

# Civil society and the delivery of health services in Quebec: Institutionalisation and co-building of public policies

- Our works concern the participation of civil society organisations in delivering services for the health of persons and communities.
- Our objective is to highlight the specificities of the “Quebec model” in the health and social services field (also observable in other fields) and that sustain a **hybrid and pluralist governance**.

# Health and social services in Quebec

- Two things should be mentioned :
  - in Canada, the delivery of health services is a provincial responsibility. The government of Quebec is responsible for health services.
  - in Quebec, the delivery of health services and social services is linked. The department responsible for health is called the “Ministère de la Santé et des Services sociaux”.
- The significant participation of social actors in delivering health and social services contributes to social arrangements that guide the governance of Quebec society.

# Outline

- Our paper is structured in three parts:
  - the main characteristics of the Quebec model for health care services.
  - the place of the community sector (associative aspect of civil society) in delivering health services.
  - homecare services sector, a social and health services sector in which community organisations play a major role.

# The Quebec innovation

- The interrelations between government bodies and community actors, even if marked by both conflict and collaboration, have led to long-term compromises, enacted through deeply anchored policies or institutional practices.
- Therein resides the main Quebec's social innovation in the field of health services: in the institutionalisation of civil society organisations and in the co-building of public policies.

# The structuring and deployment of the health services network: important moments

- The core was established between 1966 and 1972 as a result of the “quiet revolution”, but the local and community level is due to the institutionalisation in 1972 of the LCHCs, that were community clinics set up by civil society actors.
- At the end of the 1980s, a reform created and implemented the regional service organisation plans that solicited community organisations and transformed them into partners.
- In 1998, a new reform reinforced this partnership and promoted de-institutionalisation, home-oriented care, and made beneficiaries accountable for their health.

# Home care services

- As a result of those reforms, the participation of community and social economy organisations in the health sector have concentrated on local services, particularly on home care services, that include
  - 1) home assistance
  - 2) support and housing for the elderly
  - 3) services for the disabled

# Home assistance

- Home assistance is one of the sectors where the social economy has particularly established itself. It covers services of caretaking to frail seniors and convalescents. Social economy organisations act in partnership with the LCHCs.
- A vast network of social economy enterprises specialised in home care has been put in place: 103 social economy businesses, offering services to 35,000 persons and creating 3,800 jobs.
- And, these organisations had had a strong influence on the institutionalisation of a field which was supplied by illegal labour.

# Senior housing

- In Quebec, in addition to home assistance services, many initiatives exist to allow seniors to remain in their natural setting.
- The community housing sector for the elderly represents about 20,000 housing units distributed among some 600 organisations throughout Quebec.
- To ensure essential services and to maintain modest housing costs, some projects combine several types of cooperative organisations, for example, housing cooperatives combined with homecare and service cooperatives.
- Housing cooperatives allow seniors to stay in their native setting. Solidarity-based cooperatives allow them to maintain a quality of life.
- This model links housing and home care services.

# Services for persons with disabilities

- The *Centre de formation le jardin du citoyen de Verdun* (CFJCV) is a good example of a partnership between community organisations and health institutions in regard to services for persons with mental disabilities.
- The Centre was created in 1998 as a result of an agreement with the Douglas Hospital. Many patients who had received psychiatric care in that hospital were relocated into the community.
- Community actors responded by creating the Centre to help those patients reintegrate into the job market and society.
- The organisation focuses on manual work, in particular gardening.
- Depending on the project and season, it coordinates between 70 to 150 persons referred by the hospital.
- The Centre is supported by the Town (borough) of Verdun, the government and the hospital.

# Our review shows some aspects of what we call Public-Community partnership

- This kind of partnership raises the question of the relationship between the government and community organisations. On one hand, community and social economy organisations constitute an important basis for experimenting social innovations. On the other hand, their institutionalisation tends to diminish the meaning of certain principles that have inspired them.
- It improves the delivery of services to a part of the population. However, at the same time it can cause a major problem because the regions do not all have the same resources in terms of community organisations.
- This partnership influences the building of public policies. And that is what characterises the Quebec model. The link established between community organisations and the government explains their co-influence, through organisations as well as personal links and collaboration.