



COMMUNITY HEALTH &  
SOCIAL SERVICES NETWORK

RÉSEAU COMMUNAUTAIRE DE  
SANTÉ ET DE SERVICES SOCIAUX

# Pre-Budget Consultations in Advance of the 2026 Budget

Brief submitted to the House of Commons Standing Committee on Finance  
(FINA)

By

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## **Introduction: The English-speaking Population of Quebec**

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The English-speaking Community of Quebec (ESCQ) is a diverse, geographically dispersed official-language minority community with well-documented health and social vulnerabilities. Across many regions of the province, English-speaking Quebecers experience **higher rates of social isolation, lower socioeconomic status, and greater barriers to accessing health and social services** compared to the francophone majority. These disparities are especially pronounced in rural and remote areas, where English-speaking populations are smaller, older, and face limited-service availability. Research consistently shows that English-speaking Quebecers report **lower health literacy, reduced access to preventive care, and higher levels of chronic stress**, all of which contribute to poorer health outcomes.

Despite these challenges, the ESCQ has built a strong network of community organizations that play a critical role in improving access to services, strengthening partnerships with the health system, and delivering culturally and linguistically adapted programs. Federal investments—particularly those tied to Section 41 of the Official Languages Act—have been essential in enabling these organizations to respond to community needs, develop local capacity, and support health promotion and prevention initiatives. As Quebec’s population ages and cost-of-living pressures intensify, the ESCQ’s vulnerabilities are deepening, making sustained and strengthened federal support more important than ever.

## **Recommendations**

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The following points are our recommendations to FINA for the 2026 Budget:

### **1. Uphold Section 41 Obligations Through Stable, Indexed, Long-Term Funding**

The federal government’s obligations under **Section 41 of the Official Languages Act** require concrete, positive measures that enhance the vitality of official-language minority communities. As noted in the TALQ submission, the renewal of the Action Plan for Official Languages is already underway, and there is a **risk of program restraint without early commitment beyond 2028**.

The last Action Plan’s **10% increase** was essential to maintaining community capacity in the face of rising costs. However, tracking the inflation-adjustment resources proved **burdensome and unrealistic**, diverting time from service delivery. A simplified, transparent indexing mechanism is needed to ensure that funding keeps pace with inflation without imposing administrative strain.

### **2. Resist Budget Reductions That Undermine Community Capacity**

We recognize the current era of fiscal restraint. However, cuts to minority-language community funding have disproportionate impacts. As the TALQ document notes,

consultations are a critical lever to **anchor ESCQ priorities in the evolving federal language policy framework**.

When governments reduce spending, **community organizations must step up**—especially in health, social services, and prevention. minority-language needs. The ESCQ, supported by Quebec's Ministry of Health and Social Services, relies on federal investments to maintain its partnerships with the public system. Reductions at this moment would weaken the community organizations and these partnerships that are so critical to ensuring access to health and social services in English.

### **3. Invest in Results-Oriented, Not Compliance-Oriented, Implementation**

CHSSN strongly supports a shift toward **results-oriented investment**, rather than process-driven compliance. As highlighted in the TALQ recommendations, federal institutions should be required to **adopt and report on concrete positive measures**, with justification when measures are not pursued.

This approach ensures accountability while allowing communities and departments to focus on outcomes—improved access, stronger partnerships, and measurable vitality—rather than administrative burden.

### **4. Strengthen Community Capacity for Health Promotion and Prevention**

Renewal of federal investments must include **additional resources for health promotion and prevention**, areas where community organizations have demonstrated strong impact. These priorities align with provincial directions and represent a cost-effective way to improve population health while reducing pressure on the health system.

### **5. Protect the Direct Federal–Community Relationship**

A defining strength of federal support for the ESCQ is the **direct relationship between the Government of Canada and community organizations**. This relationship ensures that federal priorities—especially those tied to Section 41—translate into real, measurable outcomes on the ground.

For example, the **Networking and Partnership Initiative** is a CHSSN foundational program supported by Health Canada since 2003 that enables English-speaking communities to build partnerships, improve access to services, and support federal objectives in accordance with Quebec's jurisdiction in the area of health and social services. Structural barriers in Quebec can complicate federal program delivery, but the **dedicated, protected funding envelope** accorded the CHSSN over 25 years has mitigated these challenges. This direct funding relationship has ensured that federal priorities tied to Section 41 have translated into real, measurable outcomes on the ground. This relationship must be **protected**,

**promoted, and explicitly recognized** as a core element of federal policy design and funding delivery.

## **Conclusion**

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CHSSN urges the Committee to recommend:

1. **Renewal and expansion of the Action Plan beyond 2028**, with indexed, stable funding aligned with Section 41 obligations.
2. **Protection of community-based funding** during fiscal restraint, recognizing the essential role communities play in service access and system navigation.
3. **A results-oriented approach** to Part VII implementation that reduces administrative burden and strengthens accountability.
4. **Targeted investments** in health promotion, prevention, and community capacity such as the Networking and Partnership Initiative program.
5. **Protection of the direct federal–community relationship**, which supports accountability for positive measures, enables innovation, and promotes partnerships to meet community needs.

These measures will ensure that the English-speaking Community of Quebec continues to contribute to a strong, inclusive, and equitable Canada.