

Ontario Community Support Association

Pre-Budget Submission 2026

Executive Summary

Ontario's health system is at a crossroads. Nearly one in five Ontarians is over age 65, more than 2.5 million people are without access to primary care, and hospitals face persistent Alternate Level of Care (ALC) pressures. Meanwhile, long-term care (LTC) waitlists exceed 48,000 people and are projected to grow.¹ The most cost-effective and compassionate solution is to invest in a comprehensive suite of services including community support services, home care and independent living services, which allows people to remain in their homes and communities while reducing system pressures.

The Ontario Community Support Association (OCSA) urges the government to build on recent progress by making five key investments totaling \$641 million in the 2026 Budget:

- 1. Protect the progress of the previous multi-year agreement** for home care with a renewed \$442 million investment a year for three years, ensuring a 5% base budget increase and 5% service volume growth.
- 2. Continue building capacity in the community:** Invest \$150 million a year for three years for Community Support Services (CSS) and Independent Living (IL) to prevent imminent service cuts and expand capacity with a 5% service volume increase and 5% base increase to address operational pressures, increase compensation and invest in digital infrastructure.
- 3. Invest in healthy aging solutions for seniors:** \$20 million annually to scale proven integrated care models to fund coordinators in 100 Naturally Occurring Retirement Communities (NORCs) and connect 30,000 seniors with Community Wellness Hubs.
- 4. Expand and optimize home care clinics** with a \$25 million investment a year for two years to enhance wrap-around services, increase clinic capacity, and strengthen connections to primary care and rehabilitation for at-risk clients.
- 5. Build future system leadership capacity:** Invest \$4 million over three years to train current and emerging leaders in home and community support, mental health and addictions, and primary care with the competencies and confidence to drive integrated, people-centred models of care – advancing broader health system reforms in the province.

[1] Ontario Long-Term Care Association, The Data: Long-Term Care in Ontario <https://www.oltca.com/about-long-term-care/the-data/>

These targeted investments of \$641 million will sustain recent gains, alleviate pressure on hospitals and LTC, stabilize the workforce, support caregivers, and ensure that Ontarians can age at home where they want to be.

Introduction: Ontario at a Crossroads

Ontario's health system is under strain. An aging population, LTC waitlists, hospital capacity challenges, and lack of access to primary care are driving costs up and access down. Without action, these pressures will intensify and thousands of Ontarians may not receive the care they need and deserve.

Every missed opportunity to deliver care at home translates into avoidable hospital stays and premature LTC admissions, both of which drive higher costs across the system. **Renewed investment in home and community care is the most effective and fiscally prudent option for government, delivering better outcomes at lower cost, while reflecting Ontarians' preference to age at home.**

Recent investments proved the impact: more staff retained, more care delivered. In fact, the base increases unlocked an outstanding 1.8 million additional hours of care and 5.8 million more visits were accepted on first offer. However, these gains are fragile. Unmet demand, funding shortfalls and workforce challenges threaten to erode progress. The 2026 Budget is an opportunity to protect these gains and scale what works, sustaining community supports and expanding proven models of care.

The Case for Investment

Rising Demand

Ontario's senior population is projected to increase by 23% by 2029, adding more than 650,000 people over age 65.² At the same time, more than 2.5 million Ontarians already lack access to a family doctor, a figure projected to rise to 4.4 million by 2026 without corrective action.³ Hospitals and LTC homes are unable to absorb this demand. Home and community care must expand to meet it.

Caregiver Pressures

Unpaid caregivers provide approximately 75% of home care in the community. Yet nearly 44% report experiencing distress, with many providing over 20 hours of care per week.⁴ Without formal supports like respite, adult day programs, transportation, and Meals on Wheels, caregiver burnout will worsen, and reliance on institutional care will grow.

[2] Province of Ontario, Ontario population projections <https://www.ontario.ca/page/ontario-population-projections>

[3] Ontario College of Family Physicians, More Than Four Million Ontarians Will Be Without a Family Doctor by 2026, November 2023. <https://ontariofamilyphysicians.ca/news/more-than-four-million-ontarians-will-be-without-a-family-doctor-by-2026/>

[4] Canadian Centre for Caregiving Excellence, Canadian Caregivers are at a Breaking Point, November 2022 <https://canadiancaregiving.org/canadian-caregivers-are-at-a-breaking-point/>

Cost Effectiveness

The cost contrast is stark. Hospital ALC days cost \$730/day, and LTC costs \$201/day, compared with just \$103/day for home care. Even if the government were to implement wage parity, the daily cost of home and community care would only be \$128, far less than institutional alternatives.⁵ **Every day of care shifted from hospital or LTC into home care represents hundreds of dollars in avoided costs**, while supporting the clear preference of Ontarians to receive care at home.

Workforce Challenges

Workforce shortages and wage disparities threaten sector stability. Community PSWs and nurses earn \$3.50–\$10 per hour less than hospital or LTC counterparts, leading to recruitment and retention challenges. While recent wage investments have helped, reducing turnover rates for home care providers by close to 50%, vacancies remain high at 12%, and CSS/IL providers are struggling to retain staff with turnover rates averaging 18%.⁶ The consequences are costly, including cancelled or shortened visits and longer wait times for clients. More people end up in hospitals or LTC, settings that are more expensive. Predictable funding will allow for a comprehensive retention strategy, enabling home and community care providers to sustain the workforce needed to meet rising demand.

Proven Results from Past Investments in Home and Community Care

Recent provincial investments of \$2.1 billion over three years in home care have delivered measurable outcomes. These home care base budget increases and wage enhancements have **reduced PSW turnover by 38%, retaining more than 1,000 staff. These investments added 1,400 new PSWs to the sector, unlocking 1.8 million additional hours of care. They prevented over 1.5 million missed personal support and nursing visits and ensured an additional 5.8 million PSS visits, and over a quarter of a million nursing visits were accepted on first offer. The impact is equivalent to adding 28 hospital beds and 345 LTC beds annually.**⁷

In CSS and IL, past investments have **enabled 6,000 more Ontarians to access Meals on Wheels, 8,800 more to join Adult Day Programs, and over 1.2 million rides annually for medical appointments and daily living needs.**⁸ These gains demonstrate the system-wide value of home and community supports.

Pressing Needs and Risks of Inaction

Despite rising demand, Budget 2025 did not include base budget increases for CSS. As a result, 36% of CSS/IL organizations report they are planning service cuts, while another **36% are unsure if they can sustain operations without reductions. Agencies are already laying off staff, reducing program hours, increasing client co-pays, and growing waitlists.**⁹

[5] Zagrodny et Al., Economic Evidence for Home and Community Care Investment: The Case for Ontario Personal Support Workers' Wage Parity, Longwoods, Healthcare Policy 19 August 2023, <https://www.longwoods.com/content/27161/healthcare-policy/economic-evidence-for-home-and-community-care-investment-the-case-for-ontario-personal-support-work>

[6] OCSA Member Survey, Pre-Budget 2026

[7] OCSA Analysis of Home Care Performance Data and Funding from 2020-2025

[8] Health Data Branch, Healthcare Indicator Tool, OHRS Reports, Community Support Services, 2025

[9] OCSA, Pre-Budget 2026 Member Survey

Without sustained investment, the gains made in home care over the past five years—lower turnover, more PSWs, millions of additional care hours—will erode.

If left unaddressed, these challenges will extend wait times, reduce hours of care, and push more Ontarians into hospitals and LTC at much higher cost.

Scaling Proven Solutions

Investments alone will not fix the health care system, we must also change how services are funded and organized. Integrated care means connecting primary care, home and community care, and other sectors of the health system, creating a coordinated network that delivers seamless support across providers and settings. Examples of this include team-based, service bundle models that integrate home and community care, and primary care to meet clients' needs, improving both experience and outcomes.

As outlined in our Healthy Ageing Community Hubs policy paper, integrated care models that bring together medical, social, and wellness-oriented services are already demonstrating improved health outcomes and quality of life—particularly for seniors and individuals with complex or chronic needs. Two of these models are proven and ready to be scaled across Ontario, and there is significant potential to leverage the province's 135 home care clinics to expand access and impact.

Naturally Occurring Retirement Communities (NORCs)

Naturally Occurring Retirement Communities (NORCs), apartment buildings or housing developments with many older adults, are an underused platform for integrated, community-based care. With targeted investment, they can become hubs for prevention, social connection, and wellness.

Ontario has proof of success. The Oasis model in Kingston engaged nearly 1,000 seniors in wellness clinics, meals, and exercise programs, improving health, reducing isolation, saving travel time and creating efficiencies for care provision by health workers, and saving costs by delaying long-term care and lowering hospital use. Building on this, the UHN NORC Innovation Centre has developed scalable models that resolve resident needs on-site and could free 750,000 PSW hours annually, worth \$26.8M, through better coordination.¹⁰

Community Support Service (CSS) agencies are best positioned to anchor these programs. They are provincially funded, locally trusted, and deliver the services that keep older adults independent. They are trusted partners in communities, have deep experience collaborating with housing providers, Ontario Health Teams, and municipalities, and are culturally responsive to the diverse needs of the seniors they serve.

Investing in NORC Coordinators through CSS agencies is also fiscally prudent. **The cost of a coordinator (\$80,000–\$100,000 annually) is comparable to the operating cost of a single LTC bed, but avoids the \$600,000+ capital cost of building one. Avoiding even a single LTC admission offsets the full cost of a coordinator.**

[10] UHNs NORC Innovation Centre, A Home Care Model for Naturally Occurring Retirement Communities, 2024
<https://www.uhn.ca/corporate/News/Pages/UHN-report-sees-chance-to-create-home-care-capacity-by-streamlining-services-in-NORCs.aspx>

By investing \$10 million a year the province would be able to fund 100 NORC Coordinators to support health, wellness, and prevention in communities with high proportions of older adults living in them.

Community Wellness Hubs

Community Wellness Hubs bring health, social, and wellness services directly into seniors' housing. **By embedding care in familiar settings, hubs improve outcomes, reduce hospital demand, and support aging in place.**

The Burlington Hub, launched in 2019 with housing, health, and community partners, has delivered measurable results: hospitalizations for preventable conditions fell by 31% and non-urgent ER visits by 14%.¹¹ Scaling to 100,000 seniors province-wide could save \$90M annually and free 57,000 hospital bed days.¹²

This success is being replicated elsewhere. In Durham, Community Care Durham delivers wellness checks, navigation, and mental health supports. In York Region and South Simcoe, CHATS integrates culturally tailored programs that strengthen social connections and reach isolated and ethnocultural seniors.

Community Support Services (CSS) and Independent Living (IL) agencies are best positioned to scale these hubs. Provincially funded and locally embedded, they already deliver core services, have deep partnerships with housing and health teams, and are trusted by diverse communities.

It would only take a \$10 million investment a year for five years to establish Community Wellness Hubs, co-located with CSS and primary care, in each OHT, keeping 30,000 people at home and out of hospital.

Expand and Optimize Home Care Clinics to Improve Access, Stabilize Clients and Support Integration

Ontario has an opportunity to unlock the full potential of home care clinics by enhancing clinic-based models to offer wrap-around inter-professional services and stronger integration with primary care and rehabilitation. These clinics already exist in many communities, but their capacity is underutilized, and their role in the system is not fully optimized. With a targeted investment of \$50 million over 2 years, they can become key access points for stabilizing at-risk clients, enhancing efficiency and diverting avoidable hospital and long-term care admissions.¹⁰

[11] OCSA, Transforming Seniors' Care—A Roadmap for Creating Healthy Ageing Community Hubs in Ontario, June 2025
<https://www.ocsfa.on.ca/ocsfa-releases-new-policy-paper-transforming-seniors-care-a-roadmap-for-creating-healthy-ageing-community-hubs-in-ontario>

[12] Community Wellness Hub Opportunity & Outcomes, Burlington Ontario Health Team, October 2024

OCSA recommends enhancing the province's "clinic-first" philosophy, with a focus on optimizing clinic infrastructure and capacity, expanding the program to incorporate multi-referral streams, expand care to include rehabilitation therapy (OT and PT) and enabling Nurse Practitioners (NPs) to lead care for at-risk clients who lack access to a regular primary care provider. These clinics are uniquely positioned to provide assessment, stabilization, and care planning services for clients who would otherwise end up in emergency departments, particularly seniors and individuals with chronic conditions.

By leveraging existing infrastructure, the province can make more efficient use of capital assets and workforce capacity. Clinics can also serve as hubs that connect clients with health and social services, such as primary care and community support services, supporting a more integrated care experience. This model promotes faster access, reduces unnecessary care transitions, and aligns with Ontario's Primary Care Action Plan as well as Ontario Health Teams' goals for seamless care.

With the right investments, home care clinics can deliver higher value care, support more coordinated service delivery, and serve as a practical solution to both primary care access gaps. **Enabling clinic optimization and expansion is a scalable innovation that should be part of Ontario's broader strategy for transforming home and community care and creating a more integrated health care system.**

Digital Infrastructure and Leadership Development

Ontario cannot achieve system transformation without modern infrastructure and strong leadership. Simply funding more hours of care into a fragmented system risks duplication, inefficiency, and burnout.

Leadership development is vital for CSS agencies and home care providers to play full roles in Ontario Health Teams and integrated models like Home Care Modernization and Community Wellness Hubs. Governance training, management supports, and opportunities for emerging leaders are needed to strengthen collaboration and drive change at scale.

The province has a great opportunity to leverage its previous Leadershift training program which trained over 640 community health leaders to be champions of integrated care. The province should fund a renewed Leadershift to equip current and future leaders from primary care, home and community and community mental health and addictions with the skills, tools and networks required to lead effectively in Ontario's evolving health system.

Digital modernization is urgent. Many providers still rely on phones, faxes, and disconnected scheduling tools, forcing clients to repeat their stories and limiting coordination. Investments in licensing, cybersecurity, interoperability, and modern platforms would support integration, reduce waste, and ensure workforce and service investments are effective.

The province should allocate funding for digital infrastructure and IT within the base funding of CSS and IL agencies. Currently, providers receive no designated funding for the digital tools needed to operate in a modern health system. Dedicated base funding would provide agencies with the capacity to maintain secure systems and develop better analytics that enable better integration across the health system.

Without parallel investments in leadership and digital infrastructure, Ontario's home and community care system cannot modernize or meet growing demand.

Recommendations

OCSA recommends that the Ontario government include the following in the 2026 Budget:

- **Protect the progress of the previous multi-year agreement** for home care with a renewed \$442 million investment a year for three years, ensuring a 5% base budget increase and 5% service volume growth.
- **Continue building capacity in the community:** Invest \$150 million a year for three years for Community Support Services (CSS) and Independent Living (IL) to prevent imminent service cuts and expand capacity with a 5% service volume increase and 5% base increase to address operational pressures, increase compensation and invest in digital infrastructure.
- **Invest in healthy aging solutions for seniors:** \$20 million annually to scale proven integrated care models to fund coordinators in 100 Naturally Occurring Retirement Communities (NORCs) and connect 30,000 seniors with Community Wellness Hubs.
- **Expand and optimize home care clinics** with a \$25 million investment a year for two years to enhance wrap-around services, increase clinic capacity, and strengthen connections to primary care and rehabilitation for at-risk clients.
- **Build future system leadership capacity:** Invest \$4 million over three years to train current and emerging leaders in home and community support, mental health and addictions, and primary care with the competencies and confidence to drive integrated, people-centred models of care – advancing broader health system reforms in the province.

Conclusion

Ontario has clear evidence: home and community care delivers better outcomes at lower cost. Investments to date have reduced hospital pressures, delayed LTC admissions, stabilized the workforce, and supported caregivers. But these gains are fragile.

Without renewed and sustained investment in community support services, independent living and home care, service cuts will erode progress and push more people into hospitals and LTC, at far higher cost to the system.

The 2026 Ontario Budget must prioritize home and community care as the cornerstone of health system sustainability.

By protecting and expanding wrap-around services, closing wage gaps, and scaling proven integrated care models, Ontario can relieve pressure on hospitals, improve equity and access, and ensure that Ontarians can age with dignity, independence, and choice—at home, where they want to be.



The Ontario Community Support Association (OCSA) is the provincial voice of home and community care. Representing more than 220 not-for-profit, charitable organizations across Ontario, OCSA members deliver vital services that help seniors, people with disabilities, and individuals with complex health needs live safely and independently at home. These services include home care, Meals on Wheels, transportation, adult day programs, respite care, and independent living supports.

Every year, OCSA members support over a million Ontarians and their families, easing pressure on hospitals and long-term care, and providing the most cost-effective care in the health system. Guided by evidence, collaboration, and equity, OCSA works with government and system partners to ensure home and community care is recognized and resourced as the cornerstone of Ontario's health system.