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Submission to the 2025 Pre-Budget Consultations of the Standing Committee on Finance and Economic Affairs

The Champlain Region Family Council Network (CRFCN) is a volunteer group that supports the Family Councils in the 58 long-term care (LTC) homes in the Champlain Region through information-sharing, education and advocacy. Family Councils are an important component of the Fixing Long-Term Care Act, allowing families and friends of residents to have a voice in the care of their loved ones. In order to improve the quality of life and quality of care for LTC residents, we have prepared submissions to this committee every year since 2015.

Since the pandemic we have seen much needed government investment in long term care (LTC) - in construction and renovation of homes, training and recruitment and the long awaited commitment to a minimum care standard of four hours of care/resident/day. While we are grateful for these significant investments, there are still fundamental issues that need to be resolved.

As we have asked before, do we want to continue to house our frail elders in large institutional warehouses where staff are demoralized and burnt-out or do we want them to live in a true home-like environment where caring, supportive relationships between the residents, their families and staff are encouraged and nurtured? The fundamental principle of the Fixing LTC Act is “that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.” There is much work to be done to achieve this principle and create a long-term care sector that is valued and respected by the people of Ontario.

Our recommendations are grouped under four themes which aim to bring transformational change to LTC: staffing, person-centred care, building design and improved quality control and accountability.

1. Staffing: a system that is understaffed and relies on casual and agency staffing incurs quality control risk and vulnerability, and it is the residents who suffer.

Staffing remains the number one concern of families, recently confirmed by a survey of the Family Councils in our region. Recruitment and retention remain critical challenges in the sector, especially in rural areas and the North. The Ontario Auditor General's report released in late 2023 noted *"homes are still struggling to maintain sufficient staff to meet the needs of their residents.... a quarter of the homes in the province still provide fewer hours of direct care than provincial targets"* According to the Ontario Long-Term Care Association website, in 2024, 80% of LTC homes report difficulty filling shifts for registered practical nurses, 53% for registered nurses and 40% have difficulty filling PSW shifts. At the administrative level, "45% of homes saw a change in their Director of Care, Assistant Director of Care, or Administrator."

These staff vacancies result in an increased reliance on costly agency staff with the result that homes are paying two and three times the hourly rate of their own employees. More importantly, residents are put at risk on a daily basis because agency staff do not know the specific needs of residents and the routine of a home. The Auditor General report noted that in some homes, agency nurses and PSWs are providing up to **50%** of direct care hours. How can there be quality care when there is a revolving door of staff? Continuity of care is critical for person-centred, quality care that *"responds to a resident's physical, psychological, emotional, social, spiritual and cultural goals and needs"* (Fixing Long-Term Care Act).

Homes will be challenged to reach the government's promise to provide four hours of direct care by 2025 because of the high cost of agency staff. As well, the significant investment by this government in recruiting and training PSWs and nurses will be wasted if newly-trained staff continue to leave the sector.

The AG's report also noted that many homes are not providing their residents with access to allied health professionals, who are so important for quality of life: 68% of homes did not have an occupational therapist, 54% did not have a restorative aide, 39% of homes did not have a social worker and 72% of homes lacked religious or spiritual support. These are alarming statistics.

Key recommendations:

- a) Invest in improved compensation, wage parity with other health sectors, benefits and working conditions to ensure staff are attracted and retained in the LTC sector.
- b) Develop and implement a robust **Human Health Resource Plan** that will focus on recruiting the right people to create a stable, consistent workforce that will reduce onboarding and training costs and improve job satisfaction and staff retention. The need for this plan is urgent. The plan must address the unique staffing challenges of

rural and northern communities by creating a staffing strategy that addresses housing, transportation and training.

- c) Reduce the reliance on agency staff and address predatory practices by agencies that poach staff from LTC homes.
- d) Monitor the implementation of the four hours of care standard to ensure all homes meet the standard and work with those homes who do not meet the standard to address their recruitment and retention issues.
- e) Require public reporting of direct hours of care for each individual home, currently hidden in an average taken across all homes in the province.
- f) Implement the outstanding recommendations from the 2020 Staffing Studies, COVID-19 LTC Commission and 2023 Auditor-General's Report Audit *"Long-Term Care Homes: Delivery of Resident-Centred Care"*, especially the recommendation to increase care by allied health professionals from 36 minutes to 60 minutes per day.
- g) Develop consistent standards for PSW education and on-the-job training, especially in dementia and palliative care to ensure quality resident care. Funding should be provided to back-fill positions when training is provided.

2. *Person-centred care: There must be a fundamental shift away from an institutional, task-oriented model to one that is properly funded and puts the needs and preferences of residents at the focus of care.*

We believe that, given the will, your government is in a unique position to transform and rebuild our long-term sector on the tenets outlined in the preamble to the new Fixing LTC Act - on a person-centred model of care that promotes quality of life and quality of care for the residents and attracts, supports and retains all levels of staff. The passage of Bill 121 which calls for person-centred dementia care is a significant step in achieving this goal. However, widespread implementation of person-centred care will require resolution of the staffing crisis and investments in training, as well as sharing and promotion of best practices. The investment will pay big dividends: a more dignified life for residents, better health outcomes and a work environment and culture that attracts and retains staff.

Key Recommendations:

- a) The Ministry and LTC leadership immediately embrace, fund and make real progress on implementing a person-centred model of care which is built on respect, kindness, compassion and dignity for the resident.
- b) Work with the federal government on the implementation of the recently developed national LTC standards which call for person-centred care and design and were developed by LTC experts through widespread consultation with caregivers and members of the public. Funding is available from the federal government for those

provinces who implement the standards and could be used by the province to improve wages.

- c) Implement the Quality Centre mentioned in the Fixing LTC Act to act as the driver for the move to person-centred care through the sharing of best practices and coaching homes.
- d) Investigate the Auditor-General's recommendation that young persons in LTC should be better supported. The Ministry should work with the homes and other Ministries to assess whether there are more suitable living options for younger residents which would provide them with person-centred care that is appropriate to their age and interests.
- e) Review the care standard of four hours to determine whether four hours is adequate to address the complex care needs of today's residents.

3. *Building design: We do not need any more large, sterile institutions with shared rooms and bathrooms that don't feel anything like a home and are perceived as warehouses.*

Adopting person-centred care as the model of care requires modifications to the existing, outdated building standard for LTC homes in order to create smaller, home-like environments that provide privacy, foster a sense of community, include space for indoor and outdoor activities and are also more functional for staff in provision of care. The newly released report from the National Institute on Aging (2025) notes that small care homes are the norm in many countries, especially in Europe, and have positive health outcomes for the residents and create a positive work environment for staff ([There's No Place Like Home](#)). Many provinces are now incorporating small home design in the development of new LTC homes.

In addition to design considerations, we need to assess where LTC homes are located. Too many new homes are being built where land is cheap on the outskirts of cities, along busy streets filled with strip malls and inadequate public transportation. Wouldn't it be wonderful to see LTC homes co-located with community centres or day care centres or near parks where residents could see and hear children playing and laughing. Small care homes are easily integrated into residential communities.

Key Recommendations:

- a) Adopt Small Care Home design principles in the development and redevelopment of LTC homes to promote environments that support person-centred care; this would require that residents have private rooms with ensuite bathrooms.

- b) Build homes within the context of a provincial plan based on needs and community profiles (cultural diversity, location) especially the needs of underserved populations such as LGBTQ+ and Indigenous communities.
- c) Favour non-profit ownership when awarding surplus land, licenses and construction funding. Non-profit homes have a demonstrated history of better care and health outcomes for residents.
- d) Encourage the development of campuses of care which incorporate independent living apartments, assisted living residences with a LTC home to encourage sharing of services and resources; remove barriers that prevent residents from moving between different types of residences within the same campus (e.g from assisted living to long-term care).
- e) With the federal government, implement data collection and monitoring systems to promote sharing of accurate, meaningful data that can be used to assess the needs of an aging population and allow governments to develop appropriate plans to meet the demand for home care, long-term care and innovative seniors housing solutions such as Naturally Occurring Retirement Community (NORC-SSPs) which promote healthy aging-in-place

4. Inspections, Accountability and Performance Improvement: Quality improvement and preparedness in LTC homes is not achievable without clearly understood requirements, coaching for compliance and accountability that is enforced by robust oversight.

Families want a strong inspection program that can function during a health crisis to protect LTC residents; guarantees that every LTC home in Ontario is fully inspected on an annual basis; ensures that homes understand requirements; and most importantly, promotes a culture of proactive quality control and improvement for meeting and maintaining those requirements. While efforts have been made to make LTC homes more accountable, only regular oversight, coaching and impactful enforcement consequences will make accountability a reality.

Nearly everything that happens in LTC is documented and counted but we lack performance measures on what really matters: quality of life for the residents and a supportive working environment for staff. The new Fixing LTC Act speaks of quality improvement but there is little guidance on how that can be achieved.

Key Recommendations:

The inspection regime and the LTC Quality Inspection Program (LQIP) must:

- a) Strike a balance between a strong inspection regime but allow homes the room to innovate and try new approaches, such as person-centred care, that improve the lives of their residents;
- b) Ensure that inspectors are better trained to recognize and assess alternate ways of achieving regulatory intent in order to accommodate innovation;
- c) Have at its core, coaching for compliance and sharing of best practices to create a culture of quality in LTC and to help poorly performing homes;
- d) Review and revise current performance indicators with stakeholders (including families) to ensure a focus on quality of life for residents as well as quality of care;
- e) Ensure that performance metrics be publicly available by home. Published inspection reports should be clear, comprehensible and accurately reflect corrective actions with timelines for action;
- f) Review and revise the burden of reporting so administrators and front-line staff can focus their time on improving the lives of residents.

In Closing:

LTC is more than just buildings – it should be about assuring that the residents have the best possible quality of life during their remaining days which requires stable, motivated staff and a commitment to making the residents’ needs and preferences the focus of care.

The roadmap for long-term care reform and transformation has already been provided by the many, many studies of LTC, most recently the two national LTC standards, the 2023 Auditor General’s report, the COVID-19 Commission Report, the two 2020 staffing studies and the 2025 National Institute on Aging report on small homes. These studies are based on widespread consultation with residents, families, staff, and experts who want to see long-term care rebuilt on a foundation of compassion, dignity and respect for the residents and all those who provide their care. We need transformative change in Ontario’s LTC sector and the need is urgent.

Submitted by:

Champlain Region Family Council Network

Email: crfcnottawa@gmail.com

Website: champlainfamilycouncils.ca / X: [@CRFCN_Champlain](https://twitter.com/CRFCN_Champlain) January 27, 2025