

What federal leadership on long-term care standards should look like

Now is not the time for scoring political points over jurisdiction. COVID-19 brought tragic consequences to the lack of federal standards. We have a chance to right that wrong.



As the COVID-19 pandemic second wave once again ravages long-term care homes in Canada, we must reckon with the obvious: it is time to set a higher standard for this care, write Pat Armstrong and Marcy Cohen. *Image courtesy of Pixabay*

As the COVID-19 pandemic second wave once again ravages long-term care homes in Canada, we must reckon with the obvious: it is time to set a higher standard for this care.

The federal government promised as much in its Throne Speech, and we have taken this as an invitation to propose standards informed by the

research. Giving greater weight to the evidence, rather than political jockeying with the provinces, is the kind of federal leadership that is urgently needed.

This means not only developing federal standards for long-term care but also a more coordinated approach for the broader system of home- and community-based health services for seniors and people with disabilities (called continuing care).

Long-term and continuing care services have been developed by the provinces and territories on an ad hoc basis. As a result, access, quality of care and the conditions of work vary widely across the country. Indeed, it is more an underfunded patchwork of services—heavily reliant on for-profit delivery—than it is a system of care.

We recommend a way forward starting with strong, clear and transparent federal leadership on long-term care standards (using the federal spending powers under the Constitution) to ensure that safe elder care is a human right, and requiring provinces and territories to be accountable for meeting these standards. That means ensuring access to care is based on need, without financial barriers, maximum wait times for admission to a long-term care home and improved infection control standards.

It also means establishing and enforcing minimum staffing levels in these facilities—accompanied by decent working conditions and recruitment strategies to attract and retain staff.

One reason for COVID-19 outbreaks in long-term homes is staff forced to work in multiple homes to make ends meet, taking infections with them. We recommend a minimum of 70 per cent of staff work full-time in a single site, and that all staff (including part-time) have permanent jobs with benefits and pay based on equity principles.

A federal plan for long-term care must be premised on the understanding

that care is a relationship and therefore must be inclusive of the entire range of support and care staff, as well as the family and friends who support individual residents. This is essential for creating the conditions that support on-going caring relationships through continuity, improved training standards and the time to meaningfully support the individual resident's needs, autonomy and dignity.

The federal government also needs to address the elephant in the COVID-19 room: our dependence on for-profit facilities. Canada needs a federal plan to ensure that all public money for continuing care goes to public or non-profit organizations with no sub-contracting of services.

Research clearly demonstrates a pattern of lower quality care in for-profit homes while there is little, if any, research demonstrating benefits from providing public funds to for-profit homes. Sub-contracting services also undermines continuity, quality and teamwork—all core requirements for providing the best possible seniors' care.

Last but not least, federal standards must include strong accountability mechanisms and penalties for non-compliance. Research shows that those countries with consistent national regulation and delivery of long-term care fared better during COVID-19.

Public accountability means requiring the provinces and territories to make information available at regular intervals, based on verified data, including public reporting on inspections. This is vital both for transparency and ongoing improvement of Canada's long-term care homes.

The reaction of many premiers to last month's Throne Speech was deeply troubling. The setting of clear national standards in health care as a condition of funding is not an attack on provincial/territorial jurisdictions—it is the only path forward to a universal public system of continuing care, the same path Canada took to universal hospital and physician care.

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