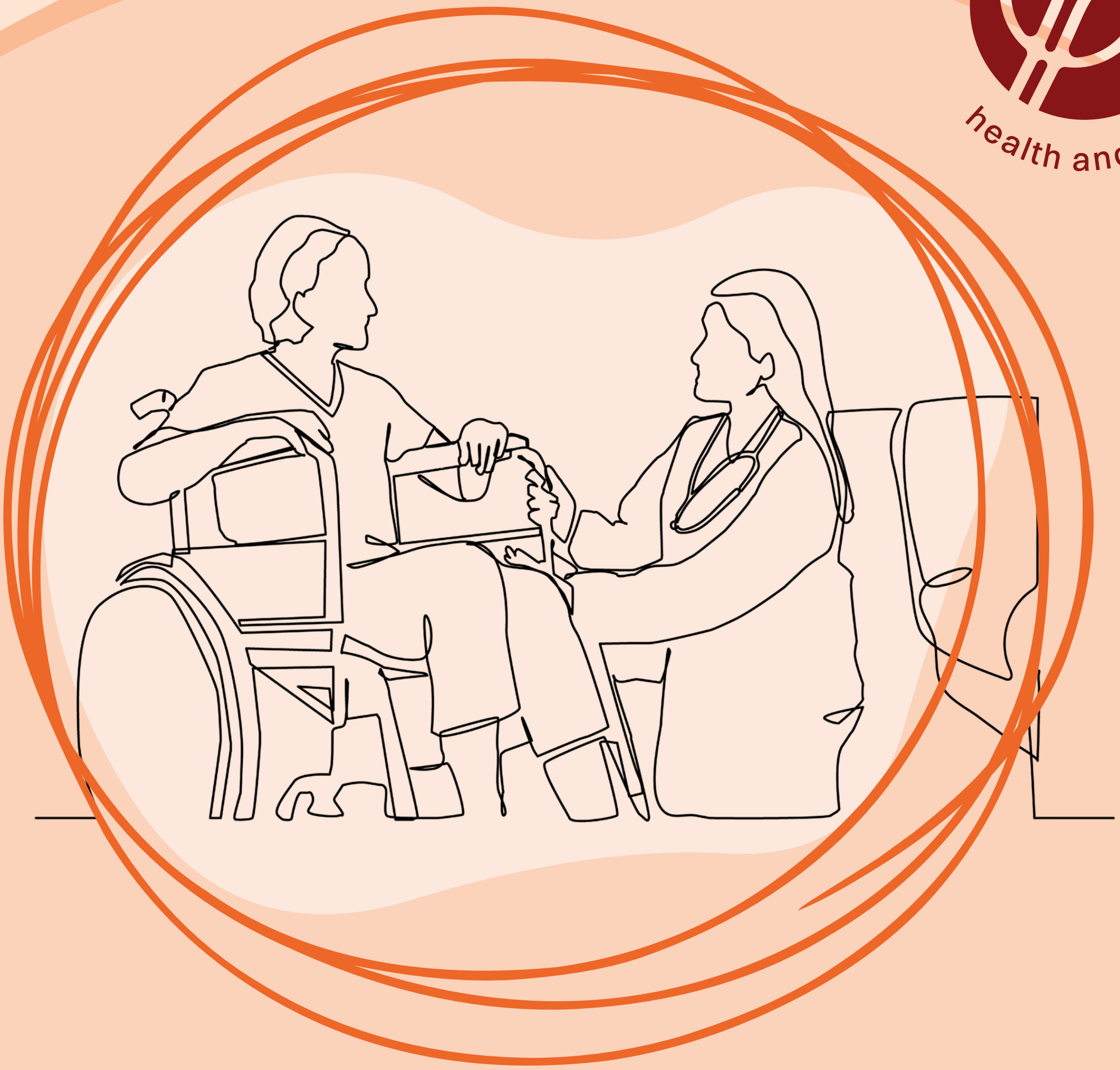
Collective statement on the new home support policy

CONCERNS AND RECOMMENDATIONS

A neighbourhood's health and solidarity



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COMMUNITY COLLECTIVE

Point St. Charles Community Clinic
Coalition pour le maintien dans la communauté
Coalition solidarité santé
Action-Gardien, Pointe-Saint-Charles Community Development Corporation
Solidarité Saint-Henri, Community Development Corporation
Regroupement des organismes pour ainés et ainées du sud-ouest de Montréal (ROPASOM)
Concertation Ville-Émard/Côte St-Paul
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Presentation of the Point St. Charles Community Clinic

The Point St. Charles Community Clinic is a community organisation (private institution under agreement) with a CLSC mandate, as defined in the Health and Social Services Act. Its mission is to promote the full health of the population of Pointe-Saint-Charles by providing accessible, high-quality health and social services focused on prevention, advocacy, civic engagement and inclusion. At the heart of its approach lies a deep conviction: health is a fundamental, collective and non-negotiable right.

A COMMUNITY HEALTH APPROACH

The Clinic adheres to the definition proposed by the World Health Organisation, according to which “health is a state of complete physical, mental and social well-being and not merely the absence of disease” (WHO, 2025). In line with this philosophy, the Clinic adopts a social vision of health and well-being that encompasses the social determinants of health, such as education, social and physical environment, income, etc. This concept contrasts with a strictly biomedical vision focused on disease. The Clinic acts upstream of health problems by focusing on prevention and health promotion, using a biopsychosocial approach that mobilises multidisciplinary teams. Its work is also based on a solid network of community groups that collaborate closely with it and maintain close ties with users. This approach promotes a supportive community, a social safety net for vulnerable individuals, and services tailored to the real needs of the population.

A PARTICIPATORY MANAGEMENT MODEL

Citizen and staff participation is central to the Clinic's management. Local residents participate in community life and sit on the board of directors, which is composed entirely of citizens who are responsible for the Clinic's direction and smooth operation. Staff members are involved and participate in certain decisions concerning the Clinic's direction and services. For nearly 60 years, it has applied a philosophy of citizen participation and democratic management with local roots, taking into account the realities of the population.

Foreword

In November 2024, Sonia Bélanger, Minister Responsible for Seniors, announced her intention to introduce a new national Home Support Policy by December 2025. The last policy governing this type of care in Quebec dates back to 2003 (updated in 2023). According to Radio-Canada, more than 19,000 people in Quebec are waiting to receive home care services, a number that is constantly increasing (Bolduc, 2024). For Minister Bélanger, this new policy aims in particular to serve a greater number of people, to better respond to the challenges of an ageing population and to strengthen collaboration with organisations and partners. In order to develop the guidelines for its national policy, the Ministry of Health and Social Services (MSSS) conducted consultations in January and February 2025 with some 60 organisations: public partners, ministries, social economy enterprises, researchers, community organisations and private companies. However, these consultations were not public; instead, participants were hand-picked without any call for participation, severely limiting the right of civil society and citizens to have their say.

The Clinic believes that this consultation should have been open and inclusive in order to consider the views of all stakeholders affected by this future policy. It therefore undertook to analyse the foundations of the new policy, fearing that it would not address in depth the structural causes of waiting lists, that it would further distance citizens from decisions affecting them, and that it would undermine the right to universal services.

To address these issues, the Clinic set up an internal ad hoc committee tasked with analysing the policy framework that guides home support services in Quebec. The guidelines proposed by the MSSS for its upcoming Home Support Policy were also carefully examined (MSSS, 2024). The committee was made up of clinical workers from the home support team (a nurse, a social worker and a physiotherapist), a community organizer and members of management (the director of the *Support Program for the Autonomy of Seniors (SAPA)* and the general director). The committee worked in collaboration with the local seniors' committees of the South-West and Verdun boroughs of Montreal, the Coalition solidarité santé and IRIS. The committee's analysis, as well as various discussions with partners, identified three concerns and three recommendations related to the future home support policy.

Three concerns regarding the upcoming home support policy

The Clinic and its partner groups support the government's desire to promote best practices in home care and services so that Quebecers can remain in their homes as long as possible and have greater access to the services they need within a reasonable time frame. It also welcomes the intention to restore the CLSCs to their original role of working locally in collaboration with community partners. However, the Clinic and its collaborators express concerns about the financing methods being considered, particularly performance-based financing, and the type of management that will be applied. These choices are decisive: they can either consolidate the accessibility, quality and equity of services or, on the contrary, create new barriers and undermine the universal nature of home support. This direction also appears to contradict the stated desire to adopt a holistic approach to the individual: more services and shorter waiting lists are promised, but without sufficient funding, this will inevitably lead to staff cuts and compromise the quality of care.

FINANCING SERVICES

Quebec suffers from chronic underfunding of home support services, which are clearly insufficient to meet the scale of needs (Plourde & Boivin, 2024). Yet Quebec is one of the fastest-ageing societies in the world, requiring major investments in long-term care and home support services. In its study *Réussir le virage vers le soutien à domicile au Québec* (Successful Transition to Home Support in Quebec), the Institut de recherche et d'informations socioéconomiques (IRIS) shows that the province lags significantly behind in terms of the proportion of GDP devoted to long-term care, despite the population's great needs (Plourde & Boivin, 2024). IRIS suggests that this lack of funding is one of the main reasons for the lack of accessibility to home care services. However, the new policy does not announce any concrete increase in funding and ignores this structural issue. Worse still, it plans to impose a financial contribution on users for home care services, whether they are vulnerable or better off (Porter, 2025). This suggests that the means to meet health and social service needs in home health care will become increasingly limited, but that, in addition, universal accessibility to public services (at no extra cost) will be jeopardised, to the benefit of privatisation. In our opinion, the government is on the wrong track by adding a financial barrier to accessing certain services. The absence of additional costs in accessing healthcare is a decisive and central factor in promoting health and reducing social inequalities, considering the ever-increasing cost of living and the widening gap between rich and poor.

THE SERVICE MANAGEMENT MODE

It seems to us that the new home support policy does not address the core issues, but mainly introduces administrative changes that reflect a technocratic vision. These include: the new patient-based funding model for services, home health care indicators, service management and performance monitoring, and the clinical activities enhancement project. These changes are merely tactics that increase standardisation and control, while adding pressure to already overworked staff.

Patient-based funding involves allocating money based on the number of users treated, the types of services provided, their volume, and the quality of care and services provided (MSSS, 2023). Thus, funding depends on the services provided to users rather than on historical and global allocation based on mission, local population needs and services provided. The vision behind this type of funding is to be able to track the care and services provided to a single user in order to obtain an overall cost per user, regardless of where he or she is in the health system. Although it is presented as a performance tool, this method of funding actually tends to make interventions more rigid, increases pressure on staff and reduces the ability to respond comprehensively and individually to users' needs. The government does not set time limits per service or per user, but the principle of fee-for-service funding involves comparing institutions to improve performance. While this allows for discussion about the relevance of services, it also calls into question the necessity of each procedure and its duration in order to maximise the performance of the institution and obtain better funding. In such a context, it becomes very difficult to respect the complexity of situations, recognise the uniqueness of individuals, and allow professionals to make full use of their clinical judgement and experience.

This management model is concerning because citizens have virtually no say in how home support services are organised, while institutions have less and less leeway to tailor their interventions to the needs of their population, prevent disease and address the social determinants of health.

MEETING THE HEALTH NEEDS OF THE POPULATION

Since there has been no real change in the way services are provided, nor any significant investment, and everything suggests that the private sector could play an increasingly important role in home care, the Clinic and its collaborators remain perplexed about the MSSS's actual ability to adequately support users and their loved ones, particularly in the context of a rapidly ageing population. Even though the government publicly claims to want CLSCs to return to their original purpose, no concrete commitments have been made in this direction. Its response to home care needs is insufficient. Regional inequalities and the specific needs of certain communities, such as people with autism spectrum disorder or intellectual disabilities, are not adequately addressed.

Furthermore, adequately meeting the health needs of the population also requires recognizing that these services cannot exist without sufficient, well-trained and supported staff. Home support teams across the province are struggling: there is a chronic shortage of staff and heavy reliance on independent contractors (Legault-Thuot, 2024). There is also a growing presence of social economy enterprises in home care to fill the gaps. Difficult working conditions are a major obstacle to recruiting and retaining staff in the public system (Legault-Thuot, 2024). This leads to higher staff turnover than in other services, which compromises the stability and continuity of care. The expanded presence of the private sector contributes significantly to the lack of continuity and leads to a loss of overall vision of the needs of users and, more broadly, of the population (Plourde, 2025). It should be noted that family caregivers and community groups too often find themselves compensating for the shortcomings and delays of home care services, without additional support, training or funding.

Under these conditions, it is unrealistic to claim to want to improve the accessibility and quality of care without having a comprehensive vision of the health needs of the Quebec population and without investing in improving the working conditions of home care staff.

Three recommendations for the upcoming home support policy

MASSIVE FUNDING FOR HOME SUPPORT SERVICES

First, we believe it is essential to recognize the right to home support and to enshrine in law the universal access to these services at no additional cost. Unlike medical and hospital care covered by the Canada Health Act, access to home care services at no additional cost is not guaranteed. In a context where privatisation is becoming increasingly prevalent in the medical landscape, it is urgent to formalise public coverage of home care services at no additional cost in order to protect the universality of the system and reduce social inequalities in health.

In its study on home support, IRIS reports that the government currently meets only about 10% of the actual needs for home support (Plourde & Boivin, 2024). Furthermore, according to OECD data, Canada is one of the countries where households bear the largest share of long-term care costs: nearly 29% of their health expenditures are devoted to this, one of the highest burdens among industrialised countries (Plourde & Boivin, 2024). These data demonstrate the urgent need for massive public investment in home care services. IRIS points out that such investment is possible without jeopardising public finances: by strengthening prevention and front-line services, the government could reduce its overall health costs in the long term. The example of Scandinavian countries shows that generous public coverage of home care services helps stabilise and reduce the share of health expenditure in the economy (Plourde & Boivin, 2024).

Moreover, several financing options are possible: reinvesting part of the medical surplus, increasing companies' contributions to the Health Services Fund, and adjusting taxation on the highest incomes.

DECENTRALISED AND DEMOCRATIC MANAGEMENT

Historically, CLSCs managed home support locally, with elected boards of directors made up of citizens. Successive health reforms, particularly that of Minister Barrette in 2015, centralised service management and weakened local autonomy. The creation of Santé Québec in 2024 accentuates this phenomenon: CISSSs and CIUSSSs are simply branches with no autonomy or board of directors (Plourde & Boivin, 2024).

The Clinic and its collaborators recommend decentralising home support services to CLSCs, which must once again become local and democratic. Specifically, we propose boards of directors composed of users, managers and clinical staff, similar to the Clinic's current governance model.

Such democratisation has several advantages: it allows services to be quickly adapted to the real needs of the neighbourhood (e.g. ageing population, poverty, isolation), to respond in a more agile and flexible way to local situations, to strengthen citizens' trust through their direct participation, and to better coordinate local services on the social determinants of health. It would replace top-down hierarchical controls with bottom-up citizen control exercised at the grassroots level. In other words, it is not a question of abolishing accountability and oversight of service quality and equity, but rather of reversing the logic so that it flows from communities to higher authorities (Plourde & Boivin, 2024).

A PRACTICE TO MEET NEEDS

To ensure that home-based health and social services needs are met to the greatest extent possible, we recommend three changes to the delivery of care:

- The integration of a preventive, community-based approach with specific funding. This would mean that each CLSC would receive funding from its population base for preventive and health promotion activities. Although public health services already perform similar work, it is essential to allocate a specific budget to CLSCs to ensure that these types of activities are carried out directly in the field and adapted to local realities. This would allow for earlier detection of chronic problems and a rapid response, particularly in disadvantaged neighbourhoods where these issues are more prevalent.

- Establish comprehensive multidisciplinary teams (home doctor, specialised nurse practitioner, nurse, social worker, occupational therapist, physiotherapist, nutritionist, community organiser, kinesiologist, etc.) whose local stability promotes in-depth knowledge of users and appropriate care. These teams must include professionals whose practice focuses on prevention and health promotion, such as kinesiologists, in order to address issues early on, prevent deconditioning and support the maintenance of functional and social abilities for people at home.
- Bring care and support services for activities of daily living back into CLSCs. This measure would ensure a better continuum of services, reduce dependence on the private sector and guarantee better working conditions for staff (Plourde, 2025). It is all the more necessary given that the private sector currently plays a predominant role: "For 2023-2024, in long-term home care, barely 12.5% of service hours are now provided directly by public sector staff. The majority of hours (51%) are now provided by a variety of private providers, and just over a third (36.5%) by employees of the service employment voucher programme (Plourde & Boivin, 2024). This fragmentation undermines the continuity, quality and equity of services, and reinforces the need to repatriate these activities to CLSCs.

Conclusion

The Point St. Charles Community Clinic and its partner groups reaffirm that home support must be universal, public, free of charge and democratic. The next policy must therefore be developed in collaboration with the various home support partners and be subject to genuine public consultation. We remind the current government that it has a democratic responsibility and must represent the diverse interests and needs of the Quebec population.

A sustainable national home support policy must be based on increased public funding, genuine decentralisation of decision-making and recognition of the central role of local and citizen teams in the organisation of care and services.

The Clinic and its collaborators call on the Quebec government to:

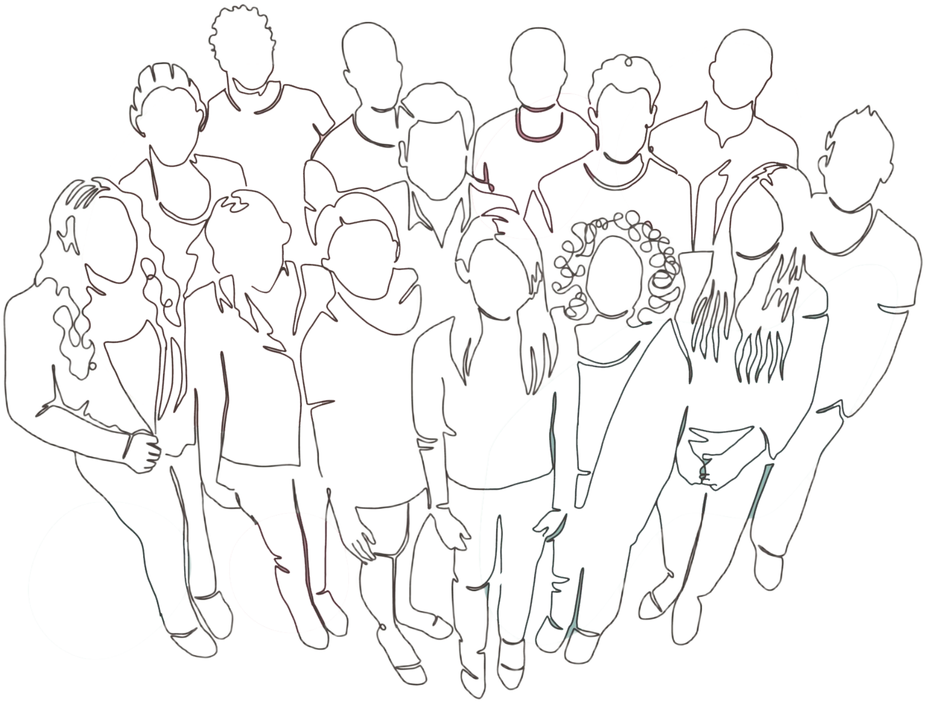
- Protect universal access to public health services at no additional cost
- Ensure substantial, stable and recurring funding for home support
- Guarantee decentralised and democratic management, rooted in local communities
- Fully recognise the role of frontline teams and community organisations in promoting the health and well-being of the population

The Clinic and its partner groups call on community organisations, associations, trade unions and the general public to take action by:

- Signing this position statement
- Signing the attached petition

Signatories

Click here to view the list of signatories.



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