment protections make it necessary to engage in a wide range of organizing strategies.

Migrant community organizations take varied positions on abolition or reform of migrant work programs, the scope of their work, and the coalitions they seek.



A venn diagram featuring principles of Disability Justice in a blue oval and principles of Migrant Justice in a red oval. Several values appear in a purple section where the red and blue shapes overlap, representing the values of Just Care. (Source: Towards Just Care)

DISABILITY JUSTICE AND MIGRANT JUSTICE: A BACKGROUNDER

The community-driven coalition-building that enabled mass deinstitutionalization for disabled people, remains a key strategy demanding better homecare systems for all.

Disability and migrant justice frameworks are distinct, and have unique histories, but both have been very important for making successful claims for socially just systems for migrant workers and disabled people.

Disability and migrant justice frameworks in home care systems are important because they center the essential knowledge of people who access and provide formal home care supports, and prioritize their leadership in demands for change.

Both frameworks emphasize coalition building and social justice demands, as well as collective and mutual liberation that go far beyond top down decision-making, cost saving, ad-hoc policy “fixes”.

Creating home care demands and visions through the lived experience and movement leadership of home care receivers and workers is essential for ensuring that home care changes and systems are just and accessible for those who are currently marginalized in these systems.

FRED: CIRCLES OF SUPPORT

Fred is a senior who worked in disability services before retiring.

Over many years, he has supported community based efforts to create home care alternatives to LTRC for people of all ages.

Fred got involved in in circles of support naturally, as a result of his professional advocacy work.

He first got involved in circles of support in the late 1970s, when another advocate was at risk of moving into an institution to meet her care needs.

Fred and a few other community members came together to form a circle of support.

NATURALLY OCCURRING RETIREMENT COMMUNITIES

NORCs are buildings or dense neighbourhood areas that foster intergenerational support networks where residents can pool care resources

What skills are important in a circle of support?

- Knowledge of the service system
- Experience advocating on behalf of people with disabilities
- Understanding of the strengths and weaknesses of systems
- Lived experience getting disability care
- Commitment that is more than casual volunteerism

What does a circle of support do?

Fred is currently involved in a circle of support focused on a young man whose parents have both died. Without his family caregivers, this young man was facing life in an institution. Fred explains the challenge of addressing the void of family caregiving:

“We were trying to figure out how you replicate love and affection and parenthood when what is available [through Ontario’s home care system] is transactional support… The best thing we can come up with is 24/7 home care.”

FRED: CIRCLES OF SUPPORT

Circles of support are organized around the range of needs specific to the person who needs care.

Depending on what supports are available, a circle of support's tasks might include:

- Going to meetings with agencies and government program staff
- Promoting and protecting the focus person's needs and interests
- Amplifying the voice and experience of the focus person
- Asking questions about decisions and what supports are available
- Looking into available resources
- Helping the focus person contact services or people
- Hiring and training care workers
- Making sure care schedules are staffed
- Helping with payroll and other paperwork
- Crisis support and solving last minute problems
- Empathize, support, and provide connection

Did you know: that you do not have to accept decisions made by your doctor or care coordinator about your home care if they don't work for you? You have the right to appeal decisions made about your care. If you are not getting what you need, ask about the appeal process. Organizations like Arch Disability Law Centre may be able to provide support with your appeal process.

Did you know: that you can access up to 12 hours/day of government funded intensive care support for children outside of LTRC? Could these services be expanded for older adults? Ask your doctor or care coordinator and read more about intensive treatment services.

QUESTIONS TO ASK IN THE HOME CARE SYSTEM

Workers:

- How many sick days do I get? When do my sick days restart? Are they paid?
- Are health benefits provided?
- Are long-term and short-term disability benefits available?
- Does this employer provide personal protective equipment (PPE)?
- Is transportation paid for?
- Do I have to purchase my own insurance?
- Who do I go to with concerns about my safety in the workplace?
- What happens if I am injured in the workplace?
- Where do I go to report concerns about someone's care or health?
- Is there mandated overtime?
- Does this employer provide training? If so, what kind of training?

Receivers and Family Care Managers:

What are all of the programs available to support my needs?

People receiving direct funding:

1. What happens if someone does not show up for their shift and no one can cover them?
2. What will I have to do in terms of management and payroll?
3. What is the maximum number of home care hours I can get?
4. What rates can I pay my workers?
5. Do I have to purchase insurance?

INJURED WORKERS ACTION FOR JUSTICE

The Injured Workers Action for Justice group has successfully campaigned for hundreds of immigrant workers to get the care and support they need when they are seriously injured in the workplace. This includes making sure they are not denied necessary health supports like home care services.

QUESTIONS TO ASK IN THE HOME CARE SYSTEM

People getting care through HCCSS/OH@H or another agency:

1. Is my home care agency for-profit or non-profit?
2. Can I switch to another agency?
3. Are services regularly double booked?
4. How are issues dealt with to improve care? Whose job is it to assist with this?
5. What recourse do I have if I have concerns about my care or my loved one's care?
6. How do I advocate for my workers?
7. If I am not getting what I need, are there written steps to follow to appeal decisions made by the care coordinator?
8. What training does the agency provide?

DJNO ASSISTIVE DEVICES LIBRARY

The Assistive Devices Library rents out assistive devices such as wheelchairs, crutches, walkers, ankle braces & boots, white canes, and glucose monitors for free.

An illustration of a person seated in a wheelchair. The person has thrown their arms up in joy. (Source: nelli v. agbulos)

PART 4: ENVISIONING A JUST HOME CARE SYSTEM

COMMUNITY VISIONING

In October 2023, Towards Just Care hosted a community visioning session. Seniors, disabled people, and migrant workers came together to talk about receiving home care services and working in home care. The themes from those discussions appear in this section.

Question: Think about a moment when something about your work or care went well? What made it work?

System fit: the right resources, programs, skills and conditions	• "They considered my pace and found me a placement closer to where I live" • "She had been a doctor, so she was knowledgeable about my situation" • Professionalism • Referrals and connections to appropriate programs
Strong connections to community	• Human connection • Breaking down isolation • Surrounded by knowledge and capability • Building relationships
Mutual, relational care	• Mutual care • Personal care • Proactive insights into things that could become issues (e.g. rashes, scheduling concerns) • Making food available
Collaboration	• Adjusting to each other • "We're in this together" • Cooperation • Appreciation for each other
Starting from empathy	• Inspiration • Patience • Heart

COMMUNITY VISIONING

Question: Imagine in 5 years we had the perfect home care system. What would it look like?

Health, housing and other social needs are met	• Support in accessing government programs, access to benefits • Care given to care givers, care giver support centres • Affordable housing • Free medication • Mental health support
Balance in power structures	• Government accountability • Community power • A generous system
Plans and provisions for a sustainable future	• Equality of opportunity • Saving for retirement or illness • Assured future
Adequate staffing resources	• Enough staff • Higher salary • Access to breaks, rest, vacation in a way that everyone can feel safe

PRISON TOOLKIT

Created by DJNO and the Laidlaw foundation, this toolkit provides information and resources for criminalized people living with disabilities to navigate the criminal legal system, as well as their families, friends, and professionals.

WHAT IS JUST CARE?

What is Just Care?

Akemi Nishida's concept of "care justice" or "just care," guides the Towards Just Care project. Nishida defines just care as care that

> "occurs when people feel cared for affirmatively, whether they are situated as care workers, care receivers, or both, and when care is used to improve the well being of people, the community and the surrounding (i.e., natural and built) environment, and for more just world building".[49]

We use this concept to explore Ontario home care systems through the perspectives of immigrant care workers and low income care receivers.

In this section you can read about three criteria that make up our understanding of "just care". These criteria are based on:

- Our mapping of Ontario's home care systems
- A 2023 community visioning workshop with home care receivers and immigrant workers
- Many ongoing conversations with community groups and researchers in the Towards Just Care team.

Our criteria also draw on ideas that disability and migrant justice activists share. These ideas include:

- Mutual vulnerability and opportunities for solidarity in existing care relations
- Commitments to collective access and liberation, transnational care activism, and dreams for a more just home care futures

ENCAMPMENT SUPPORT

DJNO supported the development of the Hamilton Encampment Support Network accessibility policy requests in 2021 to ensure encampment members can survive the winter.

WHAT IS JUST CARE?

Publicly Owned and Directed*

- **Non market**: The system is not focused on making a profit. It is accountable to the public, and must follow government regulations that limit or prevent privatization.
- **Non institutional**: Home care services reflect care receivers' needs, are not forced on care receivers, and are set up so that care receivers can stay connected to friends, family, and community.
- **Financially and logistically accessible for all**: Home care service does not depend on income or immigration status. Setting up and managing service (hiring, pay, schedules, etc.) does not rely only on receivers and their families.
- **Care receiver/ worker power and voice**: Care receivers and workers have a meaningful say in how home care systems and care relations are designed. Paid leadership and decision making roles are in place for low income home care receivers and workers, and people from their support networks (the people who are most impacted).

Decolonial, Intergenerational, Relational

- There are clear and simple steps to follow for workers and receivers to deal with violence, discrimination, and harm related to ableism, ageism, xenophobia, class, sexism, racism, homophobia, etc.
- Care relations are equitably negotiated in ways that attend to the need for both care receiver flexibility (personalized care) and care worker security (secure and decent living/working conditions).
- Commitment to relational, intergenerational, and decolonial care approaches that enable workers and receivers of all ages to negotiate and modify care delivery and tasks as mutual needs and preferences change.

Abundant, Sustainable, and Inspirational

- Policies support permanent immigration and citizenship for migrant workers and their families/ kin networks.
- Employment security, safe and healthy working conditions, benefits and a livable salary to ensure workers have decent

livelihood and their care needs are met.

- Community supports that help fill in emergency caregiving needs, such as if your worker is sick, and you live alone, ensuring that someone in your neighbourhood comes and helps you out.
- Opportunities and spaces for agency, growth, improvement, and (re)imagining the possibilities of ethical and affirmative care relations.
- Care provision goes beyond austerity approaches to meeting basic needs or towards holistic, decolonizing supports that enable people to thrive and flourish in their communities and plan for their futures.

DANIELLE: TRANSFORMING THE SYSTEM

Danielle has spent her whole life doing care work. Like Grace, Danielle started out working with children. Later she became the primary caregiver for her grandmother.

Eventually, Danielle started providing care for older and disabled people in LTRC and home care settings. Danielle hit her breaking point while working in LTRC during the pandemic.

An older woman asked Danielle for help getting to the bathroom and Danielle could not provide it.

After years trying to improve the facilities and agencies she worked in, Danielle felt “tired” and “cheated.”

No matter how hard she worked or how much she advocated, nothing seemed to really get better.

Danielle felt that it was wrong to stay in a system that was not giving care receivers the respect they deserved or letting workers make a decent living.

At that point, Danielle explains, "I knew I wanted to be in a situation where I could kind of have a little bit more control over how I provide care... and make sure that I'm also taking care of myself.” Eventually, Danielle decided to build a different system, following the cooperative model.

Danielle believes the cooperative model offers “a clear path to a better quality of work environment where workers feel valued and really do have a voice."

The members of Danielle’s cooperative are all workers. She finds that the worker cooperative model is also good for care receivers.

The worker’s cooperative gives workers more flexibility to support the changing needs of care receivers:

"It's about how can we do this and give the best care possible to the people who really need it, while also making sure that we're well cared for. In the cooperative, we can do that because we have the means to talk about it together, right? If we have the ability to pivot and make changes and see those changes actually happen and see them work, that's what's empowering. It's not necessarily an us against them."

Did you know: that people accessing direct funding through CILT have been successful in hiring workers through home care agencies and co-ops? Look into this option if you have a hard time finding attendants.

APPENDICES

ENDNOTES

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RESOURCES

- Virtual resources and tools for care workers https://virtualcarenet.ca/
- Information about Naturally Occurring Retirement Communities (NORCs) and how to build your own aging in place community https://norcinnovationcentre.ca/
- Access Suggestions for Public Events (2020). Sins Invalid. An overview of what to consider when planning accessible events https://www.sinsinvalid.org/news-1/2020/6/8/access-suggestions-for-public-events
- A toolkit on corporate power mapping https://mapthepower.net/
- A tool for mapping the communities in your life, and to contemplate care possibilities https://www.soiltjp.org/our-work/resources/pods
- Disability justice audit tool, for exploring DJ in your community and organizations https://www.northwesthealth.org/djaudittool
- Innovations for navigating and hacking disability, illness, and care at home! https://www.disabilityathome.org/
- " organizing resources that cover basic principles of abolitionist strategy, as well as tips, guides, frameworks and lessons learned from organizing for prison industrial complex (PIC) abolition…" https://criticalresistance.org/resources/actually-an-abolitionist-strategy-binder/
- Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence, a guide for responding to interpersonal violence in communities. https://www.creative-interventions.org/toolkit/
- Lots of good resources inside on migrant mental health! https://moodlemedia.camhx.ca/Moodle6/web/Toolkit_v2.pdf
- Organizations Supporting Migrant Workers: https://www.migrantworker.ca/for-migrant-workers/organizations/
- Compilation of resources for migrant workers https://migrantworkerhub.ca/migrant-resource/filing-complaints-for-migrant-workers-in-bc/
- Migrant workers filing complaints in bc https://migrantsresourcecentre.ca/care-project/care-project-resources/
- FREE CARE kit for temporary foreign workers https://cerah.lakeheadu.ca/wp-content/uploads/2023/02/Preparing-for-the-Journey-Resource-Manual-February-2023-Images-Compressed.pdf
- Caring for Indigenous communities Caregiving 101 course: https://continuing.mcmaster.ca/programs/health-social-services/caregiving-essentials/