

Health and social services aides...

- can measure changes in a user's condition.
- can detect early signs of a deterioration in a user's health, prevent complications and avoid or delay institutionalization.
- can prevent abuse of users.
- know the user's history and are constantly adjusting what they do.
- encourage functional recovery and rehabilitation through support with household activities.

Hello,
Mrs. Martin!

Autonomy insurance: a direct threat to the role of health and social services aides

With the government's proposed autonomy insurance, there will be significant growth in home care and services over the coming years. But what the government is proposing directly jeopardizes the role of health and social services aides in the health-care system.

The government plans to encourage the use of the private sector, community organizations and social economy enterprises to deliver home care services.

The FSSS believes that home care and services are a vital and integral part of the public system. It is therefore demanding that the government put a stop to all contracting-out of home support services to the private, social economy or community sectors for regular personal assistance services, in particular assistance with activities of daily living (ADLs).

Furthermore when assistance with household tasks is necessary, the use of social economy home help enterprises should only be allowed when it complements but doesn't compete with the public system.



www.fsss.qc.ca

facebook.com/FSSSCSN

twitter.com/FSSSCSN

Health and social services aides

at the heart of the
development of
home care and services



Health and social services aides are often the **ONLY SIGNIFICANT OTHER** for users.

Users trust their health and social services aides.

Health and social services aides...

- provide stability and safety for users.
- develop special ties with users.
- are the only people who can do constant monitoring and ensure the link with multi-disciplinary teams.

attentiveness
trust
stability
safety
dignity
protection
guidance
expertise
assistance
privacy
support



The history

of health and social services aides

Recognizing the value of women's work

It used to be that support for people who needed assistance at home was basically left to women to do as unpaid work. The first outside home help services were created in 1933 and used nuns and lay women to replace mothers in workers' households temporarily when they were ill. Known as family aides or visiting homemakers, they were sent in by private social agencies created by religious organizations. In 1979, the first policy on home support services resulted in a number of family and social aides being hired by CLSCs. This helped recognize the value of this work, improve pay and regulate the work by giving the aides union rights. In 1983, public educational institutions began offering a home care assistance course that lasts 975 hours. Since then, certain acts have been delegated to health and social services aides, allowing them to provide better support for users. In some institutions, additional duties have been delegated to designated health and social services aides to relieve occupational therapists and nurses of some of their work and thus improve services. On-going training for health and social services aides in the public system contributes to a steady improvement in the quality of care and services for users. Today, health and social services aides play a vital role.

Going back to the past is out of the question. Downgrading the value women's work is out of the question.

The role

of health and social services aides today

Health and social services aides are people who do various forms of work in a home, residence, group home or similar environment aimed at providing support for the user and the latter's family or compensating for a user's disabilities in carrying out activities of daily living or household life. They also see to fostering the integration and socialisation of users in individual and community activities.

In the course of their duties, they see to users' hygiene, well-being, comfort, supervision and general needs. They may install certain devices or provide certain more specific forms of care for which they have been trained. They may prepare meals or do housework.

Health and social services aides make the link with members of the multidisciplinary team and do follow-up with them regarding the needs of the user and family. In collaboration with other health and social service workers, they help prepare the service or intervention plan and see to its implementation. They are the user's connection to health care and social services.

Health and social services aides' assist with activities of daily living (ADLs), like help with bathing or getting up in the morning, as well as instrumental activities of daily living (IADLs), like help with meals, housework or budgeting.

For many vulnerable people, these are all vital services that contribute to their well-being and safety.

Autonomy insurance:

various issues

The creation of autonomy insurance is the government's plan for dealing with issues related to the aging of the population. Autonomy insurance will contribute to the development of home care and services. But the way the government wants to go about it raises many questions. There are important issues at stake.

First, users could be required to contribute financially for some care and services. These charges would jeopardize the universal coverage that should be central in any such insurance.

As well, there is no certainty that the project would be able to guarantee a supply of services that would be broad enough to cover all disabilities, and in particular social disabilities. Furthermore, the project would promote contractual arrangements and a privatization of services, paving the way for treating these services as commodities to be bought and sold.

Although they would continue to be managed publicly, care and services could be provided by the private or community sectors or by social economy enterprises, which would pose problems for controlling the quality of services.

Above all, this privatization would jeopardize the work now done by more than 5,000 health and social services aides in the public system. Entrusting the work of health and social services aides to other service providers would belittle complex work done with very vulnerable users.

Don't belittle the work of health and social services aides!

THE FSSS DEMANDS:

1. That services of assistance with activities of daily living (ADLs) be provided exclusively by the personnel of public institutions. That these services be provided to users universally and free of charge.

2. That the people who currently provide these services outside the public system be trained so that they can be integrated into public institutions.

3. That CLSCs develop the free public services of assistance with instrumental activities of daily living (IADLs) that are necessary to their on-going mission. This would mean that when a CLSC has to intervene with a user in a context of preventive or curative care, rehabilitation or social reintegration, the assistance with instrumental activities of daily living would be provided by the CLSC's personnel.

4. That similarly, public institutions with other missions develop the free public services of assistance with instrumental activities of daily living (IADLs) that are necessary to their on-going mission.

5. That the use of social economy home help enterprises for assistance with instrumental activities of daily living complement and not compete with the public system.

nurse

social
worker

physio-
therapist

occupational
therapist

