

■ O137

**Do Formal and Informal Help Have Only One Type of Interface?**

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Introduction: The interface between formal and informal supports has been described in terms of theoretical models of complementary, substitution, supplementary or independent role. Whether they are associated with availability of sources of help and extent of disability is not clear. Methods: Using a sample of 3014 elderly persons living in a metropolitan and an urban area, types of empirical interfaces between formal and informal sources of care were obtained, and their associations with the interface models ascertained. Results: Five types of empirical interface were defined in terms of two criteria: first, support was needed for a single ADL or IADL, or for multiples ADL and IADL; second, one dominant formal or informal source of care, or multiple formal, informal or mixed sources of care. The theoretical models were associated with specific types of empirical interface. For example, complementary was observed among elderly persons with a dominant informal source of care for a single ADL or IADL. Conclusion: Theoretical models of interface between informal and formal sources of care coexist within a community, but they are associated with niches defined in terms of needs for help in ADL and IADL and of dominance of formal or informal sources of care.

■ O138

**Do We Mean What We Say? Comparing Person-Centered Care and Relationship-Centered Care in Theory and Practice**

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Person-centred care has received significant emphasis in recent years and advocates placing the person at the centre of all care decisions, focusing on strengths and abilities rather than weaknesses and disabilities. Relationship-centred care and a partnership approach to care has emerged more recently and expands the concept of person-centred care, emphasizing not only the inclusion of the person, but also the family and any other people who support the person in coping with his/her disability. The current research was undertaken to explore how person-centred and relationship-centred care were being put into practice. Based on individual interviews with 15 therapeutic recreation (TR) practitioners in Ontario and Quebec, the philosophy of the institution was compared with the current practice that was reported by the TR practitioners. Findings indicate that institutions have acknowledged the importance of person and relationship-centred care, as evident in their mission and philosophy statements. Although TR appears to be optimally positioned to engage in both person-centred and relationship-centred care, there continues to be significant discrepancies, however, between the philosophies of the institutions and the practices in place at these institutions.

■ O139

**Paid Companions: A Private Home Care Service**

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The restructuring of Canadian health care over the past decade has ushered in opportunities for growth in private home care services - paid companions representing one of these commodified care options. Operating either independently or through private health care agencies, paid companions resemble surrogate family members or friends, who perform a variety of services for the elderly who can afford to pay for private home care. Objectives: To date, paid companions represent a particularly unrecognized and unresearched type of caregiver in our society. This paper presents findings from research on paid companions and their clients conducted in Victoria, BC in 2009-2010. The data is drawn from 28 in-person qualitative interviews. Sample size: n=14 paid companions; n=8 elderly clients (living independently); and n=6 private home care agency administrators. Results: The largest demand for companions is in dementia care - in facilities, retirement homes and private residences. Independent elderly individuals use companion services in order to remain at home. Results from this research suggest that paid companion services will continue to grow in the future. This research was supported by the Social Science and Humanities Research Council of Canada, BCNAR, Sara Spencer Foundation, and the BC Ministry of Labour and Citizen's Services.

■ O140

**L'illogisme à l'oeuvre: les frais modérateurs pour les services médicaux**

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Le gouvernement du Québec a proposé l'instauration de frais d'utilisation des services médicaux, sujet à une condition de revenus et à un plafond des contributions. La logique des frais d'utilisation est examinée sur un échantillon de 1139 personnes âgées fragiles de Montréal vivant en ménage privé. Ces personnes sont de grandes utilisatrices de services médicaux. Premièrement, 53% des services médicaux sont le fait de patients hospitalisés. Deuxièmement, 25% des répondants sont responsables de 60% des services médicaux et 33% des visites sont attribuables aux personnes à faible revenu. Une application stricte des critères d'exclusion ne maintiendrait les frais que sur 5% à 10% de l'ensemble des services médicaux. Une politique de frais d'utilisation se confronte à un ensemble de faits imparables, soit la concentration dense de services médicales sur une petite proportion de personnes; sur l'association de l'intensité de leur utilisation à leur état de santé; sur les critères d'exclusion des paiements en fonction des revenus et des plafonds de contribution. Mais, si les critères d'exclusion ne s'appliquent pas en toute rigueur, les frais pénalisent les personnes les plus malades. Sinon, reste comme contributeurs potentiels celles qui savent maintenir leur état de santé sans recourir trop lourdement aux services médicaux.