

Local Community Service Centres

The mission of local community service centres (CLSC) is to offer basic front-line health and social services. They also have the mandate to provide the population within the territory they serve with preventive or curative health and social services and rehabilitation and reintegration services. In particular CLSCs are responsible for organizing home-support services.

HOME SUPPORT

This section of the annual report is devoted to problems regarding the application of the *Politique de soutien à domicile*. In fact, most complaints the Québec Ombudsman receives about CLSCs are about this aspect of their mission.

THE GAP BETWEEN NEEDS AND RESOURCES

The *Politique de soutien à domicile* of the Ministère de la Santé et des Services sociaux was published in 2003. It establishes that home is always the first option to consider and that priority must be given to the individual's choices. It recognizes the status of the informal caregiver and ties the services offered to a philosophy of action.

Since the adoption of the first policy in 1979, needs have grown faster than resources. As a result, the ability to respond to demand is always lagging behind the means available to the health and social services network. The effects of this gap between needs and resources were obvious in the 1993-1994 and 2000-2001 reports of Québec's Auditor General. Furthermore, a study by the Canadian Institute for Health Information published in March 2007 revealed that Québec is one of the Canadian provinces that devotes the least resources per capita to home support services.

Concretely, this results in problems of equity in access to services, forcing users to overuse other health system resources. Often, even if the user's needs assessment is done properly and the intervention plan is appropriate, managers are forced to offer fewer services, which can compromise achieving the objectives of the plan.

Also, home support teams must place priority on people returning home after a hospital stay. They have to deal with new client groups, such as seniors in private residences and certain users of non-institutional resources. Finally, home support services now include basic rehabilitation services, including physiotherapy, occupational therapy, speech therapy, audiology and others.

In the *Politique de soutien à domicile*, the Department lists the resources and means that can contribute to the services offered to users. Under certain conditions, the CLSC can refer people who need help at home or personal assistance to social economy enterprises. And in the same spirit, the *Chèque emploi service* direct allowance allows people who are eligible to hire a worker on their own. Community organizations and volunteer groups can offer civic support, home delivery of meals, guidance, transportation, friendly visits and other activities that are part of home support. Informal caregivers, who the policy defines as both clients and partners, are asked to get more involved, often without the necessary support.

The Québec Ombudsman believes that home support programs should have the resources necessary so that all citizens have access to quality services, in sufficient quantity and offered by the most appropriate resource. In the same way, it believes that informal caregivers should have adequate support. And yet, it has noted that this is not the case, because demand for services often exceeds supply. The Québec Ombudsman believes that the system loses flexibility as a result. A portion of users adapt to fewer services or repeatedly have to wait. This situation results in a great deal of dissatisfaction among the public and the different organizations.

COMPLAINTS REVIEWED BY THE QUÉBEC OMBUDSMAN

In 2006-2007, the Québec Ombudsman examined 71 complaints regarding CLSCs. There were 100 different grounds for these complaints.

The following table shows the breakdown of grounds for complaint examined by category, and for each category, the number of corrective measures developed. This data covers complaints and corrective measures in CLSCs, however, the large majority of complaints were regarding the home-support program.

Results of the Review of Grounds for Complaint

| Complaint Grounds | Number of Grounds* | Unsubstantiated Grounds | Substantiated Grounds | Number of Corrective Measures |
|---|--------------------|-------------------------|-----------------------|-------------------------------|
| Access to treatment and services | 22 | 14 | 8 | 12 |
| Clinical and professional aspects of treatment and services | 31 | 13 | 18 | 30 |
| Individual rights | 13 | 9 | 4 | 4 |
| Financial aspects | 16 | 13 | 3 | 3 |
| Interpersonal relations | 12 | 8 | 4 | 4 |
| Physical environment and resources | 6 | 3 | 3 | 2 |
| Total | 100 | 60 | 40 | 55 |

* Excluding complaints whose processing was interrupted

The examination of 100 grounds for complaint gave rise to corrective measures in 40% of cases, for a total of 55 measures. Of all of these measures, 60% were recommendations of the Québec Ombudsman and 40% were commitments from institutions to correct the situation.

Thirty-one per cent of grounds for complaint against CLSCs fell into the clinical and professional aspects of treatment and services category. Access was at the root of 22% of grounds for complaint, mainly to do with waiting times for assessment. The financial aspects came third, with complaints having to do mainly with billing for certain services, such as the increase in parking fees.

No relief for an informal caregiver

The doctor of a man who suffered a cerebral hemorrhage believed that the man could go home, after a stay in a rehabilitation centre. He felt that he would make more progress at home. His spouse agreed to act as the informal caregiver. The rehabilitation centre assessed the patient's needs and asked the CLSC to provide him with 25 hours per week of care. This request was refused, without the spouse's needs being assessed. The CLSC maintained that it was not able to finance these services and placed the user on a waiting list. Not being able to count on the custodial care service, the woman asked for leave for an indeterminate period from her employer and received it. She complained to the Québec Ombudsman.

The Québec Ombudsman noted that the woman made the decision to act as the caregiver for her spouse based on information about custodial care services that did not come through. It criticized the impact of this refusal on her professional life and finances.

The CLSC claimed that budgetary constraints required it to review who it provides services to and to be stringent in its application of the measures set out in *Politique régionale de soutien à domicile*.

On the one hand, as is often the case, new users are added to the list of people seeking services and their condition requires more than that. On the other hand, the fact that hospitals have reduced stays involves a major commitment from CLSCs in the region, because they provide services to people who return home. These factors have put additional pressure on their budgets. In this case, the result led to in a budgetary deficit for the CLSC's home support programs.

In light of this file, the Québec Ombudsman concluded that in spite of efforts in recent years to increase financing for home services, the resources are still insufficient. As well, their distribution among regions is still unequal. The services offered depend on the financial opportunities of the institution. Because the public they serve have many needs, CLSCs must make choices and try to distribute their services equitably.

The right priorities, but too few resources

A woman complained to the Québec Ombudsman regarding the lack of access to home support services and more specifically to housekeeping services. The woman received three hours of free housekeeping services per month through a social economy enterprise, and the services were financed by the CLSC that served her area. After moving, she had to deal with another CLSC, which assessed her need for housekeeping services at four hours per month, or two hours every two weeks. Her name was placed on a waiting list for these services, and she would have to pay a portion of the costs. The social economy enterprise would not make the trip to her home for a two-hour period, but only for three consecutive hours. The woman asked the Québec Ombudsman to intervene so that she would have free services again, in accordance with her service plan.

Examining the file shed light on the fact that the CLSC's financial resources do not allow it to respond to all of its clients' needs within its territory. The Québec Ombudsman learned that, in this case, the institution had implemented a prioritization system for home-support services. This system is based on an assessment of the consequences of no intervention for the person in question and for those close to them. Thus, a level of urgency is assigned based on the nature of the prejudice the person will suffer. The assessment of this woman's situation and needs showed "prejudice in the medium term."

The CLSC waiting list takes into account the priority level and the date of the request. When the budget allows, services will be provided according to the level of urgency and the age of the request. The CLSC told the Québec Ombudsman that it is not possible to specify a waiting time, because several factors are beyond its control.

An Act respecting health services and social services provides that the user's right to services be exercised within the framework of the human, physical and financial resources of the institution. Sometimes the services allotted are a compromise between real needs and resources available at the CLSC or in the community.

The Québec Ombudsman concluded that in establishing priorities in its service offer, the CLSC is demonstrating concern for equity with regard to its client groups. Furthermore, the analysis of this complaint showed that social economy enterprises have differing criteria and practices.

The difficulties of long-term care

The mother of a seriously disabled child complained to the Québec Ombudsman. Her 11-year-old child, who has many serious health problems as a result of meningitis contracted at an early age, is totally dependent on those around him for feeding and care.

The parents wanted to offer the child the best quality of life possible and decided to see to his well-being at home. Both were committed to the child, as was the extended family. The woman had lost her job just when the child was to undergo an operation on his spinal column. She had not worked outside of the home since then, which considerably reduced the family's income. When she filed her complaint, the woman was facing health problems and exhaustion. She nonetheless planned to return to the job market in the months that followed.

In order to meet her responsibilities to her child, the mother asked for the support of her regional CLSC in 1999. Since that date, she confirms having stepped up measures to obtain the various services she and her child were entitled to. In April 2003, needs were evaluated at 28 hours of service per week. The institution, claiming insufficient budget, was providing five hours of services. It then increased services to ten hours, coming closer to what should have been provided from the beginning. For some time now, since she submitted her complaint to the Québec Ombudsman, the Centre de santé et de services sociaux, through the CLSC, has offered her 18 hours of assistance services for daily activities, which answers to some of the needs identified by the institution. Having opted for the direct allocation and payment by *Chèque emploi* service, the woman is managing the hiring and supervision of paid employees and volunteers herself.

Furthermore, the family receives financial aid for respite care and babysitting as well as for the purchase of diapers. She also benefits from equipment loans: a patient lift, a bath stretcher and an articulated bed. The child receives occupational therapy and the house was adapted to his needs. The woman had to make constant efforts in order to obtain each of these services.

Aside from these services, the parents personally spend \$8,000 per year for private services, and the family is heavily solicited to support them in their parenting. However, their financial and human resources are dwindling.

The mother claims to have received little information from the institution regarding available measures. She has also noted difficulties resulting from many changes in personnel since 2002. However, she recognizes the professionalism of the people she communicates with and wants to maintain a positive relationship with them.

The Québec Ombudsman is critical of the fact that the woman has had to constantly nag to obtain the services her family needs. While it notes that the institution does not have the means necessary to respond to all the requests of the parents and the child, it made the necessary recommendations.

SUPPORTING THE PUBLIC WITHOUT CREATING INEQUITY

The statements of the Québec Ombudsman echo those of the Auditor General regarding the results of the study of the Canadian Institute for Health Information and the opinions of institutions and researchers. Situations called to its attention confirm that the government must pursue its efforts to improve home support services. While large amounts were devoted over the last decade, resources are still cruelly lacking. The current policy does not offer all the means to support the public without creating problems of inequity among individuals, groups and regions. Given the harm caused by chronic under-funding of these services, the Québec Ombudsman would like the Department to improve the concordance between the *Politique de soutien à domicile* and the availability of services.

In this respect, the Department could remind the health and social services network of the need to use the means required to ensure this concordance. These would include the improvement of processes and practices, the development of tools for better clinical management, the development of networking in the network and budgetary optimization.