The History and Development of the Personal Support Worker and Personal Attendant Programs in Ontario
The PSW program developed a common curriculum for unregulated workers working in long-term care and the community creating a worker with targeted general skills, great flexibility and portability across the health system.

The Personal Support Worker Program/Personal Attendant Program was established through an extensive consultation process that began in 1993. It was the result of a joint initiative of the Ontario Ministry of Health, the (then) Ministry of Training and Education and the Ontario Community Support Association. The consultation focused on the role of a number of unregulated workers across the health system. These included: Health Care Aides who provided care in long-term care homes, and a number of workers who provided care in clients’ homes. This latter group included Home Support Workers (Level II or III), Respite Workers, “Integrated Personal Support Workers” and Home Helpers.

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At that time, the process was the largest and broadest consultation on a health vocation ever undertaken by the Ministry of Health. It began with 34 Resource Group members, selected by the ministries and OCSA to represent a broad cross-section of the support field. At its culmination in late 1994, it involved over 400 external reviewers and reviewer groups, representing consumers, clients, employers, employer associations, unions, educational organizations and support workers themselves.

The project had four phases:

1. Completion of an occupational assessment,
2. Establishment of training standards and curriculum,
3. Identification of a quality assurance mechanism and
4. Establishment of an implementation plan.

The project began early in 1993, with the development by the Resource Group of a role statement that recognized the unique role of support workers. This role statement described the scope of abilities, settings, accountability and values inherent in support work. It further defined support work as a distinct occupation whose members often worked with and possibly under the direction of other health professions, but not as a ‘subset’ of any profession.

A significant component of the project was devoted to the development of training standards and curriculum. There was strong consensus on the need for consistency in training programs, as concerns about training inconsistency had been one of the driving forces in the establishment of this project.

Developing training standards and curriculum presented two challenges: identifying realistic and demonstrable outcomes and identifying the methods by which the broader group of stakeholders might question and contribute to the process. The need to undertake a broad consultation had been voiced by a number of groups, most notably the College Standards and Accreditation Council (CSAC).

The Resource Group issued a request for proposal for a consultant to work with the Group and reviewers to develop the curriculum and standards. Lynelle A. Hamilton and Associates was selected and began work with the Resource Group in late 1993.

The consultation process sought input from consumers, caregivers, workers, employers, unions, teachers and members of relevant organizations and disciplines (including nursing, occupational therapy, physical therapy, social work, speech therapy and recreation) as well as government and the existing training organizations.

The first step was to identify a broad group of persons and agencies whose knowledge, experience and input would help to ensure relevant and appropriate standards and curriculum. Consumers, caregivers, workers, employers, unions, teachers and members of relevant organizations and disciplines (including nursing, occupational therapy, physical therapy, social work, speech therapy and recreation) were invited to participate by the Ontario Community Support Association, the Ministry of Health, and through the individual Resource Group members. Any group wishing to make comment on the standards was welcomed; no group was refused the opportunity.
Reviewers were asked to comment on the major aspects of the project: the desired worker abilities, the training standards; the training program framework, including admission teaching and practicum criteria, and the model curriculum. Six review packages were distributed, each with a request for comment.

The six packages were:

1. Abilities Checklist
2. Admission, instruction, practicum considerations
3. Draft standards for the Personal Support Worker and Home Helper
4. Draft Standards for the Personal Attendant
5. Program Framework & Model Admissions Process
6. Draft Model Curriculum

Phase 1 - Completion of an occupational assessment

All the programs could be combined because no substantive differences were identified between the abilities required by Health Care Aides, Home Support Workers (Level II or III), Respite Workers and “Integrated Personal Support Workers.”

However, there were differences in the abilities needed by Personal Attendants and Home Helpers.

It was widely recognized in 1993 that the role of the worker had grown well beyond the parameters of the original training programs. The existing Home Support Worker and Health Care Aide parameters had served well for over a decade. However, in that decade, characteristics of both services and clients/consumers changed dramatically.

It was important to identify the abilities the workers now required, as well as the extent the abilities varied across existing worker categories. It was also important to seek the input of all stakeholders, recognizing that only through the identification of expectations from a variety of stakeholders—client/consumer, family caregivers, workers, employers, long term care professionals and others would a complete description of the needed abilities emerge.

The consultant group generated a draft abilities checklist which was reviewed by the resource group, then revised by the consultant group prior to its circulation to more than 200 external reviewers. External reviewers were asked to comment on the usefulness of particular abilities with regard to the needs of a specific group of workers over the next few years. Two hundred and five responses were received.

The responses were tabulated by the consultant group, using a database built specifically for the purpose. The following findings were identified to the resource group:

- No substantive differences between Health Care Aide, Home Support Worker (Level II or III), Respite Worker and “Integrated Personal Support Worker” with regard to abilities seen as useful. (However, there were differences within particular groups with regard to some items.)

- Substantive differences existed between the usefulness of abilities for the above-named workers and those of the Attendant or Home Helper (also known as Home Support Worker Level I)

The resource group made the decision to amalgamate Home Support Worker and Health Care Aide training (tentatively described as the Personal Support Worker Program) and to recognize the distinct Personal Attendant ability requirements.

Response to the abilities required of Home Helpers was not clear from the first survey process and additional consultation was required in order to get a clearer sense of what persons involved with home help services saw as useful. A short survey covering opinions about Home Helper training/training recognition, and the extent to which home helpers are employed was sent to 102 agencies identified by the Ontario Community Support Association and the Ontario Home Health Care Providers Association. Seventy-two responses were returned. The majority of respondents indicated that training should be required for this role, however there was not support for the development of a separate certificate .The resource group recommended the training standards identified for this worker continue to be addressed in the Personal Support Worker standards.
Phase 2: Training Program Standards and Curriculum

Once the abilities had been assessed and overall training frameworks identified, the work of translating needed abilities into functional standards began. Two criteria guided the development:

1. The standards and their criteria should be written so as to be understandable by workers, teachers, employers and consumers.
2. The standard and supporting criteria should be expressed in terms of performance.

The standards were established to promote consistency in training across all training organizations.

The standards were established to promote consistency and to prepare workers for the current and anticipated role of support workers, as identified by the Resource Group and reviewer input. The standards include outcomes that were somewhat controversial at the time (including medication administration and support for people with mental health issues), but are now in many areas a component of a support worker’s routine activities.

The resource group felt strongly that the training standards should encompass more than the standards and criteria for the program. Each standard must also impart a sense of the values, the importance of the person supported, as well as the abilities the worker is to attain.

The standards themselves are expressed in terms of a broad standard which is described by criteria. It is the criteria which give shape to the broad standards. Standards are grouped into five broad sections:

- Individuality of the Client,
- Role of the Worker,
- General Abilities,
- Assisting with Routine Activities of Daily Living,
- Assisting with Specific Activities.

The training framework is the context in which the standards are expressed. Central to the framework’s development were the concepts of:

- flexibility,
- portability,
- accessibility,
- increased standardization,
- clarification of accountability, and
- efficiency.

The framework was seen to support the validity of the program, provide a mechanism by which the training may be evaluated, as well as facilitating use by the many learners who will need it.

The framework identifies the overall organization of the programs, defines admission and some practicum criteria. It also describes guidelines for the:

- assessment of a student’s prior learning
- admissions process
- practicum site qualifications
- qualifications for instructors and preceptors
- model curriculum

Enhancement training to provide specific information on particular topics adds flexibility but keeps the core curriculum consistent and promotes confidence in the program.

Post-graduate enhancements efficiently provide in-depth training only when required in a just-in-time manner.

Consistency in training throughout the province was seen as paramount. Yet, the need to have the flexibility to address specific needs was also important. Adding additional training into the Personal Support Worker/Personal Attendant program would increase inconsistency and reduce confidence in the program. In order to allow for this flexibility the Resource Group identified the need for enhancement training. This training would provide specific information on a particular topic, in addition to the PSW/PA training. In this manner the consistency in the PSW/PA programs would be maintained, while supporting additional training where appropriate. The Resource Group identified likely areas in which enhancement training would be useful, but did not establish curricula for any enhancement.

The model curriculum is one of the most significant components of the framework. Rather than a rigid instructional outline, its purpose is to facilitate development congruent with standards and criteria.

It is intended to provide a guide to the development of training which addresses the standards. It does not intend to supplant the role of the instructor in developing and/or selecting methods best suited to the facilitating a group of students’ learning of the material. Toward this end, sections dealing with instructional strategies and suggested resources were included.
Phase 3: Identification of a Quality Assurance Mechanism

The Resource Group submitted its final report in July 1994. The recommendations it made represented a new approach to the training of workers providing personal support. As a result, thorough evaluations of both content and delivery method were completed.

Researchers from the Ontario Institute for Studies in Education (OISE) evaluated the training program itself. As a result of this evaluation, a few changes were made to the organization of the curriculum content. There were no changes in content or in the module format established by the provincial working group.

The report cited the need to ensure sufficient training programs to meet the growing demand for workers that was anticipated. The Resource Group supported delivery of the program by a range of training delivery institutions. In order to identify viable training methods, OCSA conducted a series of evaluated pilot programs, aimed at assessing the viability of several training formats: agency-based training, association-based training, distance education training, as well as traditional college and school-board based training.

The Resource Group supported delivery of the program by a range of training delivery institutions including community colleges, private career colleges, not-for-profit organizations and adult-education departments of boards of education.

The evaluation included student, employer, placement and teachers. The responses were augmented with a review of the relevant literature. The evaluation identified several viable training formats: association-based training, agency-based training in addition to delivery through the more traditional adult education venues (both school board and college based). Distance education was seen as less effective, largely due to two factors: the type of abilities taught in the program and the type of learner.

The Resource Group felt strongly that consistency and standardization were essential to provide a work force upon which employers, other health care professionals, consumers and clients could rely.

Standardization also supported the student’s ability to have prior learning identified and respected. Throughout the document, the Resource Group stressed the need for training delivered by a variety of delivery institutions, with the stipulation that training be provided in a standardized, consistent manner, as set out in their report.

The Resource Group specifically recommended that the Ministries of Health, Education and Training require their representative training delivery institutions to adhere to the following:

- Training that enables students to attain the stated standards
- Program minimum length
- Student evaluation criteria
- Practicum format criteria
- Student admission criteria

The Resource Group further recommended that the training delivery institutions be strongly encouraged to follow guidelines for the preferred admission process, as well as guidelines for advisory committees, instructor and preceptor selection.

Of particular note is the recommendation on advisory committees. The Resource Group recognized the need to ensure training that was responsive to employer needs but clearly interpreted this to mean that abilities might be shaped by the training institution, but they should not be determined by it.
Phase 4: Establishment of an implementation plan—1995-1997—Programs in Limbo

Project reports were submitted to the Ontario government in 1994 and 1994. Training delivery institutions began to prepare for a transition to the new program, scaling back the Health Care Aide and Home Support Worker Programs that the PSW/PA would replace.

The Ontario government approved the new training program in May 1997, two years after the submission of the final report. By that time, there was considerable pent-up demand for training, both from schools anticipating the change and by prospective students wishing to take what would become the new standard. The Ontario Community Support Association was given the responsibility of disseminating the standards to trainers, students, health professions and the public at large.

The government’s announcement identified the legitimacy of a variety of training providers, as well as the necessity of all agencies to adhere to the recommendations for format and content. It did not, however, implement a single process for program approval, instead relying on the approval mechanisms existing within the various ministries whose responsibilities included the oversight of one or more types of training delivery institutions.

While the ministries’ existing training oversight mechanisms have been developed for and in response to specific needs of the agencies they oversee, none have specific expertise in the content represented by this training program. As well, the emphasis on workforce needs is only variably present, with some oversight asking for employer “input” and others not specifically addressing employer input at all, beyond a reference to “community needs”.

Additionally, the need to address two years’ worth of pent-up demand dictated that programs be provided as quickly as possible. Approval time was minimized, and given the time of year—late spring, when many schools were preparing for the summer break—little attention was given to oversight on content specifics. Thus, programs were developed without the strong support, guidance and oversight that the Resource Group saw as essential. As a result, standardization was sacrificed for expediency.

The variations in PSW training which has developed over the past decade present challenges to students, employers clients and impact the quality of care and the sustainability of Ontario’s health system itself.

Variances in training have continued to widen. In 2004 Ontario’s CAATs put forth a document setting out “college standards” for support worker training. This document preserved much—but not all—of the approved training program and added “general education” components. This resulted in significant confusion among students, employers, and clients. The confusion was compounded by the fact that some CAATs did not adopt the 2004 document. School boards similarly developed programs largely in response to local needs, with wide variation in hours and in some content areas. Private career institutions are seen as providing training that varies widely in length, content and quality. The Private Career Institutions Branch, MTCU, has recently made attempts to standardize approval processes, but this does not address the content and framework standardization the Resource Group recommended and that the Province adopted.

Employer and student confusion and uncertainty are reasons enough to require redress, but the real risks to safe and high-quality client service that result from this fragmentation demand that the situation be rectified immediately.

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