THE EVOLUTION OF THIRD SECTOR HOME CARE SERVICES IN SASKATCHEWAN: A HISTORICAL PERSPECTIVE, 1898-1998

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Preface

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Introduction

The third sector\(^1\) has been active in the delivery of home care services in the province of Saskatchewan since its inception. This involvement can be analysed through four historical periods. The provision of home-based nursing services by the Victorian Order of Nurses, starting in the early 1900s before the establishment of the first formal home care programs in the 1960s, marked the first period and the beginning of third sector participation in the home care field.

A second period began in 1962 with the development of the first state-funded comprehensive home care programs, with services and administration still provided by third sector organizations. These home care schemes were funded as pilot projects by the provincial and federal governments and can be considered the predecessors of the first state-sponsored, province-wide home care plan implemented in the late 1970s and early 1980s.

The 1970 to 1978 era can be identified as the third period. A large number of non-medical home care schemes (e.g., homemaking, home maintenance, meals-on-wheels) were developed by third sector organisations with National Health grants and provincial financing from the Saskatchewan Department of Social Services. This era was the pinnacle of the social economy presence in the home care services field. Henceforth, the number of third sector organisations active in home care service delivery declined under two consecutive re-organizations of home care services during the establishment and subsequent restructuring of a province-wide home care program.

The fourth period in the evolution of the social economy in home care services was a time of transition and decline for the non-government organizations (NGO). From 1978 until 1983 funding responsibility for the delivery of home care services was transferred from the Departments of Health and Social Services to 45 Home Care District Boards which could either contract with existing home care agencies or directly provide services. This period saw the transfer of third sector programs and personnel to the home care boards and the disbandment of the vast majority of home care third sector organizations established during the 1970s. The services of others were drastically curtailed. This contraction of the social economy in the home care sector continued into the 1990s as a result of the restructuring of the Saskatchewan health care system.

The next and current phase of home care delivery in Saskatchewan began in 1993 with the termination of the home care boards and the transfer of their mandates to District Health Boards. Each board is responsible for the delivery and administration of health care services in its district. Under this regime no contracting out of services is permitted, resulting in the further disbandment of third sector home care agencies. The third sector organizations that do remain active in the home care sector provide non-medical home care support that the health districts, financially pressed to provide a wide array of health care services, are unable or unwilling to fully develop. These organizations offer services
to citizens who are not eligible for publicly funded home care or to those who want to supplement the public services they receive.

The following account of the historical evolution of the social economy in the development of home care services in Saskatchewan, places a special emphasis on the third and fourth periods (1970 to 1983) which witnessed the rapid development and the equally rapid discontinuation of third sector home care organizations.

**Early Beginnings: Victorian Order of Nurses (1898–1960)**

The role of the Victorian Order of Nurses (VON) in the development of health care in Saskatchewan began in 1898 with the establishment of the first of its nation-wide system of cottage hospitals in Regina, then capital of the North West Territories. In 1907 this facility was taken over by local authorities and became the Regina General Hospital. Other cottage hospitals were established in the rural centres of Yorkton, Indian Head, Melfort, Central Butte and Estevan. These facilities were staffed by the VON which also, beginning in 1909, launched a Country District Nursing Scheme to provide services in rural Saskatchewan. By 1916, ten county nursing districts had been organized. At this juncture the provincial government began to assume greater responsibility for health services. With the introduction of the *Union Hospital Act of 1917*, the organization of municipal hospitals began. In order to avoid duplication of service, the VON withdrew from the cottage hospital scheme and discontinued rural district nursing in 1919.  

However, the organization continued to provide and develop its home nursing service in urban Saskatchewan.

The first provincial branch of the VON was established in Saskatoon in 1912. In 1927 a second branch was established in Regina. In the same year branches were established in the municipalities of Swift Current and Preecville with the establishment of a bedside nursing program using VON services under the direction of the Department of Public Health, Nursing Division. These rural-based VON locals disband when the nursing program was discontinued in 1931, due primarily to the economic conditions of the Depression. A branch was opened in Prince Albert in 1937 and one in Moose Jaw in 1950. These four VON branches (in Saskatoon, Regina, Prince Albert and Moose Jaw) served as the nuclei for the development of the first comprehensive home care schemes in Saskatchewan in the 1960s.

In 1958 provincial and local health authorities considered the development of a provincial home care nursing program utilizing VON services as a partial solution to the province’s hospital bed shortage. A “referral system,” first started in the Montreal General Hospital in 1958, was envisaged whereby a VON nurse based in the hospital followed the discharged convalescent patient to the home, providing care and sending progress reports to the hospital. The four VON branches in the province, with 14 nurses, organized into a single unit to discuss the institution of such a plan with the provincial government which would require an enlargement of VON personnel.
While this proposal did not proceed to the planning stage, the discussions led to the VON's involvement in smaller community-based home care pilot projects in the province's larger urban centres in the 1960s. The projects served the purpose of relieving hospitals from long-stay patients and thus reducing bed shortages. The incorporation of a provincial VON organization in 1960 to allow for a closer relationship with the provincial government and to obtain financial support for services rendered facilitated this process.\(^5\)

**The First Home Care Programs**

During the 1960s NGO home care programs built upon VON services were established in the cities of Moose Jaw (1962), Regina (1964) and Prince Albert (1965). These schemes were developed locally with very limited government health agency participation other than financing and a small advisory role.\(^7\) The only control exercised by governments was through funding provided by the Saskatchewan Department of Health and National Health grants.\(^8\)

The Regina Community Home Care Program, financed by matching provincial and federal funding, was administered by the VON. The Prince Albert and Moose Jaw programs were operated by the local District Medical Societies of the College of Physicians and Surgeons of Saskatchewan, with the co-ordinators and administrators seconded by the VON.\(^9\) In addition to a home nursing service provided by VON, these programs provided social work, physiotherapy, homemaking, transportation, food services, small medical appliances, drugs, dressings and equipment.\(^10\) To be admitted, patients had to require at least two of these services, and, if able, patients were expected to pay for them. Levels of services provided to patients varied from program to program depending on the availability of the required skills in the community.\(^11\)

Some of the services were provided by other third sector organizations on a contract or voluntary basis. For example, the Regina Family Services Bureau provided a counseling and homemaking service to the Regina Community Home Care Program. The program's physiotherapist was from the Canadian Arthritis and Rheumatism Society.\(^12\)

In 1965, the following third sector organizations provided services to the Prince Albert Home Care Program: Prince Albert Community clinic (physiotherapy); churches and service clubs (equipment loan and friendly visiting); Canadian Red Cross Society (equipment loan) and the Canadian Cancer Society (medical supplies and dressings) Prince Albert Home Care Program.\(^13\) There was some variation between these programs, particularly with respect to service charges.\(^14\)

In addition to these third sector community schemes, the Departments of Psychiatry (1961) and Rehabilitation Medicine (1959) at the University Hospital, Saskatoon, developed hospital-based programs for their patients. And, in late 1965, in order to demonstrate the viability of home care services in rural Saskatchewan, a home care pilot project was set up in the Central Butte area under the auspices of its Regional Health
Board utilizing public health nurses.\(^{15}\) This program provided medical and nursing service exclusively, utilizing local physicians and public health nurses.

The development of the Moose Jaw, Regina, and Prince Albert home care programs led to an increase in VON personnel and programming in Saskatchewan. By 1967 the VON employed 27 nurses; approximately 85% had public health diplomas and many had undertaken 6-week courses in rehabilitation.\(^{16}\) In addition to providing nursing to the home care programs and private patients, the VON offered free pre- and post-natal counseling and teaching in the home to mothers and infants, particularly in Regina and Saskatoon, financed with city grants or funds obtained from United Appeal sources.\(^{17}\) An estimated 70% percent of the funding for these services derived from government sources – the highest contribution percentage-wise toward VON services of any province in Canada.\(^{18}\) At the same time, due to budget problems, the VON was unable to provide services to all referred patients.\(^{19}\) In this context, the VON lobbied the provincial government to assume the full cost of VON medical and nursing services.\(^{20}\)

Moreover, the VON sought funding to expand its services to meet the demand for home care in rural Saskatchewan. By 1966 the VON had received inquiries for services from the rural centres of Yorkton, Swift Current, North Battleford, Estevan, Humbolt and Weyburn.\(^{21}\) However, the provincial government had different plans for the development of home nursing services in rural areas.

In 1967 the Regional Health Services Branch of the Department of Health considered adding home care as part of an integrated, province-wide public health nursing service. The implementation of such a scheme would lead to the discontinuation of VON services in the province as had occurred in British Columbia. Department of Health officials felt that a co-ordinated approach to the delivery of nursing services was needed; it was considered a waste of resources and confusing to patients to have both a VON and public health nurse enter the home.\(^{22}\) VON officials were opposed to such a plan, maintaining that home care had become a specialized service that could not be integrated successfully with ordinary public health services. They maintained that their organization provided home nursing more efficiently and of a higher quality than the service introduced in British Columbia.\(^{23}\)

In the end, the Department of Health opted for an integrated home care and public health service in rural Saskatchewan. In 1969, home care programs were implemented in the Yorkton and Swift Current health regions,\(^{24}\) modeled after the Central Butte plan, with public health nurses providing a home nursing service. Further development of home care services via public health nurses responsible to Regional Health Boards occurred in the 1970s as a result of rural hospital closures beginning in 1969.

By the late 1960s the Department of Health had rejected the option of extending home care services in rural Saskatchewan via third sector organisations, choosing instead to provide home care through its own agencies and department employees, i.e., public health service. This policy decision effectively confined the VON to the province’s four largest urban centres. However, beginning in the early 1970s it became apparent that the
elderly, in both rural and urban Saskatchewan communities, were not receiving the care they needed to remain independent in their own homes. In response, new third sector organizations began to emerge spontaneously on an ad-hoc basis at the grass roots level, providing homemaking, Meals-on-Wheels, home maintenance, transportation and an array of other services with whatever resources were available. By the mid-1970s, the vast majority of home care programs in the province were administered by third sector organizations.

The Development of Third Sector Non-Medical Home Care Services in Saskatchewan

Some third sector non-medical home care schemes were initially funded by New Horizons – a Federal Department of Health and Welfare program that provided grants to groups of senior citizens to develop programs for the betterment of themselves and the community. Others were supported by Local Initiative Grants. The Saskatchewan Department of Social Services also provided financial support and encouraged the development of additional programs. Agencies wishing to provide a home care service made applications to the Department and grant monies were provided if available and if certain basic conditions were fulfilled.

By 1976/77 the Department of Social Services provided funding to 36 homemaker projects, 47 meal service projects and 21 Aids to Independent Living (home maintenance) projects in both urban and rural Saskatchewan. It also provided funds for the salaries of 19 service coordinators at various centres throughout the province. Homemaking was the largest single expenditure at $1,132,000, with home maintenance and meals-on-wheels receiving $422,000 and $147,000 respectively. All told, Social Services’ total expenditure on home care services was $2,686,000, including $829,000 for Saskatchewan Assistance Plan clients receiving homemaking services.

The vast majority of these home care projects were operated by third sector agencies. Most of these organizations were set up specifically to provide home care, such as Cupar Home Care Services, but a small number were operated by existing service clubs and churches, e.g. Enfold Lions Club, Regina Lutheran Home, etc.

Fourteen organizations provided all three of the home care services funded by the Department of Social Services – Meals-on-Wheels, visiting homemakers and home maintenance, with some, such as Biggar New Horizons Projects, actively petitioning the Department of Health to provide a homemaker service. Another nine provided two services, with the remaining 49 providing only one.

In rural Saskatchewan the grants ranged from $1,997 to the Estevan Society of Services to the Aged, which provided Meals-on-Wheels, to $53,710 to the Kindersley Community Friends and Information Services, which provided all three of the non-medical home care services funded by Saskatchewan Social Services.
The largest grants were received by third sector agencies in Regina and Saskatoon. The Regina Family Service Bureau provided Meals-on-Wheels and Visiting Homemakers with a grant of $183,238; its sister organization in Saskatoon received a grant of $121,422 to provide these same services. The Alliance of the Youth and Elderly Society, Saskatoon, and the Regina Senior Citizens Service offered a home maintenance service with grants of $129,366 and $135,840, respectively.

A review of these home care programs by the Departments of Health and Social Services revealed that per patient cost was extremely variable; the manner of organization and delivery varied from one project to another; and there were no uniform service definitions, standards, assessment and eligibility criteria or case review requirements. And in some cases, there were no criteria for program admission and discharge.

Working conditions and remuneration also varied. For example, in Saskatoon all the homemakers were full-time unionized staff, whereas in Regina part-time unionized staff were hired. With few exceptions, these third sector organizations operated without external evaluation reviews.

In 1973 these third sector agencies providing non-medical home care services came together to discuss common concerns and interests. The two largest of these organizations, the Family Service Bureaus of Regina and Saskatoon alternatively arranged meetings and workshops on the administration and management of programs, including how to apply for government funding and personnel training. In 1974 these organizations formed the Homemakers Service Association under the Societies Act of 1974. As the number of agencies grew the Association was divided into regional districts, which held meetings and workshops funded by the provincial government. The executive of the Association sought to improve labour standards and legislation for the provision of home care services and lobbied the provincial government for increased financial support and to compliment the existing programs with a home nursing service.

The Alliance of Youth and the Elderly

One of the largest and most dynamic of the third sector organizations providing home care services during the 1970s and early 1980s, and one of the few with accessible extant records, was the Alliance of Youth and the Elderly (AYE) in Saskatoon. The AYE’s philosophy was to utilize the resources of young people in Saskatoon to provide for the needs of low income seniors and help maintain their independence in their own homes and apartments as an alternative to more costly and less desirable senior citizens centres.

The AYE began as a summer works project in 1971 for university students in Saskatoon and was funded by a grant from the Federal government’s Opportunities for Youth program. During the summer months of 1971 the eight full-time staff and volunteers of AYE provided home maintenance services free of charge to 47 clients, the majority of whom were old age pensioners identified through individual visitations and through contacts with various social and church organizations. The terms of funding for AYE
stipulated that the students were eventually to terminate the project and continue with their studies. However, the Alliance became aware of the need for a permanent service organization for its caseload which otherwise would be forced to enter senior citizens’ or nursing homes. Accordingly, the AYE lobbied the federal and provincial governments for continued funding. In their petitions they asked to operate independently of all government and social agencies; they also requested that their organization be staffed mainly by students who were unable to resume studies for financial or other considerations. In the meantime, the AYE maintained a corps of 20 volunteers to continue service delivery. The AYE operated on funds from the Local Initiatives Program (January to September 1972 and January to November 1973) until it received permanent financing from the Department of Social Services in 1974, at which time it also obtained a grant from the United Way.

The AYE began with home maintenance, which included minor household repairs, ironing, gardening, window and floor washing, snow removal and grocery delivery, before adding other services defined and in response to the requests by the elderly. In 1975/76 AYE employed eight people - one co-ordinator/bookkeeper, one assistant and six field staff - who together with a large number of volunteers, provided the following: transportation; Friendly Visiting and Telephone Check-up for lonely and house-bound elderly; a personal care service, including hair cuts; a referral and information service; and a weekly radio program by and for seniors. It also administered a drop-in centre (Fellowship House) with Knox United Church.

The AYE provided its services free of charge to those elderly who were physically and financially unable to carry out these tasks alone or with informal help from others. The situations of all other elderly people were assessed and care provided at the discretion of staff, and, if time and resources permitted, on a fee-for-service basis. A sliding fee scale determined the client’s ability to pay. These monies were held in trust and returned to the provincial government each month.

With the Community AID/Resource Centre, the Alliance supported and coordinated the Friendly Visits and Phoning Tree Program, a Saskatoon-wide voluntary, non-profit organization offering a visiting service for the elderly and handicapped in combination with a daily phone contact service for any person living alone. The initiative was founded by a group at the Lutheran Seminary during the summer of 1974. By February 6, 1978, this program had 220 volunteers providing 10,400 volunteer hours of service.

In 1980, responsibility for Saskatoon’s Visiting Homemaker and Meals-on-Wheels programs were transferred from the Saskatoon Family Service Bureau to the AYE. The Department of Social Services decided that the three home care services it funded in Saskatoon should be provided by one agency. This move saw Alliance’s staff of 15 to 20 workers increase to 75, and its client base of seniors expand to include the handicapped, the chronic and acutely ill and families in crisis.

The Visiting Homemaker service offered personal care ranging from shopping and food preparation to help with feeding and dressing. Alliance workers also provided relief
“sitting” (respite) for those who needed a break from caring for the ill or disabled, and homemaking services for families in crisis.\textsuperscript{48}

In 1981 the AYE organized the delivery of 100 meals per day, prepared at the city’s hospitals under the supervision of a dietitian. When the AYE ceased management of this program on January 31, 1983, Meals-on-Wheels had 2,500 volunteers provided through churches and service clubs in Saskatoon.\textsuperscript{49}

In 1981 the AYE served 2,000 clients with a staff of 84 workers, most of them full-time. Throughout the life of the AYE, employees were paid a little more than minimum wage and well below the salaries of those employed by other agencies doing comparable work.\textsuperscript{50} The AYE sought unsuccessfully to obtain increased funding from the provincial government to improve remuneration and working conditions, maintaining that its wages should be on par with wages paid to those providing similar work or work of similar value in nursing homes and hospitals.\textsuperscript{51} In frustration, AYE workers organized a union and then went on strike in 1982 in order to obtain better wages.\textsuperscript{52}

**Evergreen Neighbourly Services**

Non-medical services were also provided in Saskatoon by Evergreen Neighbourly Services (ENS), albeit in a very limited area of the city with a population of 2,000 seniors. It resisted extending its service to more residents of Saskatoon for fear that quality would deteriorate and “neighbourliness” would be lost.\textsuperscript{53}

ENS assisted the elderly, disabled, the acutely and chronically ill and families in crisis with free transportation to and from doctor appointments, shopping centres, business appointments such as banking and community events.\textsuperscript{54} It also provided 24-hour help in times of need; home maintenance; friendly visiting; 24-hour phone check-up; preventative health assistance and counseling visits; personal care (lifting, bathing, foot care); referrals to other agencies; and, on occasion and in emergencies, meals, house keeping and home maintenance.\textsuperscript{55}

In addition, ENS workers and volunteers provided assistance with activities designed to help individuals maintain normal esteem, including help with correspondence, opportunities to help others, assistance at elections, and continuing educational opportunities.\textsuperscript{56}

ENS obtained its funding from fees-for-services rendered, donations from clients, members and the general public, payments for services provided to other agencies, and from the provincial government. Most clients would pay for a part of the services provided, often 40% or more of the cost, and 100% for the cost of drugs and groceries.\textsuperscript{57}

From these early beginnings, the service grew from eight clients in 1973 to 170 in 1978. In 1979 services were provided by a permanent staff of six, including a preventative health counselor, borrowed staff from Saskatoon Convalescent Home (paid by Evergreen) and a host of volunteers.\textsuperscript{58}
ENS was established after two nurses from a non-profit special care home in Saskatoon voluntarily provided a few hours of home care in response to a call for assistance on July 31, 1973. This incident exposed the need for a permanent service. In due course a community assistance program was established, head-quartered in the Saskatoon Convalescent Home, with thousands of dollars of donated start-up funds and the input and involvement of representatives of the 2,000 local seniors.\textsuperscript{59}

ENS was incorporated as a charitable, non-profit organization on May 10, 1978. The Society was comprised of interested individuals (including some utilizing Evergreen services) who paid a one-time sign-up fee of $1. Many members of the 10-person board, which devised policies and guidelines for its staff and volunteers, were pensioners.\textsuperscript{60}

ENS was distinguished by its lack of publicity at the behest of its clients who wished to remain anonymous. It refused to provide information requested for newspaper and television stories.\textsuperscript{61}

**Senior Citizens Service of Regina**

In Regina, non-medical home care services were provided by the Regina Family Services Bureau (FSB) and the Senior Citizens Service (SCS) of Regina. Like the AYE, the SCS started as a summer works project for university students in 1971 and developed into a year-round home maintenance service. Its purpose was to upgrade the living conditions—physically and emotionally—of seniors living in their own homes. It enlisted volunteers from a large number of organizations such as high school student clubs, the Regina Bible College, Kiwanis and Ranch Ehrlo to provide the following services: cleaning and/or installation of windows, transportation, home and yard maintenance, visiting (adopt a grandparent program), and snow removal.\textsuperscript{62} Services were offered free of charge until 1974 when a small fee was introduced to help pay for rototillers, lawn mowers and other equipment. The City of Regina provided the SCS with office space, furniture, stationary, rakes, hoes, shovels and other minor equipment for maintenance and snow removal.\textsuperscript{63}

Beginning in 1976, with the advent of permanent and additional funding from the Department of Social Services, the SCE gradually expanded its services to include a transportation program for seniors unable to use public transport (1976);\textsuperscript{64} a volunteer friendly visitor program (1977);\textsuperscript{65} a phone call service for isolated seniors (1978), which developed into a larger phoning tree program in 1979;\textsuperscript{66} a water exercise program with VON Regina and the City of Regina;\textsuperscript{67} and a paid Friendly Visitor Program for seniors in crisis (1979). Funding for this program was cancelled in 1980 but reinstated after the protests of senior citizens.\textsuperscript{68}

In addition to the vast number of third sector home care schemes financed by grants from the Department of Social Services in the 1970s, 10 rural communities received home care services through the Department of Health as a result of the closure of their rural hospitals.
In the early 1970s, rural hospitals were converted to, or replaced with, Community Health and Social Centres in the rural communities of Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Zenon Park, Quill Lake, Strasbourg, and Willow Bunch. As an alternative to institutional care these facilities developed home care programs providing some or all of the following services: nursing, home making, physiotherapy, diversional therapy and limited drugs, medial supplies and equipment. The total cost of these services was borne by the province.

These home care programs were part of a general public health nursing service under the responsibility of the Health Region and administered by the Regional Director and Medical Health Officer; they were not under the direct control of the Community Health and Social Centre Boards. They were staffed by public health nurses responsible to the Regional Health Services Branch of the Department of Health. The Regional Nursing Supervisor was responsible for the supervision of nursing and homemaker services and for the co-ordination of other services provided. The Boards of the Leroy, Maryfield, and Zenon Park Community Health and Social Centres also provided meals-on-wheels and home maintenance.

With the addition of the 10 Community Health and Social Centre-based home care schemes in 1978, the Department of Health funded a total of 19 home care schemes at a cost of 1.7 million dollars. The Department of Health also funded home care programs operated by the Community Health Services Associations (CHSA) in Regina, Prince Albert and Saskatoon. The most comprehensive and extensive of these programs was provided by the Prince Albert Community Clinic. It utilized the services of three registered nurses who were called Community Health Workers. The clinic attributed the significantly lower hospitalization rates among its clients to its extensive home care service.

The Prince Albert Community clinic sought funds to expand this service beyond existing clients. However, the Prince Albert Home Care Program was opposed, observing in a letter to the Department of Health that it had to charge for its services provided by the VON, while the Prince Albert clinic provided services free of charge. Department of Health officials, noting the lower hospital admission rates of CHSA clients informed the Prince Albert Home Care Program that the community clinic would continue to have the option of allocating its global funds to provide the services it deemed best met the needs of its clients.

Despite the extensive development of third sector home care agencies during the 1970s with grants from the Department of Social Services and the programs financed by the Department of Health, an estimated 40% of the province’s home care needs were still being unmet in 1976. Moreover, only six programs offered what could be considered a complete service. These were located in the urban centres of Regina, Saskatoon, Prince Albert, Moose Jaw, Yorkton and Swift Current. As such, a huge service gap existed between urban and rural Saskatchewan. Even in the cities there were problems with access and co-ordination of services. Some third sector organizations were both cognizant of and actively sought to remedy these problems. For example, the Director of
the AYE served on the executive council of an organization which helped coordinate all
gencies and service groups involved in the care of the elderly in Saskatoon. The aim of
this organization was to eliminate duplication of service and, where necessary, to enhance
existing services.\textsuperscript{79}

In this context, a plethora of organizations, individuals and rural communities lobbied the
provincial government to extend and improve home care services. The elderly themselves
were among those calling for reform. In 1973 the Seniors Citizens Commission
conducted a survey that exposed many of the gaps in the province’s home care service.\textsuperscript{80}
Its report, submitted in early 1974, recommended the establishment of a Senior Citizens’
Agency that would administer the homemaker, Meals-on-Wheels and personal service
programs funded by the Community Grants and Standards Division of the Department of
Social Services. Funding for these non-medical home care schemes would increase from
$850,000 to $2,275,000. The proposed agency would also operate the 19 home care
programs funded by the Department of Health, which, in turn, would be significantly
enlarged and expanded to 40 programs. The budget of $816,000 would be increased to
$2,459,000.\textsuperscript{81} The report further recommended that senior citizens should have better
information about services available and greater involvement in the planning and delivery
of services.\textsuperscript{82}

These pressures, coupled with the growing costs of health care, led to the following home
care commitment in the governing New Democratic Party’s “New Deal 1975” platform:

\[\begin{align*}
&\text{[...]} \\
&\text{to make available a range of health and homemaker services in the home in order to} \\
&\text{make home care a realistic alternative to institutional care for many of the disabled, the} \\
&\text{handicapped, the elderly and the chronically ill.}\textsuperscript{83}
\end{align*}\]

In light of this commitment, the Departments of Health and Social Services jointly
reviewed their existing home care programs in 1976. At the same time, a moratorium
was placed on nursing home construction.\textsuperscript{84} Concerned by the apparent fragmentation
and lack of co-ordination of these services resulting from the over-lapping jurisdictions of
the two departments and their aforementioned shortcomings, the Departments of Health
and Social Services recommended the establishment of a completely new home care
program rather than expanding existing schemes.

The Third Sector and the Saskatchewan Home Care Plan

From 1976 to 1978, with considerable consultation and input from the numerous third
sector agencies active in the home care field,\textsuperscript{85} the Departments of Health and Social
Services received Cabinet approval for the establishment of a decentralized, integrated
and comprehensive provincial home care program with community involvement. The
program was placed under the jurisdiction of the Social Services Department, with 45
local boards directly responsible for the delivery of services. The boards were
responsible and received full funding for the provision of four basic home care services:
homemaking, meal service, nursing and minor home maintenance.
Each board had 12 members, with six designated by the municipal governments in each district who, in turn, chose six others. The Home Care District Boards required representation from consumers, the elderly, the district itself as well as health-related organizations. Each board’s composition had to meet the approval of the Minister of Social Services before funding was granted. It is worth noting that the Prince Albert Community Clinic was fearful that an unfriendly board might curtail its services. During a consultation process in 1977, this third sector organization asked the Minister of Health or Social Services to make the appointments and ensure that the community clinic friends were in the majority. Other Prince Albert groups were not in agreement with this request.

The Home Care District Boards were responsible for the effective local operation of the program through the hiring of staff and the monitoring of service delivery. They were also accountable for the proper spending of allocated budgets, approved and received from the Saskatchewan Home Care Branch of the Department of Social Services and for raising extra funds for additional services if required or desired. The Home Care District Health Boards could choose to provide services directly through their own personnel, or they could contract out these services to existing providers.

During the promulgation of the home care program, the Minister of Health announced on May 5, 1978 that services from existing providers such as Saskatchewan Health and the VON would be integrated into the system and co-ordinated by the boards. Existing programs which had proven value would continue and many of these would be expanded. These statements were reiterated in policy papers distributed to the public for the purpose of explaining and publicizing the government’s home care program. In response to the question, “What will happen to existing programs when the new Home Care Program begins operation?” one government document stated: “It is likely that most of the existing community agencies and programs can be accommodated within the organization structure of the new comprehensive program.”

Despite statements like this, it would appear in hindsight that the provincial government envisaged the Home Care District Boards providing services directly instead of contracting them to third sector organizations so as to eliminate administrative costs and to achieve better co-ordination of services. An early indication of this intent may be evident in the decision by the Department of Social Services in 1980 to transfer its funding for the homemaking and the Meals-on-Wheels programs in Saskatoon from the Family Services Bureau to the AYE. Saskatchewan Social Services had decided it would be better if non-medical home care services were provided by one organization.

A central home care directorate was established within the Department of Social Services to supervise the implementation of program standards and to devise and enforce them. Several of the department’s newly-hired home care development officers were recruited from third sector home care agencies. With the exception of public health nurses, funding responsibility for home care programs was transferred from the Department of Health to Social Services (in 1983 the Continuing Care Division of the Department of Health would assume funding responsibility of the province’s home care program). The Department of Social Services funded existing home care programs until they were
integrated into the home care district plans or discontinued through decisions made by the Home Care District Boards. In the interim, some of these agencies such as the AYE joined the Saskatchewan Association for Non-Government Social Services Agencies (SANGSSA), which was established in 1980 for the purpose of

improving services to clients and offering support and strength to member agencies by providing information exchange, developing an expertise pool, facilitating the communication of common interest groups on a regional and provincial basis, assisting member organisations in the development of mutually acceptable processes for co-ordination of services and enabling common action among members on issues of common concern.⁹⁰

Implementation of the Saskatchewan Home Care Plan began in 1978, with the first of the proposed 45 Home Care District Boards established in June of 1979 under the Non-Profit Corporation Act.

The Ituna-Lestock area in rural Saskatchewan was chosen for the establishment of the first Home Care District Board on June 15, 1979 because of the dearth of services in the area. Before the Lestock Home Care District # 40 began providing care in January of 1980, the only home care provided in the area was a handyman service operated by the Ituna Social Club.⁹¹

The government’s home care program was not enthusiastically received by all third sector organisations providing home care services. Some of the existing agencies resented the prospect of answering to a local board, as illustrated by an anonymous statement from a third sector organisation cited in a Department of Social Services memo as a “typical example” of this reaction:

Those of us who haven’t worked under a board are suddenly supposed to take orders from someone that knows less than nothing about home care... Every region is different so why can’t you leave things the way they are?⁹²

Other organizations, such as the VON, feared for their survival.⁹³ In this context, in October 1980, the three third sector home care agencies in Regina -- the Regina Family Service Bureau, the SCS and the VON -- formed a group with the intent of affecting the implementation of the provincial home care scheme.⁹⁴ In due course, they devised an alternative home care administration and delivery model that would both retain control of their services and ensure their survival.⁹⁵ This model was presented to the Deputy Minister of Social Services, Duane Adams, along with a request for a moratorium on the implementation of the new home care plan in Regina. While they were unsuccessful in their attempts to alter the provincial program in Regina, the Regina Home Care District Board decided to contract with these agencies for their services.⁹⁶

In other areas of the province, many of the home care district boards initially chose to contract out services with existing third sector agencies, but, in time, decided to provide services directly in order to realize efficiencies through the elimination of multiple administrations. For example, the Saskatoon Home Care District Board decided to enter into contracts with existing agencies that would expire March 31, 1983, at which time the board would provide services directly with its own staff. In announcing this decision,
local board president, Joe Bates, said that the board did not want to pay for a double layer of administrative costs. \(^9\)

These decisions, which threatened the existence of third sector agencies, were defended by the provincial government. In response to the Saskatoon Home Care District Board’s decision to cease contracting from the AYE and the VON as of April 1983, Social Services Minister Dwain Lingenfelter stated that the direct-hiring approach made it easier to deliver and monitor home care services. “You lose something in the assessment of service in using an agency,” he said. \(^8\)

In Saskatoon contracts were signed with the VON, AYE, ENS, Delisie Community Health and Social Centre, and the Radison and District Community Services Committee. Some of the third sector agencies in the rural areas that fell under the jurisdiction of the Saskatoon Home Care District Board requested that the board assume responsibility for their services immediately. \(^9\)

In the meantime, the Saskatoon Home Care District Board and existing third sector agencies worked together to ensure a smooth transition of services, clients and staff. To this end, the Saskatoon board offered all staff employed by existing agencies guaranteed employment with no loss of salary subject to a probationary period, with the exception of certain specified managerial positions to be mutually negotiated with the agencies. \(^100\)

The VON chose to end its contract early, at which time all personnel became employees of the Home Care District Board. VON District Director Dianne Stewart became nursing director for the home care program. The Humbolt Home Care District Board continued to contract with the Saskatoon VON, which ensured the survival of the oldest VON branch in the province for a while. The VON itself terminated a contract with the Yellowhead-Emerald Home Care District Board in Wynyard and Foam Lake after three months because of differences in philosophy and standards.

In 1983 the AYE’s homemaking, home maintenance and meals services programs and personnel, including its collective agreement, were transferred to the Saskatoon Health District Board. \(^101\) At this juncture, Patricia Roe, former executive director, became Home Services Manager of the Home Care District Board. \(^102\) The Alliance also agreed to transfer its transportation service and its portion of the Friendly Visits and Phoning Tree program that it offered in conjunction with the Community Aid Centre, provided that the Department of Social Services approved and that the board employed the staff of these two programs in a similar manner. \(^103\)

As of March 1, 1983, AYE no longer employed any staff. The board of directors explored the possibility of adopting a new role for the AYE, but disbanded. \(^104\) Similarly, the vast majority of third sector agencies established during the 1970s disbanded when their contracts were discontinued.
Saskatchewan Third Sector and Home Care Services in the 1990s

More third sector organizations, such as the Regina VON, disbanded during the early 1990s when the Home Care District Boards were terminated and their mandates transferred to District Health Boards responsible for the provision of all health services in their jurisdictions. Under this regime, no contracting out of services was (and is) permitted. Other third sector groups found a new role in the social services sector. A case in point is the Family Service Bureau that now provides psychological counseling.

Presently, there are still some third sector agencies providing home care services in northern Saskatchewan under contract with the home care boards. If the North is also organized into health districts (a policy option currently under review), then these agencies could meet the same fate as their former sister organizations in southern Saskatchewan.

With the establishment of a provincial home care program in both rural and urban Saskatchewan, consumers clearly have greater and less complicated access to services. Moreover with the introduction and enforcement of certain standards it appears that the overall quality of the service, has improved, especially in rural Saskatchewan. However, there are some aspects of the new service that may be inferior to that previously provided by the third sector. For example, under the home maintenance service provided by the AYE and the Regina SCS, consumers were visited by the same worker (a frequent practice in home care third sector organizations). In addition to providing an essential service, this delivery method afforded meaningful social contact between the worker and client. Indeed, these third sector agencies considered this personalized contact to be a crucial aspect of their service. Health policy analysts have identified the absence of regular social contact with the same caregiver in the hospital setting as an impediment to recovery.105 When the Regina Health District began to provide a home maintenance service, continuity of worker ceased.

In the 1990s, within urban Saskatchewan, a few third sector organisations are still involved in the delivery of home care services, particularly non-medical services.106 The Regina Senior Citizens Service (SCS) provided over 10,000 hours of home maintenance and housekeeping and responded to 137 information and emergency requests in 1995. The agency also serves as a central referral agency for seniors in need of information and services concerning apartment dwellings, special care homes and legal advice.107

The SCS worked with New Careers Corporation to provide training and employment opportunities to social assistance recipients. In 1995, the SCS was able to offer full-time employment to two New Careers trainees and casual work to another.108 In 1995, the SCS had 11 full-time and 10 casual workers engaged in home maintenance. Ten casual employees supplemented its one full-time housekeeper.

In January 1996, in order to realize efficiencies and ensure the survival of its programming in a time of federal and provincial funding restraint, the SCS merged with Regina Senior Citizens Centre Inc (RSCC),109 which had begun as a senior’s activities
City Kinsmen, New Horizons (federal) and the provincial government, as well as with donations and bingo revenues, the Regina Senior Citizens Centre has moved into new and up-graded facilities to provide recreational and social facilities and programs.\(^{110}\)

In 1996-1997 the health districts were no longer required to offer a home maintenance service.\(^{111}\) This policy may require the third sector to enlarge its role in non-medical home care delivery in the future.

**Conclusion**

Like the municipal doctor system and the medical co-operatives, which can be seen as forerunners to Saskatchewan and Canadian Medicare, the third sector home care organizations developed in Saskatchewan were predecessors of today’s provincial home care program. Moreover, these third sector organizations provided many of the workers, administrators and much of the technical expertise to the provincial home care plan. Third sector home care agencies continue to meet the needs of citizens who are not covered by the provincial plan. Furthermore, the elimination of home maintenance from the list of mandated services offered by the province’s health districts might result in an expanded role for the third sector in non-medical home care delivery -- a partial return of the pendulum.

In any event, we have shown that the responsibility for the delivery of home care services in general, and for specific aspects in particular, have shifted back and forth between the third sector and the public sector over the last 100 years. This should tell us that, when looking at home care services, it is not enough to concentrate attention only on public services. The research agenda for the future in this field must also focus on the interface between public sector and third sector organizations.

As the Saskatchewan Health Districts are financially hard-pressed to provide a wide range of health care services, they are not always able (or willing) to fully develop services at the lighter end of the continuum of care such as meal services, home management and home maintenance. This is where non-profit or third sector organizations are now helping to fill the gap. They offer services to low-income people who are not eligible for publicly funded home care or to those who want to supplement the public services they receive.

By documenting the history of third sector home care in Saskatchewan, we hope for a better recognition of the important role that non-profit organizations play in this area. In our view, this recognition is a first step which could lead towards the establishment of closer relationships between public sector and third sector home care agencies. In the end, a better integration of the activities of these two sectors is likely to benefit the low-income citizens, whether senior or physically challenged, who cannot afford to access home care services provided by private (for-profit) firms at full market prices.

_Regina,_
_March 2, 1999_
Endnotes

1 Many organisations in society are neither private-sector businesses run for a profit nor government-owned state corporations or agencies. They are rather independent organisations created to provide a service to either the public or a defined membership. We follow here the Canadian tradition in referring to such organisations as belonging to the "third sector" of the economy. In the UK the term "voluntary sector" tends to be used for these organisations, while in France and in Québec the term économie sociale ("social economy") is more common.

2 Saskatchewan Archives Board, Regina (hereafter SABR), R-517, Department of Health, Community Health Services Branch (hereafter DHCHSB), 1, file 159, Brief Submitted to Department of Public Health, Province of Saskatchewan by Victorian Order of Nurses for Saskatchewan, October 1966., p. 11.

3 SABR, R-517, DHCHSB, 1, file 15, E. Louise, Director, Nursing Division, "Home Care Services in the Saskatchewan Department of Public Health," 10 May 1966.

4 SABR, R-517, DHCHSB, 1, file 159, Brief Submitted to Department of Public Health, Province of Saskatchewan by Victorian Order of Nurses For Saskatchewan, October 1966, pp. 11-12.

5 Home nursing plan mooted, Leader Post, 20 December 1958

6 SABR, R-517, DHCHSB, 1, file 159, Brief Submitted to Department of Public Health, Province of Saskatchewan by Victorian Order of Nurses For Saskatchewan, October 1966, p. 12.

7 SABR, R-517, DHCHSB, 1, file 15, Assistance to Home Care Programs: Work Program, circa 1965.

8 SABR, R-517, DHCHSB, 1, file 15, Ruth Dafoe, Home Care Meeting, 14 February 1967; R-517, DHCHSB, 1, file 159, Assistance to Home Care Programs: Work Program, circa 1965; file 15, W. J. Totten, Executive Assistant, Regional Health Services Branch, "Home Care" circa April-May 1967.

9 SABR, R-517, DHCHSB, 1, file 15, R. H. Goodacre, Consultant, Medical Sociology, Hospital Services Study Unit, Review of Home Care: Report Presented at the 15th Meeting of the Advisory Committee on Hospital Insurance and Diagnostic Services, May 8 and 9, 1967, Appendix 2., p. 6.


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16 SABR, R-517, DHCHSB, 1, file 159, S. L. Skoll, Director Regional Health Services Branch, Memorandum for File re. Meeting with Miss Swinton, VON, Home Care Programs – September 26, 1966.

17 SABR, Records of the Department of Health, Deputy Minister's Office (hereafter DHDMO), R-706, file 15.59, Minutes of a Meeting held on Monday, September 26th, to discuss Victorian Order of Nurses financial problems and home care budgets in which the Victorian Order of Nurses is involved, 26 September 1967.

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19 SABR, R-517, DHCHSB, 1, file 15, Mr. G. Townshend, Executive Assistant to the Deputy Minister, 15 March 1967.

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21 SABR, R-517, DHCHSB, 1, file 159, Brief Submitted to Department of Public Health, Province of Saskatchewan by Victorian Order of Nurses For Saskatchewan, October 1966, p. 8.

22 SABR, R-517, DHCHSB, 1, file 15, Minutes of a Meeting on Home Care held in the Board Room, April 21, 1967

23 SABR, R-517, DHCHSB, 1, file 159, S.L. Skoll, Director Regional Health Services Branch, Memorandum for File re. Meeting with Miss Swinton, VON, Home Care Programs – September 26, 1966.

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26 SABR, R-1447, file 3.14, Department of Health Policy and Research and Management Services Branch, Deputy Ministers, Departments of Health and Social Services, memo. re. Home Care Proposal, 14 February 1977.

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30 Ibid.

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32 SABR, Department of Social Services, Deputy Minister, R-935, file 3.41, Department of Health and the Department of Social Services, Home Care Program Proposal, October 1976., p. 5


34 SABR, Records of the Department of Health Policy and Research and Management Services Branch, R-1447, file 3.14 F. J. Bogdasavich, Deputy Minister, Department of Social Services, to Murray Wallace, Secretary Treasury Board, Memo re. Home Care Program, 26 February 1979.

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