

PUBLIC CONSULTATION REPORT ON LIVING
CONDITIONS OF QUÉBEC SENIORS

Preparing the future with our seniors



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Preparing
the future
with
our seniors

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A close-up portrait of an elderly woman with short, curly white hair. She has a gentle expression and is wearing a bright blue top. Her face shows signs of aging with wrinkles around her eyes and mouth. She is wearing a pearl necklace and pearl earrings. The background is a soft, out-of-focus green.

*"We were once young too,
you know. We all have the
same age ... just not all at
the same time!"*

(A SAGUENAY SENIOR)

*"It all depends at how you look at it:
some people are old by the time
they are 30 ... others are still young
at 100!"*

(A MATANE CAREGIVER)

*"If we stay at home
and do nothing, we become
invisible. We have to get involved
and participate."*

(A RETIREE FROM BONAVENTURE)

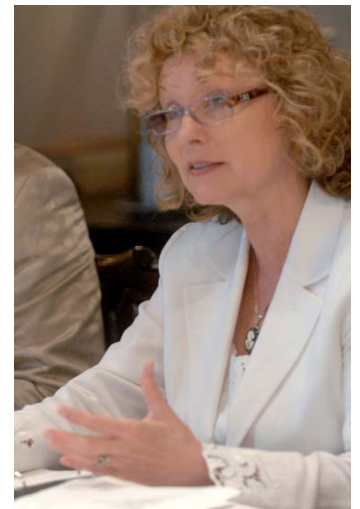
de a part des gestes concrets pour
les besoins des personnes âgées
et, il ne vient pas seul au gouver-
nement. C'est l'ensemble de la société
qu'il faut mobiliser. Je souhaite que ce
mouvement des partis politiques et
organes et serve de référence pour
le gouvernement et les décideurs

A WORD FROM MINISTER MARGUERITE BLAIS

The premier has greatly honoured me by bestowing upon me the responsibility for creating conditions for engaging and valorizing our senior citizens. He also gave me the responsibility for protecting elderly citizens in situations of loss of autonomy. I intend to discharge my responsibilities with respect to this mission with passionate determination, especially since the cause of the elderly is one that I hold dear to my heart.

In the majority of industrialized countries, the population as a whole is ageing. As is the case in other societies, Québec has already taken tangible steps towards responding to the needs of its population's senior citizens, but wants to move forward in this direction by improving on what already exists and by exploring new avenues for action.

Government, however, cannot shoulder all the responsibilities here. The task requires the mobilization of society as a whole. In this sense, the Public Consultation on Living Conditions of Québec Seniors took measures to reach out to the largest number of people possible: seniors themselves, their families, community organizations, caregivers- especially in the area of health services- volunteers, experts and many others.



Le Québec a fait des gestes concrets pour
répondre aux besoins des personnes
le pendant, il ne revient pas seul au
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mi entre le mouvement et les

The consultation made it possible for the two co-chairs and myself to travel throughout Québec, listen to people's stories, and discuss priorities "in the field" for action we could take in order to improve the living conditions of Québec Seniors. Numerous Briefs were submitted to us and contributed in no small way to our reflections. This exercise was an important opportunity for us to think about the place seniors should enjoy in our society, and to seek ways to build for the future.

My hope is that this report will transcend political parties and allegiances and serve as a point of reference to orient not only the government but also other decision-makers who have roles to play with respect to seniors. Moreover, I hope that the report will lead to a collective agreement concerning the importance of giving our older citizens the opportunity to remain active and to rise to their full potential in society. It's something that they deserve.

We want all citizens of Québec-men and women alike-to feel concerned with this issue. Improving the living conditions of seniors and ensuring that they receive proper recognition will be a vital contribution to the continuing process of building a society that is more equitable and based on greater solidarity.

je soutiens
votre rapport
cherche les décisions
se mobilisent pour qu'
solutions repare d'elles
selon mieux en place
l'intérêt de ces solutions
d'ailleurs, selon moi
de fait que ce soit
personnes ainsi elle
qui nous les aies
suggérées!

A WORD FROM MS. SHEILA GOLDBLOOM

When I accepted Ms. Blais' invitation to co-chair the consultations, I had no idea of the intensity of the experience that I was about to have.

Throughout my career in social work, I have been called upon to intervene to help individuals, families, groups and communities. In my capacity as an educator, I was also led to reflect on the manner in which individual problems and greater social issues such as poverty, unemployment and domestic violence develop. None of that, however, prepared me for the effect I would experience when listening to the testimony of people who like me, have lived beyond the age of 80 and need to know if society still wants them, and still needs them.

This is a question that deals with intergenerational solidarity, feelings of usefulness, recognition of experience and more. The public consultation showed us quite clearly that, independent of our age or status and whether as individuals or as society as a whole, we need to reflect upon the place of seniors in our community.

If one aspect of the hearings stands out in my mind, it is the call for respect. Many seniors enjoy happy and full lives, but there are others, often more vulnerable and fragile, who ask to be treated with greater dignity and



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apport révisés à
les de ce que afin qu'ils
viraient pour que les
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humanity. I am thinking in particular about those who reside in the various public and private nursing homes and residential and long-term care facilities. Many establishments offer quality conditions of living, but much remains to be done to ensure a generalized more humane approach to the elderly. Sensitivity, as we were told over and over throughout the hearings, must not only be present with respect to the institutionalized, but must also be felt by their families and loved ones.

Like the Minister, I too, keenly wish that this report is successful in reaching the decision-makers, and the entire body of caregivers for that matter, so that they mobilize around the task of quickly implementing the concrete solutions we suggest. In fact, to my mind, the most interesting feature of these solutions is the fact that they have been suggested by seniors themselves!

j'ai moi aussi été
sensible aux propos
y avons entendus et
desireux que notre
soit fidèle à ses de
À cet effet, je souhaite
particulièrement que
décisions à venir so
portances d'une améli
sensible



A WORD FROM D^R RÉJEAN HÉBERT

In my capacity as geriatrician and gerontologist I have always been concerned about seniors. My participation in the process of reflection concerning the care they receive took a different form however, beginning in 2003.

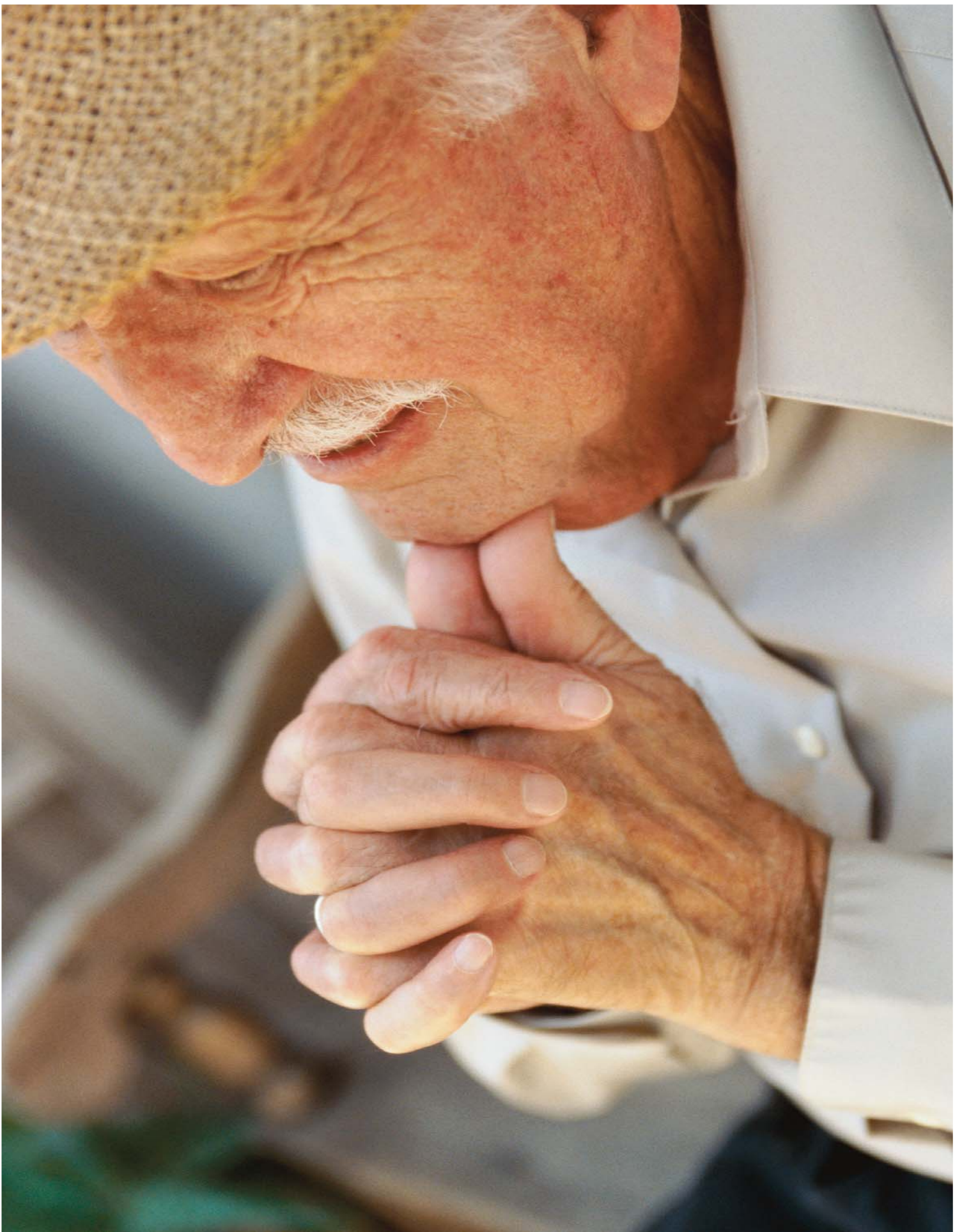
That was the year I joined the working group regarding seniors who have lost autonomy that was created by the Ministère de la Santé et des Services sociaux. I am pleased to have contributed to ensuring that the 2005-2010 Action Plan for Seniors Who Have Lost Autonomy emerged from that process.

It is impossible to have been committed to the "cause" of seniors for such a long time without having taken every opportunity that presented itself to help them be heard. This is why I said "yes" when Minister Blais asked me last summer to co-chair the public consultation.

Like Ms. Blais and Ms. Goldbloom, I was also sensitive to the stories we listened to and, like them, I wanted our report to faithfully reflect their testimony. To that end, I would especially hope that the decisions that follow this report may bring perceptible improvement both to the living conditions of seniors who have lost autonomy and to those of the home caregivers who provide the vital services they so dearly need.

le aux propos que nous
us entendus et je suis
ux que notre rapport
fidèle à ses données.
effet, je souhaite tout
sincèrement que les
ous à venir soient
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de des conditions de
personnes âgées

The consultation made it possible for me to validate numerous scientific theories with the many real-life people who are so committed to changing society for the better, each and every day. In a true sense, the consultation was a sort of incarnation of the major currents of gerontology. The seniors brought life experience and a healthy dose of reality to our reflections on just how could be created the conditions for us to profit from their wisdom. Now, with the report, we are the carriers of their message.



Acknowledgement

In our capacity as co-chairs, we would like to thank all those who took the trouble to attend one or more of the sessions of the Public Consultation on Living Conditions of Seniors. Thanks to their participation and often, to their courage in speaking out, this consultation has been a remarkable success.

We also thank the many individuals, groups and organizations that took the time to meet with us and who, in some cases, prepared a brief in order to share their vision and their expertise on living conditions of seniors with us.

Numerous organizations, associations, local, municipal and provincial elected officials, representatives from the health field and civil servants from government departments and organizations all showed sustained interest throughout the consultation. Their participation bears witness to their commitment to a social objective that concerns us all, and to them we express our profound thanks.

In addition, we want to acknowledge the professionalism of Françoise Guénette, who was responsible for hosting the majority of the consultation hearings. She displayed tact and grace in helping people to speak of their experience, even when it was on subjects of a delicate nature.

Our thanks go to the staff of the Ministère de la Famille et des Aînés for their collaboration with respect to the organization and procedures of the consultation, as well as to the personnel of Services Québec and the Centre de services partagés du Québec. Finally, we want to express our gratitude to those who, in each of the cities and localities we visited, helped us hold the hearings in so very many ways.



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Introduction

All industrialized states are conscious of the ageing of their populations and of the fact that this trend will become more marked during the first half of the 21st century. Even if there is a desire on their part to encourage both larger families and immigration to change the direction of their demographic curve, they also recognize that whatever happens, they need to adjust to the fact that the age of the largest segment of their population will inevitably move forward.

Québec is one of the advanced societies in which the phenomenon of population ageing is the most evident. If the present trend continues, in the 30 years from 1996 to 2026, the proportion of the population aged 65 and older, which is currently 14.4%, will have nearly doubled to about 25%, according to the Institut de la statistique du Québec.¹

This situation will lead to a significant shake-up in all spheres of Québec society. It calls for serious thought and an ongoing commitment on the part of all of society's players, to ensure that these changes are turned into favourable opportunities for the economic and social development of Québec.

On May 9, 2007, in order to better pursue the work that has already been accomplished with respect to this question, Premier Jean Charest announced the creation of a public consultation on living conditions of seniors.

The government sought to mobilize the greatest number of people possible in order to open a conversation on the various dimensions of the issues related to living conditions of seniors. That is why he invited not only seniors and their families to speak out, but also called on groups, experts and other intervenors concerned by this question. This measure would allow for a clear look at what has already been done and for understanding the reality of senior's lives in order to es-

establish priorities for action leading to an improved response to their needs.

People answered the call in large numbers. That fact alone made it clear that improving the living conditions of our seniors, is a true social challenge that concerns us all. Begun on August 26, 2007, the consultation would continue for nearly three months and attract more than 4,000 participants.

The testimony we heard confirms that while the orientation, structures already in place and measures implemented over many years have made it possible to improve the welfare of Québec's seniors, more remains to be accomplished. In this matter, everyone has a role to play, whether they are decision-makers at the various levels of government, heads of companies and unions, representatives of the organizations of civil society or seniors themselves and their families.

We heard the stories told by independent persons, in full possession of their faculties, who want to go on contributing fully to Québec society. Others came to speak of initiatives that were truly inspiring, and described projects they ran and their commitment to the community, while underlining the importance of the bonds they maintained with their family and social network.

Participants in the consultation also spoke out about the fact that tangible problems remain, living conditions are not always the best, and issues such as ageisme, loneliness, poverty and abuse are still very much with us. Some witnesses spoke about the difficulty they experienced in obtaining the services they needed to mitigate their loss of autonomy and support their care-givers.

The first section of the report describes the situation of our seniors and the phenomenon of the ageing of the population of Québec. This contextualization seemed important to better appreciate the reality of senior's lives. We should also point out that the current evolution of society makes it more difficult to determine a single definition of who is a senior. For example, a retiree is not necessarily a senior, nor a senior necessarily a retiree. While some use the age of 65 as the defining point for determining the population of "seniors," other consider seniors to be anyone over the age of 60, and in some cases, 50. Conscious of this reality, we determined to make our report as inclusive as possible.

The second section of the report details the manner in which we proceeded, so as to better present the consultation environment in which testimony was heard. The third section presents salient quotes from the stories we listened to as well as from some of the many briefs that were presented during the course of the hearings. The section bears witness to the vast range of concerns that experts, associations, groups and individual citizens brought to our attention.

Finally, it is important to remember that the purpose of this report is to publicly convey what was said and heard during the consultation. In that sense, this document makes no pretensions as to being a work of research but it does have as its goal, letting the voices of seniors themselves emerge from the shadows to which they are often consigned, and be heard.



1. Seniors and Population Ageing: Static Perceptions and a Dynamic Reality

Between 1986 and 2007, the population of Québec increased by some 15%, going from 6.7 to 7.7 million. During the same period, the segment of population over the age of 65 went from 658,000 to 1.106 million, an increase of 68%.² But it the baby-boomer generation that will really have an impact on population ageing, because figures show that their numbers literally doubled, increasing from 1.11 million to 2.22 million over the same span of time.³

A QUESTION OF PERCEPTIONS

In recent years, perceptions with respect to the greater place of seniors in the population at large have evolved in all economically developed societies. Many states see this trend not as a source of problems but as an opportunity for bringing generations together, revisiting the social definition of age groups and lifting restrictions to make it possible for men and women-of all ages-to participate in society to their full potential.

Current reality is a little different, however. Over the course of the consultations, numerous seniors complained of being ignored, treated like children or suffering prejudice. This discrimination towards seniors has a name: ageism.

What can be learned from this dichotomy? Could it not simply be the reflection of an evolving society? On the one hand, we see initiatives that seek a more inclusive role for seniors and show that there is a real change in mentality with respect to how ageing is faced, while on the other, fears and prejudice exist as regards individual and collective ageing.

In a true sense, we are at a crucial social moment, and thus the importance of taking action to valorize senior citizens and acknowledge their contribution to society has become all the more urgent.

IMPACT ON THE LABOR FORCE

Starting in 2012, young people coming to the labour market will no longer be sufficient in numbers to replace baby-boomers who have reached retirement age. The Conference Board of Canada estimates that by 2025, Québec could see a labour shortage representing some 292,000 unfilled jobs.⁴

Not only do we need to ensure qualified generational replacement for workers who take retirement, we also need to make certain that knowledge is passed from one generation to the next. We also need to revisit the way we see retirement and to consider measures that would allow for people to remain on the labour market for a greater length of time. This is an option many people are interested in, with the understandable proviso that it would be part-time, and not subject to financial penalties.

An Ipsos Descarie survey made in 2006 for the Chambre des notaires du Québec and the Conseil des aînés revealed that one unemployed retiree in five would be happy to return to work. In absolute numbers, this represents around 240,000 retirees who would like to be employed!⁵

These figures lead to the following questions:

- Can Québec do without the contribution of its seniors while continuing its economic and social development unabated?
- What place do we want to give seniors to let them fully contribute to the development of Québec?
- As seniors ourselves, what place do we seek in society?

THE CURRENT SITUATION OF OUR SENIORS⁶

Life expectancy has not only considerably increased over the course of the twentieth century, but people are also living healthier longer lives. In Québec, average life expectancy for women was 79.7 years in 1985-1987. By 2004-2006, it had risen to 82.9 years. For men, life expectancy went from 72.2 to 78.0.⁷ While it seems clear that life expectancy will continue to increase, the gap between the sexes is also narrowing. Average life for females is now only 5 years greater than for males, while in 1985-1987 it was 7.5.⁸

Moreover, significant improvements in living conditions, particularly in recent decades, have meant that in general, seniors earn more, are better educated and remain more active for longer than before.

Specific characteristics vary according to age groups. Those of the youngest category of seniors, i.e., those between 65 and 75 years of age are quite different from those in the 85-and older group, in particular with respect to health, finances and domestic situation. This improvement is essentially due to increased revenues over the last 25 years for the weakest categories.⁹

When baby-boomers arrive at the age of retirement-as they soon will-they will have, on average, higher incomes thanks in large part to the marked increase of women in the labour market. For now, the proportion of individuals with weak revenues remains higher among elderly women living alone.

Solitude is a serious issue for seniors. On average, 34% of people aged 65 to 69 live alone. This figure rises to 87% among individuals over the age of 90, due to spousal decease. Women aged 65 and older live alone more often than men: 72% of men still live in a couple, while for women, the figure is 39% .¹⁰

Important social involvement

Many seniors, especially in the 65 to 75 year-old age category, are socially active outside of the labour market within a group, an organization, or in some other volunteer capacity. Seniors also supply informal assistance, whether as home caregivers, baby-sitters, childcare providers or by doing errands.

Their socio-economic contribution to Québec is a growing phenomenon. According to the Ipsos Descarie study, 360,000 persons aged 55 or older put in a total of 2.5 million hours per work as home caregivers. This is particularly evident for people in the 60 to 69 year age bracket, where 22% take care of a person with diminished autonomy.¹¹

The third annual HSBC Bank study on the future of retirement shows that for 2006, taxes paid by persons over the age of 65 in Canada rose to 2.2 billion dollars, and their volunteer work was worth the equivalent of 3.1 billion.

Nearly one-third of all persons 70 years of age or more supported their grandchildren financially.

In good health

It is not true to suggest that ageing is necessarily associated with a general decline in health and with the emergence of various forms of restrictions on activity: in fact, a mere 6% of persons aged 65 and older require assistance for daily personal care.¹²

The great majority of persons aged from 65 to 74 and more than half of those aged 75 and older describe their health as "good," "very good," or "excellent."

In addition, 6 seniors out of 10 find their lives to be low-stress or stress-free, as compared to only 3 out of 10 in the 25 to 54 year-old category.¹³

Still, it cannot be denied that seniors, in particular those aged 80 and up, are more susceptible to suffering from serious, chronic health problems or cognitive afflictions such as Alzheimer's disease or similar related maladies. These individuals require assistance and services adapted to their condition.

THE COMING ARRIVAL OF THE BABY-BOOMERS TO THE 65-AND-OLDER AGE GROUP

Using census data from 2006, Statistics Canada has concluded that the 65-year old and up age group is more and more diversified. With the arrival to retirement of the baby-boomer generation, this diversity based on more varied sources of income (greater revenue flowing from private retirement plans), more diverse personal situations (divorce, remarriage, de facto marriage, etc.), higher levels of education (more university graduates than in previous generations)), etc., will continue to increase.¹⁴

Many experts including Dr. Sherry Cooper, Chief Economist, BMO Capital Markets¹⁵ believe that baby-boomers will redefine the notion of old age and, in particular, that a number of them will continue to work by choice, well beyond the age of 65.

In fact, baby-boomers reach the age of retirement with many advantages. They will have had considerable influence on societal decisions for much of their lives. They will be the first generation to have contributed throughout their lives to the health

and social solidarity systems that were set up in the 1970s and to be able to claim their benefits as a right. Finally, they will be wealthier than their parents were.

They will be able to contribute to Québec society in remarkable ways if given the opportunity and if supported appropriately.

ACTIVE AGEING AS SEEN BY WHO¹⁶

The World Health Organization (WHO) has suggested to member states of the United Nations that they should adopt policies to cover every stage of life. WHO specifically criticizes the preconceived notion that our lives are divided into three distinct periods: apprenticeship for active life, active life, and retirement and deems it necessary to establish periods of training, work and rest, without any particular reference to age.

The slogan chosen by WHO for active ageing, *Move for Health*, calls on individuals themselves to make a direct connection between physical effort and health.

Ageing in good health depends on three things: a favorable environment, mutual support and individual choices. By a favourable environment we mean policies, programs and milieus that favour ageing in good health. Mutual support is based on the actions people taken to help each other, while individual choices like a healthy diet, making one's home safer, etc., can lead to restoring, maintaining or improving one's health.

The "senior-friendly city" approach.¹⁷

Among the many different measures relating to active ageing, WHO has placed particular emphasis on "senior-friendly cities." A senior-friendly city encourages its residents to grow older actively by optimizing health, participation and security in order to improve the quality of their lives. Concretely, structures and services are adapted to allow for access by seniors of varying capabilities and with varying needs and to let them feel at home.

Thirty-three cities in 22 countries around the world now participate in the WHO senior-friendly cities project, including Sherbrooke here in Québec. "In each participating city, the application of an identical research protocol has contributed to developing a greater consciousness of needs and deficiencies, soliciting good ideas for how to improve situations and thus fostering the growth of urban environments that are suited to the needs of seniors."¹⁸

This is one example of many innovative ideas that seem to respond well to the greying of the population.



2. The Public Consultation

The public consultation (Living Conditions of Seniors: a social challenge and a responsibility that we all share) took place from August 27 to November 16, 2007. The consultation was launched during a meeting with senior volunteers at the Villeray Maison des grands-parents. It was a symbolic choice of venue, meant to highlight the essential role played by seniors in their communities.

The list of consultation sessions can be found in Appendix 1.

THE CONSTITUENCY

The consultation called on participation by all Québec seniors as well as by any other individual, group or organization with an interest in the living conditions of the elderly.

THEMES OF THE CONSULTATION

An information kit¹⁹ on the major and minor themes of the consultation including facts and figures on the situation of seniors was available in several forms, and from various sources (Internet, Services Québec, on-site, by mail).

The major and minor themes in the kit were as follows:

Various aspects of the living conditions of seniors

1. Within the family

- Seniors' financial situation
- Acknowledgement of the contribution and needs of home caregivers
- Intergenerational solidarity

2. Within society

- Seniors' contributions to society
- Stereotypes and prejudice with respect to ageing
- Taboos

3. Within the various living environments

- Local, municipal and regional environments
- Home support
- Substitute living environments

PROCEDURES

The consultation hearings took place as two half-day sessions. Most were open to all types of participants except for seven sessions in Sherbrooke, Québec City and Montréal that were reserved for experts. In these three cities, two types of sessions were set up, one for ordinary citizens, and the other for experts and selected invited associations or groups.

Here are some figures relating to the consultation:

- 17 regions were visited, including 25 cities in all
- 52 public sessions and 7 expert sessions were held
- More than 4,000 participated
- 275 briefs were submitted
- Close to 3,000 letters, e-mails, memos and phone calls were received

A MEETING PLACE

The great majority of local and regional organizations took this opportunity to sensitize the attendees, officials and media to the situations faced by seniors in their area. Intervenors were also present to offer their knowledge to participants by informing them about available services, while gleaning useful information in the field.

The sessions became veritable open meetings for sharing information, and in particular, information about sometimes little known-and thus under-utilized-services. The hearings sparked increased interest in the host communities towards seniors and everything related to them. Our hope is that these sessions will have elicited the desire among the main local and regional players for continuing on this path and organizing useful periodic meetings in their respective regions.

MEDIA COVERAGE

The Public Consultation on Living Conditions of Seniors enjoyed broad regional media coverage throughout Québec in weekly newspapers, neighbourhood papers and on the radio. In Montréal, the consultation did not receive as much media attention as we would have liked, and yet, the strong participation by Montreal women and men showed that residents were interested in the hearings.



3.

Testimony and briefs : a wealth of contributors

The list of men and women who made a contribution to the consultation is long, and includes volunteer groups, private and non-profit associations active in upholding the rights of retirees, caregivers, health system users, ageing and mental health specialists as well as government organizations. We have a rich body of testimony and briefs to inspire us. The many facets of the realities faced by seniors were brought up in the course of the consultation. We listened as people spoke about being generally in good health and autonomous, that ageing also offered opportunities for accomplishment, volunteering, taking courses and learning. Many participants spoke of the important contribution made by seniors to the welfare of their family and their community and of their desire to remain active and to continue to share in the development of Québec.

Of course, this kind of consultation gave priority to listening to seniors speak about what could be done to better respond to their needs and improvements they hoped for in the coming years that would optimize their quality of life. The report largely echoes their testimony in this respect.

The consultation also brought out the significant convergence that exists in the concerns of ordinary citizens, experts, and associations and groups. In general, they all want Québec to acquire the means to improve the living conditions of seniors and their families, strengthen their place in society and act more preventively.

Improvements suggested are of three kinds:

- Support the most vulnerable seniors and their families
- Strengthen the place seniors occupy in Québec society
- Act preventively

In this section, we have concentrated on these three areas where action is called for even if they seem to differ at first glance from the initial themes of the consultation. In actuality the two converge, but at the conclusion of the consultation, this new category seemed to us to be a more pertinent way of echoing the main concerns that were voiced.

Among the points that were brought up most frequently in the body of testimony and in the briefs are the following:

- Encourage home care to a greater extent
- Support home caregivers more efficiently
- Improve the quality of life in nursing homes and other institutional resources
- Encourage participation in society by seniors, in particular through work and volunteer activity
- Adapt living milieus and infrastructures
- Improve the most precarious financial situations
- Fight stereotyping and prejudice
- Make access to government information easier
- Prevent suicide and dependency
- Prevent abuse and mistreatment

We quote abundantly in our report from the testimony given by participants in the hearings. Their words are a fine illustration of the realities faced by seniors all across Québec. People spoke out so vibrantly that we could have published a report composed only of their own words: in the end, we had to exercise choice in the same way as we had to choose excerpts from the 275 briefs submitted to the consultation. It would have been impossible to quote every group and every expert. Still, we were able to reproduce excerpts from a number of submissions that we felt shed additional light on one aspect or another of our mandate or provided a better understanding of the situations experienced by seniors and their families.

3.1 SUPPORTING THE MOST VULNERABLE SENIORS AND THEIR FAMILIES

Citizens, groups and experts all agreed that responding to the needs of seniors and their families means in the first place, encouraging home care for as long as possible. They were also of the opinion that in order to attain this objective it will be necessary to better support home caregivers and

improve the quality of living and services available in public and private institutions.

3.1.1 Living at home as long as possible

THE CONTEXT

A variety of measures have been put in place to support persons that choose to continue to live at home. Home care may take many forms. It can be limited in time or limited to one or several services; it may be long-term and require a basket of services, measures or activities such as professional services, home help, meals, rest, technical assistance, etc. Services and activities can be configured according to the needs of the individual, his or her entourage and his or her environment.²⁰

Demand for services is constantly rising. In his 2005-2010 Action Plan for Seniors Who Have Lost Autonomy, the Minister of Health and Social Services stressed that over the short period of time running from 2005 to 2010, the number of persons who have lost autonomy will have gone from 200,000 to slightly more than 230,000.²¹

- ▶ In its 2007-2008 budget, the Ministère de la Santé et des Services sociaux has allocated 35 million dollars to increasing the number of beneficiaries of home care and broadening the range of services offered them.²²
- ▶ According to the Ministère de la Santé et des Services sociaux, in 2004, 96.2% of seniors lived in the community. Of this number, 7.9% were in private residences for seniors with available services, .5% were in intermediate resources, while 87.8% lived in their own homes. Only 3.8% were living in institutional environments or in public or private long-term care.²³
- ▶ Tax credits for home care for the elderly can reach \$3,750 annually.²⁴
- ▶ The Logements adaptés pour aînés autonomes program provides financial assistance of up to \$3,500 annually to low-income seniors of 65 years and up for minor changes to their house or flat, allowing them to live at home in an independent and secure manner.²⁵
- ▶ The Programme d'adaptation de domicile assists the handicapped in covering the costs of improvements to make their homes accessible or adapted to their needs; 20% of beneficiaries of this program are seniors.²⁶
- ▶ The Programme d'allocation logement provides financial assistance to persons with low incomes-including those aged 55 and older-who spend a significant part of their budget on lodging. Financial aid under this program can reach \$80 per month up to a maximum annual contribution of \$960.²⁷

VIEWPOINTS

Expert witness expressed their satisfaction with the contents of the Ministère de la Santé et des Services sociaux 2005-2010 Action Plan for Seniors Who Have Lost Autonomy, but suggested that financing of government care and services as well as community home care be increased. Insufficient financing partially explains the problems some seniors have in accessing available resources and the gaps in services that are offered.

Another point viewed as important was the necessity to improve synchronization and linkages between services offered by community organizations and other health and welfare sector sources.

"[...] accessing these services means entering a vast labyrinth where it is difficult to get your bearings! Services for seniors with diminished autonomy are currently offered by many agencies and establishments, but they operate with different individual logic and sources of funding. [...] Home caregivers [...] feel like "managers" whose role has become one of coordinating the services and intervention needed for a loved one, from medical appointments to the purchase of medications. [...] they have to repeat their story (an often very emotional story!) to various persons even though they are cruelly short of time, since many of them also work outside the home. This explains why there is a clamouring for true one-stop service accessible to seniors with diminished autonomy and their families."

(EXCERPT FROM THE BRIEF SUBMITTED BY LA
FÉDÉRATION DE L'ÂGE D'OR DU QUÉBEC²⁸)

Testing done in the Bois-Francs and Estrie regions on the PRISMA system (Programme de recherche sur l'intégration des services pour le maintien de l'autonomie) proved its ability to ease network access and ensure continuity of service. Based on a platform of agreement among all public, private and volunteer players in the system, the integrated networks featured one-stop service, joint standardized case evaluation and computerized, shareable clinical records.

A majority of seniors want to live at home, even if it means dealing with health problems or some incapacity. Many spoke about long delays in obtaining help for adapting their home, or acquiring essential equipment for home care.

Citizens want easier access to the care and services they require. They also spoke of inequality with respect to available services from one region to another, and even within a single region or between urban and rural areas. Participants in the consultation also expressed the desire to ensure that home services offered by CLSCs, community organizations and businesses in the social economy are quality services. Norms and standards of quality need to be applied and the system, regulated.

"Improved support would contribute to making the basket of services on offer better and more uniform. Right now, some kinds of services are only available in urban centres while others exist only in rural communities, but the needs of seniors in both environments are often similar, whether it concerns meals on wheels or transportation to recreational activities."

(EXCERPT FROM THE BRIEF SUBMITTED BY
LE REGROUPEMENT PROVINCIAL DES COMITÉS
DES USAGERS²⁹)

There are of course difficulties specific to rural regions. Public transportation is less available than in urban centres, or in some case, almost nonexistent. For a senior who lives in the countryside and needs to get around to do errands, receive treatment or just help a family member, the cancellation of a driver's permit can be a dramatic event.

Other participants brought to our attention the fact that certain professional and technical treatments, medicines and services such as assistance with dressing, eating, personal hygiene, transportation, minding, etc., are included in the cost of CHSLD and hospital residency, while extra sums are required to obtain these same services at home or in a residence. Some also pushed for free access for eyeglasses, hearing aids and podiatric, chiropractic and dental services.

In many cases, business in the social economy that now exist throughout Québec may offer a solution to the home support needs of seniors and their home caregivers. But these businesses have a high staff turnover rate and many participants spoke of how this creates a feeling of insecurity among persons with loss of autonomy that on each occasion must get used to a new individual. It was also clear that in many cases, the services provided were unsatisfactory.

HEAR THEIR VOICES

What seniors want is to live happily in their own homes, in their own milieus.

(A SENIOR FROM SAINT-JERÔME)

Personnel changes all the time in the world of home services: seniors need more stability.

(A MONTREAL CAREGIVER)

I am so happy to live in an apartment in my son's home: I wish all seniors could live this way. We each have our own privacy but at the same time, we're close enough to help each other out.

(A SENIOR FROM MAGDALEN ISLANDS)

SUGGESTED IMPROVEMENTS

Improve access and continuity of service

In order to improve accessibility and continuity, it was requested that more be invested in home care and treatment. Participants also underlined the importance of Centre de santé et de services sociaux (CSSS) ensuring an improved continuum in services on offer. This institution should be responsible for follow-up and coordination of home care and services right from the start and on a regular basis. When the time comes for a senior to leave his home, it is important to plan for a speedy move to a milieu that is better adapted to his or her needs and avoid lengthy waiting times.

Some witnesses reminded us that supporting seniors in the home, in addition to meeting their desires, generates lower social and financial costs than institutionalization. Alternatives to institutional solutions, they added, need to be put in place.

"Home care would save the state colossal sums of money (the annual cost of institutionalizing amounts to about \$65,000 per person), but there still has to be a will to look at other alternatives. For example, why not use financial incentives to encourage seniors who want to share in the purchase of a small building where they can help each other out as neighbours rather than remaining entirely dependent on the government?"

(EXCERPT FROM THE BRIEF SUBMITTED BY
LE REGROUPEMENT PROVINCIAL DES COMITÉS
DES USAGERS³⁰)

Additional temporary housing and day care services should be offered to persons who live at home. Many participants explained how difficult it was for seniors to gain access to a family doctor and asked that efforts be made to guarantee this and also to have the doctor make house calls when necessary.

The difficulty of finding rehabilitation services was also brought up. Finally, services offered to those at the end of their lives should also be improved, keeping in mind that the right to die with dignity should remain one of our priorities.

Favouring home care for seniors

Participants told us that even if many seniors continue to have means, some have difficulty in paying their property taxes or the cost of some services, which can constitute an obstacle to being able to remain at home. They suggested that assistance be given to these persons so that they can go on living at home. This assistance could take the form of a revision and simplification of tax credits for home care scheme or deferral of increases in property taxes until such time as the home is sold.

Finally, if people are going to continue to live at home they also need to have access to transportation, especially to treatment and service centres. This will require improved availability of public transit and more flexible standards of adapted transportation in outlying regions.

Consolidating financing for businesses in the social economy

Participants believe that improved support is called on for businesses in the social economy that offer home care for seniors, to allow them to improve their available services, raise

the training level of their staff and reduce personnel turnover by raising salaries. Here is what the Fédération des coopératives de services à domicile du Québec has to say on this issue in its brief:

"Providing residential services is a way of ending isolation and diminishing the consequences of certain taboos such as negligence, violence and abuse. However, if home care workers are to be able to detect these problems, they need to be better trained on how to deal with them as well as regarding resources that are available to the elderly."³¹

It was also suggested that financing for meals on wheels be increased to consolidate this service and extend it to all regions of Québec. As well, we heard a proposal for improved financing for community organizations that offer services for seniors, while others suggested that municipalities be solicited to make space available to these groups free of charge.

3.1.2 More effective support for home caregivers

THE CONTEXT

Home caregivers provide between 70% and 85% of all actual home care. In the majority of cases, these caregivers are women of 45 years of age or more who are obliged to reconcile the requirements of their personal, family and professional lives. Moreover, many home caregivers are seniors themselves. In 2001, 58.7% of all persons 65 years of age and up provided some care or assistance to a senior; of these, 75,000 or 16.2% spent at least five hours per week on caregiving.³² The majority of home caregivers in Québec have been taking care of the same person for at least five years, and for one in five, the figure rises to more than 10 years.³³

Services available from the health and social services networks, including community organizations, are unable to meet all the needs of home caregivers. For example, some of the available services are poorly suited to the needs of caregivers of persons suffering from Alzheimer's disease or similar afflictions.

- ▶ Each of the 95 health and social services centres manages services available to home caregivers on a local basis, and the Ministère de la Santé et des Services sociaux also supports some 185 community organizations that offer services to home caregivers.³⁴
- ▶ In each region, temporary housing resources and day care centres provide planned rest and stopgap solutions for home caregivers.
- ▶ Providing care sometimes has consequences for home caregivers in the workplace. In the 45 to 64 age group, the two-thirds of women and nearly half of men who combined a 40-hour work week with at least 4 hours of care given to a family member suffered a decline in paid hours worked or in income, or were required to seek changes to their work schedule.³⁵
- ▶ The Act respecting Labour Standards allows for two kinds of unpaid leave for home caregivers that provide assistance to a parent, spouse or child. The provisions for parental leaves and absences cover family needs up to a maximum of 10 days per year, while up to 12 weeks per year are allowed in the case of severe and potentially mortal illness (up to a maximum of 104 weeks).³⁶
- ▶ Tax credits are available for home caregivers.³⁷

EXPRESSED OPINIONS

Numerous briefs described the difficulties experienced by home caregivers:

- Solitude
- Unawareness of their contribution
- Lack of support
- Exhaustion and stress
- Precarious financial situation
- Difficulty in reconciling parental, family and professional responsibilities

Home caregivers who came to testify echoed these observations. Many told of having urgent needs for psychological and technical support. A large proportion of them also expressed the difficulties they had in reconciling family and professional responsibilities, a problem that often leads to wrenching choices, for example decreasing the number of hours worked as a caregiver or abandoning their job.

Finally, numerous groups underlined the harsh realities faced by home caregivers. They also reminded us that even if men now give more of their time to aiding parents or spouses, the majority of home caregivers are still women:

"Behind the enrichment and personal valorization that stems from helping a family member there hides far too often other less attractive realities such as solitude, exhaustion and impoverishment. From one day to the next, with all the doctor's appointments that have to be kept, home caregivers exhaust their available vacation, sick days and unpaid leave. Added to that is the cost of equipment and changes to the home to make it easier to effectively give the care that is needed. All this time, all this money that is used to support another person brings home caregivers step by step, deeper into the isolation that characterizes their lives."

(EXCERPT FROM THE BRIEF SUBMITTED BY LE REGROUPEMENT DES AIDANTES ET AIDANTS NATURELS DU QUÉBEC38)

IN THEIR OWN WORDS

My parents live with me. One suffers from arthritis and the other from Alzheimer's. I hardly have a moment to myself ... I'm gradually becoming impoverished and there is never any time to rest. In the last seven years I have only been able to take nine days off.

(A ROUYN-NORANDA CAREGIVER)



Is it really "natural" to be a home caregiver? I'm not so sure. Our children have families of their own. If they have to take care of their parents, who will mind their children?

(AN ALMA CAREGIVER)



Caregivers aren't accustomed to asking for help. The person they care for doesn't often see that their caregiver is exhausted. They only think that all is well and don't want to have a "stranger" in their home.

(A CAREGIVER FROM CHICOUTIMI)

The worst part is the emotional dimension, especially when your mother or father suffers from Alzheimer's and is always screaming at you ... and you're exhausted because it never stops and you take care of them all the time. It's really hard!

(A MONTREAL CAREGIVER)

REQUESTED IMPROVEMENTS

Look at the home caregiver as a client of home care services in the health and social services network.

The expert witnesses underlined first of all the importance of considering home caregivers as clients of home care services in the health and social services network, which is in line with what Ministère de la Santé et des Services sociaux home care policies provide for since 2003. In order to attain this goal, it will be necessary to significantly increase availability of time off or daycare services compared to what home caregivers currently have access to.

This should also lead to developing specific measures such as mutual assistance or psychological support, in order to better support home caregivers and facilitate their ability to request help.

Many participants also stressed how vital it was to inform home caregivers about existing services:

"complete information on available services in each region and how to access them must be widely communicated to the entire population."

(EXCERPT FROM THE BRIEF SUBMITTED BY L'AFEAS FEMMES EN MOUVEMENT³⁹)

Others raised the following points:

"Home caregivers only go to formal services as a last resort. Their reticence to use the services, however, does not mean they do not need them. [...] one of the explanations for this situation is the lack of flexibility of services or their being adapted only to the needs of the provider (an example would be the rigid schedule adapted by organizations). We don't just need improved public services, we need them to be adapted to the needs that are expressed."

(EXCERPT FROM THE BRIEF SUBMITTED BY THE DESJARDINS RESEARCH CHAIR IN NURSING CARE FOR SENIORS AND THEIR FAMILIES⁴⁰)

Numerous speakers suggested that being able to offer new and innovative services was of interest to them. The service offered by Baluchon Alzheimer shows that interesting solutions already exist: it offers home caregivers the opportunity of taking one or two weeks off, outside of the home, while an attendant remains in the house around the clock to see to the needs of the Alzheimer's patient. In addition, during this period, the attendant prepares a journal with suggestions that can be read by the caregiver on her return:

"During the time off, home caregivers particularly appreciated being alone and free, their responsibilities temporarily off their shoulders, and being able to sleep in peace. The majority did not worry about their loved one because, they said, they knew they were being safely taken care of in the home. [...] Being able to return home and find their relative relaxed and at peace allowed many home caregivers to become completely free from guilt."

(EXCERPT FROM THE BRIEF SUBMITTED BY BALUCHON ALZHEIMER⁴¹)

Consider the home caregiver as a full partner of the health and welfare service network

The experts also pointed out that home caregivers should not be looked at by the public network as resources but as partners with a role in decision-making, fully consensual and trained to accomplish their tasks, something which is also provided for in the home care policy of the Ministère de la Santé et des Services sociaux.

If the home caregiver is to be a full partner of the CSSS then account must be taken in the organization of care and services of his or her availability and capabilities. This kind of approach would in addition, guarantee that efforts expected of caregivers do not exceed their capabilities. Training programs should also be available to show them how to intervene more efficiently.

Home caregivers are already consulted by the CSSS before preparing service plans, but over and above this consulting process, caregivers should be active participants in the preparation and evolution of plans. They are in a sense the experts in the field since they are very familiar with the needs of the person who is helped and see his or her evolution healthwise on a daily basis. They also know the assisted person's milieu, the other members of the entourage and the immediate services on which the assisted individual can count.

Improve financial support measures

Finally, in order to support the work performed by home caregivers and to ensure that their own financial security at retirement is not affected, participants suggested a revision of tax credits or, in some cases, providing for time off. Many proposed extending the notion of compassionate leave to long-term care situations by allowing for prolonged absence or part-time leave over a prolonged period without penalties with respect to fringe benefits. Home caregivers who live with the assisted person also ask that they be acknowledged and be eligible for tax credits. Moreover, financial assistance to groups of home caregivers should also be envisaged, according to participants.

3.1.3 Improving the quality of life in nursing homes and other institutional housing resources

THE CONTEXT

According to the Conseil des aînés,⁴² demand for institutional housing space for seniors is growing, and the development of "substitute living environments" has accelerated since 2000. Private and public nursing homes, institutional and long-term care centres (CHSLD) and other milieus accommodate persons that have suffered a decline in their state of health. The range of services offered varies from one establishment to another and according to establishment type. There are also alternative residential solutions to institutional accommodations, such as public housing, housing cooperatives and residences managed by non-profit organizations.

The quality of life in these environments depends not only on the competency of healthcare staff, but also on that of attendants and volunteers.

Important changes were made through legislation⁴³ to improve the quality of these services. For example, a certification process was implemented⁴⁴ in order to guarantee that private residences provide a good living environment. In addition, public establishments are now required to strike an oversight committee, as well as one or more user committees. Finally, the Protecteur du citoyen has been authorized to act in the health and social welfare network.

- ▶ In 2005-2006, according to the Ministère de la Santé et des Services sociaux, there were nearly 131,000 or available units or living quarters in environments such as registered public and private CHSLDs, private residences, non-registered private CHSLDs and intermediate resources.⁴⁵

Some recent government action

- ▶ There exists a process of mandatory certification of compliance for old age homes.
Service quality evaluation visits are made to establishments under the responsibility of the health and social services network.
- ▶ Mechanisms have been implemented in network establishments to ensure that complaints are properly dealt with.
- ▶ One million dollars was invested to ensure an improved "Living environment" approach in public and private CHSLDs.
- ▶ Fourteen million dollars was allocated for adult education and training available to some 35,000 attendants and attendants of beneficiaries.
- ▶ A recurring 5 million dollar priority investment for consolidating and -developing community support for social housing for seniors, and a recurring 10 million dollars was allocated for the development of non-institutional places to respond to the need for diversified housing solutions for persons with significant loss of autonomy.

VIEWPOINTS

The importance of increasing both the number of available places adapted to the state of health of seniors and the quality of care remained one of the central themes of briefs submitted to us concerning living environments.

Most seniors desire to remain at home, but when they have to accept moving to a residence or a CHSLD, both they and their families want to avoid geographical distancing. In outlying regions and especially within aboriginal communities, the elderly are often uprooted from their own milieus due to a lack of housing resources.

Even if the CHSLD is a solution of last resort, some experts were of the opinion that there is still a need for increasing the number of places available in this type of facility. Others believed that the growth of intermediate resources and home care would alleviate some of the pressure on CHSLDs.

Participants called for the diversification of housing categories within the public network and for better staff qualification and ongoing training of personnel in both the public and private sectors.

The also enumerated a number of factors that are important for maintaining quality in the various living environments:

- Quick attendant response time when a resident calls for assistance
- A varied menu served hot and at "normal" hours
- Adequate medication that is in line with prescribed dosages
- Available help for hygiene and getting around
- Respect for the rule that stipulates that couples should not be separated when one of the partners is "placed".

These factors are not all of equal importance for every senior, but participants believed that all must be taken into account.

The vast certification program for private nursing homes that is now under way has raised concerns on the part of managers and owners as to the capacity of small residences to meet required standards. Then, too, private homes have an unknown proportion of persons with diminished autonomy and sometimes must supply a very wide range of services. Many speakers complained about the cost of services that varies from zero to significant monthly amounts. It was also suggested that the gap be reduced between the true cost of medications, and services charged to residents in private facilities and CHSLDs.

Participants also focussed on the terms that apply when individuals are obliged to leave their apartments after a sudden decline in their state of health and proposed that the habitual three-month lease penalty be reduced to a single month, as it is in situations of domestic violence

Finally, representatives of the Anglophone and Allophones communities informed us that their seniors often felt isolated in Francophone institutions.

IN THEIR OWN WORDS

After 62 years of married life, my parents now live separately because there is not enough room for both of them in the same extended care facility.

(A RETIREE FROM THE MAGDALEN ISLANDS)



Seniors need to have their intimacy respected: for example, the door to their room should always be closed during treatment ... we need to avoid using diapers to compensate for the lack of personnel ... There has to be enough staff to be able to offer personalized care.

(A SHERBROOKE CAREGIVER)



We also need to applaud the good work done by the staff in these facilities. Of course there is room for improvement, and certification will help in that respect. But in general, our facilities dispense fine quality care. Let's stop repeating that everything is bad: all that does is discourage young people from working in old age care!

(A RIMOUSKI CAREGIVER)

REQUESTED IMPROVEMENTS

Ensure optimal quality control of care and services dispensed in every residential and institutional environment

Participants asked that quality of care and services be ensured in all living environments, whether public or private. They believed that this could be achieved through the proper functioning of user committees in assisted living institutions or residents committees in private residences. Some stated that residents and family members sometime hesitate to speak out for fear of reprisals. Increasing the presence of family and volunteers in the living environment and on user or resident committees can only provide seniors with a stronger voice as regards the quality of care and of services that are provided.

Certain participants spoke of the importance of regular and sustained communications between all caregivers who are involved with a particular senior, independent of the type of facility. Caregivers need to think and act as a team, sharing information and ensuring that there is optimal coordination and dispensing of care and services to the elderly.

Many participants also restated how important it was to adequately support the certification program for private residences. Some thought that the quality of life, nourishment and user satisfaction should be included in the certification criteria.

"There is also a need to standardize the disparate rules that govern the categories of substitute living environments (CHSLDs with permits, intermediate and family resources without permits and private certified nursing homes), since they all deal with the same clientele. Would it be possible to see to a sensitization programming spanning the entire body of caregivers in this sector? We need to see a description of the situation and a definition of common medium- and long-term objectives aiming to arrive at a coherent and coordinated care system that implements the means for ensuring the welfare of our seniors."

(EXCERPT OF THE BRIEF SUBMITTED BY
LA FÉDÉRATION DES TRAVAILLEURS ET
TRAVAILLEUSES DU QUÉBEC⁴⁶)

Numerous participants believed that it is also advisable to increase unannounced inspection visits by the Ministère de la Santé et des Services sociaux in order to ensure that both norms and beneficiaries receive proper respect.

Those responsible for the various living facilities should be encouraged to pay particular attention to healthy life habits, especially with respect to eating.

"When we scrimp on the cost of food for our seniors in these facilities, we don't really save money at all because this action diminishes their quality of life and increases the global cost of their care. Proper nourishment of an elderly person in a residence is in our view an essential and wise investment and constitutes an insurance policy protecting seniors from malnutrition and its potentially adverse consequences for their lives."

(EXCERPT FROM THE BRIEF SUBMITTED
BY L'ORDRE PROFESSIONNEL DES
DIÉTÉTISTES DU QUÉBEC⁴⁷)

Moreover, the criteria that ensure quality care and services in private facilities should not be restrictive to the point of erasing the family nature of small nursing homes that adds value to their residents' lives.

Alternative solutions to institutional living

Participants proposed that alternatives to institutional living arrangements be made available to individuals with light to moderate loss of autonomy. Some claimed that community organizations were well placed to manage such resources, taking as a model the Maison Carpe Diem in Trois-Rivières that houses persons afflicted by Alzheimer's disease. This housing concept provides residents with an environment that resembles a family milieu in which they can maintain daily interaction with their loved ones and remain autonomous for as long as possible. Residents have access to a credit union, a neighbourhood grocery store and a convenience store. The facility is surrounded by a vast yard and the most autonomous residents can freely access all public spaces.

Encourage the availability of opportunities for self-improvement in institutional environments

Participants thought that moving to a new environment might offer opportunities for self-improvement if factors to counter isolation and solitude are present.

"Recreation is one of life's necessities [...] It provides physiological and psychological benefits, helps prevent or fight illness, lengthens life expectancy, helps maintain or re-establish physical, mental, social and emotional capabilities and aptitudes while also improving the quality of life for individuals in the person's social circle."

(EXCERPT FROM THE BRIEF SUBMITTED
BY LA FÉDÉRATION QUÉBÉCOISE DU
LOISIR EN INSTITUTION⁴⁸)

Some facility managers would gain by giving more responsibility to their residents, asking them to organize family events, entertainment and recreational activities. Individuals living in institutions could also help out in other ways, such as in organizing services, measuring user service satisfaction, planning menus, etc. Since residents are the most affected here, there is no reason why they should not also participate in defining, implementing and improving services.

Finally, greater attention must be paid to the unique situation of aboriginal seniors:

"First Nations will frequently organize group visits to community members who live in distant facilities, either permanently or for extended periods of time. These kinds of groups may number from 10 to 20 family members, friends and other seniors from their community and visits can take place once or twice a month [...]. It is understandable that these visits can perturb the lives of other residents of the facility, but for the aboriginal senior, they are often the only tangible link that remains to their people and language. As such, they are an important way of countering linguistic and cultural isolation. Some flexibility is required from these facilities with respect to their habitual rules governing visiting."

(EXCERPT FROM THE BRIEF SUBMITTED
BY L'ASSEMBLÉE DES PREMIÈRES
NATIONS DU QUÉBEC ET DU LABRADOR
AND LA COMMISSION DE LA SANTÉ ET
DES SERVICES SOCIAUX DES
PREMIÈRES NATIONS DU QUÉBEC
ET DU LABRADOR⁴⁹)

Improve the work experience in various living environments

Promoting and revalorizing the professions related to supplying care and services to seniors would render the work experience more attractive in the various living environments. This, according to many participants, would draw more workers to the milieu, and lead to more systematic labour force training and staff retention.

Reduce waiting times for moving to a new living environment

Finally, participants asked that moving to a residence or other environment when living at home is no longer possible be made easier. In order to achieve this, there first needs to be an increase in available places for persons with diminished autonomy and more attention paid to ensuring that institutional places are used solely by persons whose incapacities correspond to the services that are offered by the facility.

3.2 REINFORCING THE PLACE OF SENIORS IN QUÉBEC SOCIETY

Ordinary citizens, groups and experts alike stressed the importance of encouraging the social integration of seniors, eliminating roadblocks that hinder their participation in the labour market and volunteer work, adapting living environments to their needs and improving the most fragile financial situations.

3.2.1 Participating fully in society, particularly through work and volunteer activities

THE CONTEXT

Many seniors experience old age as a productive and life-expanding time. They are active for example in paid or volunteer positions, mentoring and tutoring that put their experience at the community's service. Their contributions gives them a feeling of usefulness, accomplishment and belonging, while at the same time fostering the creation and growth of intergenerational solidarity. Remaining active in this way means that they continue to contribute to the development of society. But even today, there remain obstacles to the social participation of seniors, including a pernicious reticence to hire or retain "greying" personnel, ageism, insufficient financing of community organizations, individual fees that volunteers must sometimes pay and a culture of volunteerism that seems in decline.

- ▶ In Québec, participation in the labour market for the 65-69 age group has increased between 2000 and 2004 from 9.2% to 16.4% for men and from 3.1% to 8.1% for women.⁵⁰
- ▶ In Canada, figures for 2003 show that 39% of persons aged between 65 and 74 performed an average of 250 hours of volunteer work per year, 100 hours more than for the 25-54 year age group.⁵¹
- ▶ Within Québec, in 2006, the 60-69 year age group accounted for the strongest proportion of volunteers.⁵²
- ▶ The Government of Québec set up a working group in 2004, whose mandate was to examine the question of progressive retirement. A strategy for progressive retirement was announced in the framework of the 2007-2008 budget.
- ▶ The Action Strategy for the Elderly includes five million dollars for ensuring greater respect for seniors and for letting them fully exercise their rights and responsibilities. Additionally, 7.5 million dollars are allocated for physical fitness activities targeting seniors and a new tax credit has been instituted favouring volunteers who support home caregivers.⁵³

VIEWPOINTS

The social contribution of seniors is significant, but generally speaking, poorly understood. The briefs that were submitted in the course of the consultation were quite clear on this point and insisted on the importance of getting the word out. Seniors' participation in their families and in their community, their contribution to economic development and to culture needs to be encouraged and brought to the attention of society as a whole.

Seniors can contribute in many ways, as the Alma Supermummies told us when they came to testify at our hearings. These devoted grandmothers work with children in schools, entertaining them with stories, anecdotes etc., creating new bonds with youth and getting involved in the life of the community.

Others have stressed the importance of encouraging mentoring:

"Recognized for their success, their competency and their involvement, mentors come from various sectors of the business or economic development worlds. They are owners of businesses or executives, high-level managers, professionals or others. More than 75% of them are retired or nearing the end of their careers; as volunteers, they possess a broad range of knowledge and enjoy a vast network of contacts that they want to pass on to the builders of tomorrow. They represent a transfer of expertise that can only raise the entrepreneurial potential of Québec and ensure that our enterprises will endure."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA FONDATION
DE L'ENTREPRENEURSHIP⁵⁴)

In general, the contribution made by seniors and its acknowledgement encourages the support of their social bonds and has a positive effect on their physical and psychological wellbeing.

"Their [seniors] presence enriches the lives of every member of the community. Their energy, experience, wisdom, creativity, advice, their efforts to make sense out of life, involvement in the lives of others- especially children-make for precious contributions to the health of families, communities and society as a whole."

(EXCERPT FROM THE BRIEF SUBMITTED BY THE CONSEIL CATHOLIQUE D'EXPRESSION ANGLAISE⁵⁵)

Looking at things from a quite different viewpoint, some briefs submitted to the consultation also raised the issue of problems relating to remaining in employment, reintegrating the labour market and progressive retirement for older workers. The fact that companies seem reticent to offer more flexible work schedules for older staff was one point that was particularly mentioned.

"The way work is organized appears as a veritable indicator of greying in the workplace just as the quality of ageing in the workplace speaks to the quality of work organization. What precisely is it about this manner of organizing work that causes it to compulsively focus on the age of an employee, whereas with some flexibility-that would be also beneficial to all workers by the way and not just to seniors-the 'age' question would not even come up?"

(EXCERPT FROM THE BRIEF SUBMITTED BY L'OBSERVATOIRE VIEILLISSEMENT ET SOCIÉTÉ⁵⁶)

In addition there is a definite disconnect between measures to reduce work schedules and access to financial compensation programs that can close the earnings gap, at least in part, which renders the perspective of remaining on the job less attractive, among others for those who have contributed to pension plans. Numerous participants mentioned that their volunteer activities could be limited due to the fact that they sometimes entail significant and unreimbursed expenses.

Community organisations are ready to press the alarm button: there is a lack of younger persons interested in this field of endeavour!

"Figures show a 20% drop in volunteers since 2001. The current profile of volunteers at volunteer action centres reflects the situation of community health and social services organizations as a whole: 42% of them are of age 65 and up; 28% are between 55 and 64; women make up 70% of all volunteers."

(EXCERPT FROM THE BRIEF SUBMITTED BY LA FÉDÉRATION DES CENTRES D'ACTION BÉNÉVOLE DU QUÉBEC⁵⁷)

"In our last survey that dates from 2004 [...], we found that 81% of respondents reported recruitment difficulties." Moreover, "47% of respondents stated that they had an increase in the number of clients, and with the ageing of the population, the situation can only become more pronounced."

(EXCERPT FROM THE BRIEF SUBMITTED BY LE REGROUPEMENT DES POPOTES ROULANTES ET AUTRES SERVICES ALIMENTAIRES BÉNÉVOLES⁵⁸)

IN THEIR OWN WORDS

Naturally we have to count on the Ministère, but we also have to count on ourselves. There is no reason to be ashamed of getting involved and demanding our rights. We need to be dynamic in order to improve our fate and the fate of our grandchildren.

(A SAINT-JÉRÔME RETIREE)



Volunteerism is an acquired quality, and the younger we start, the better. We need to nurture this culture.

(A CHICOUTIMI RETIREE)

Personally, I have learned so much from my grandparents just by listening to them ... We need to create more bonds and links between young people and old people.

(A YOUNG WOMAN FROM LA POCATIÈRE)



Seniors enjoy more respect among aboriginals. In the rest of the community the rule is, divide and compartmentalize.

(A CITIZEN FROM ROUYN-NORANDA)



I want to work, but not full-time. I would prefer a progressive retirement where I could be a mentor, a resource person for the generations that follow mine.

(A SAINT-JÉRÔME RETIREE)

REQUESTED IMPROVEMENTS

Encourage keeping people active for as long as they want

Participants felt that people should have the right to remain professionally active for as long as they want. To that end, they asked for legislative and regulatory changes to implement progressive retirement.

Moreover, a number of large corporations have started to hire seniors on a part time basis in recent years, in the restaurant and hardware areas, for example. In their submission, Université de Sherbrooke researchers Marie Beaulieu and Suzanne Garon mention an interesting initiative that took place in their city. The Continuum employment agency is "attributing value to seniors who have specialized abilities by offering to place them in part-time positions if they want to be paid."⁵⁹

Develop a culture that lends itself more to volunteerism and offers stronger support to community organizations and volunteers.

Many participants opined that volunteers who pay for gas and parking should be compensated, perhaps by making these expenses tax-deductible. Mentoring activities should also be encouraged as they particularly enhance the lives of seniors and give them the opportunity to showcase their knowledge and expertise.

Participants thought that developing a pro-volunteer culture would increase the opportunities for seniors to participate in society and get them more involved in community life. Some observed that recent retirees are less inclined towards volunteer activities:

"The number of near-retirees and retirees is increasing and they are younger than ever before. The SARPAD volunteer centre has also noticed that their interests have changed, too. They travel more, follow personal growth courses, spend more of their time on leisure activities and, finally, some of them return to the labour market on a part-time basis."

(EXCERPT FROM THE BRIEF
SUBMITTED BY THE CENTRE
DE BÉNÉVOLAT SARPAD - SERVICE
D'ACCOMPAGNEMENT ET DE RÉPIT AUX
PERSONNES ÂGÉES À DOMICILE⁶⁰)

For many, encouraging the culture of volunteerism inevitably implies long-term financing for volunteer organizations. On this issue, some participants asked for money to be freed up to allow these groups to hire a person specifically tasked with recruiting volunteers and coordinating their involvement, as this job is more and more demanding all the time.

All generations, from the young to the less young, need to become aware how important it is to give a little of one's time to help others. There are some promising initiatives in this area. Even though the SARPAD is often unable to accept offers of volunteering from students because of the nature of the services it offers to its clientele, it does say the following in its brief:

"We salute the initiative of the Ministère de l'Éducation for adding mention of the importance of volunteerism to the secondary school program. We can see tangible results here. Young people contact us now to ask if they can volunteer at the Centre."⁶¹

Encourage collaboration between different milieus

In order to achieve a better level of collaboration, or "linkages," between public and community organizations and between municipalities and seniors' groups, participants stated that it was important for everyone to share their expertise and their know-how to facilitate the social involvement of seniors:

"It will be of prime importance in the future to bring community organizations and social movements together to build networks that promote the concept of social participation, and through them to intervene socially in innovative and constructive ways."

(EXCERPT FROM
THE BRIEF SUBMITTED JOINTLY BY
THE DIRECTION DE SANTÉ PUBLIQUE DE
LA CAPITALE-NATIONALE,
L'INSTITUT NATIONAL DE SANTÉ
PUBLIQUE DU QUÉBEC,
THE CENTRE D'EXCELLENCE SUR LE
VIEILLISSEMENT DE QUÉBEC AND
L'INSTITUT SUR LE VIEILLISSEMENT ET
LA PARTICIPATION SOCIALE DES AÎNÉS
DE L'UNIVERSITÉ LAVAL⁶²)

3.2.2 Adapted living environments

THE CONTEXT

If you intend to improve the living environment of senior citizens, you have to take into account their many-faceted needs in the areas of housing, public space design, access to public para-transit, security, leisure and cultural activities as well as the need for a stimulating community life.

A number of municipalities have made strides in this direction, and many already have a councillor who is responsible for seniors. Others choose to let this role be played by committees of seniors. It is clear though that much remains to be done to better respond to the overall needs of senior citizens in both rural and urban areas.

On the subject of public transportation:

- ▶ The Ministère des Transports du Québec gives financial support to public transportation corporations to ensure regular service and para-transit for reduced-mobility individuals and seniors, with a budget allocation of 69 million dollars.⁶³

On the subject of security:

- ▶ According to the frame of reference as outlined in *La prévention des chutes dans un continuum de services pour les aînés vivant à domicile*⁶⁴ and the national public health program, measures to prevent falling (which is the source of 65% of injuries among seniors⁶⁵) have been implemented in the majority of Québec regions.
- ▶ The Sûreté du Québec *Viellir en liberté en toute sûreté*⁶⁶ program seeks to prevent crimes that victimize the elderly and neutralize high-risk situations.

On the subject of the environment:

- ▶ The Action Strategy for the Elderly plans to invest 12.5 million dollars over five years in order to arrive at specific agreements with regional conferences of elected officials (CRÉ) with respect to adapting local services and infrastructures to the needs of senior citizens.⁶⁷

VIEWPOINTS

Improvements in and better access to transportation and infrastructure as well as a higher level of security were all important features of requests made by experts, groups and ordinary citizens.

"Improvements to infrastructures (sidewalks, parks, lighting, etc.), public and special transportation, residential building standards and offices are all sectors where despite partial or hesitant beginnings, much remains to be accomplished."

(EXCERPT FROM THE BRIEF
SUBMITTED BY THE CENTRE DE
RECHERCHE ET D'EXPERTISE EN
GÉRONTOLOGIE SOCIALE DU CSSS
CAVENDISH, UN CENTRE
AFFILIÉ UNIVERSITAIRE⁶⁸)

Needs are many, notably in the area of public transportation:

"Transportation is a crucial issue and volunteer accompanying transportation, especially so. We have seen that over the years, servicing for medical appointments has monopolized both the energy and availability of volunteers for quite a number of community seniors' organizations, too often to the detriment of recreational transport that would appear to be less essential in the short term but which is nonetheless an important feature of the quality of life of the elderly."

(EXCERPT FROM THE BRIEF
SUBMITTED BY THE FONDATION
BERTHIAUME-DU TREMBLAY⁶⁹)

The authors of various briefs also supported improved financing of community organizations that though their initiatives that are especially aimed at the needs of seniors, complement the actions of public institutions in a positive way.

Citizens who came to our hearings complained of the insufficient number of public housing units, especially units adapted to the special needs of seniors and, equally, of the shortage of intermediate resources. In the regions, they said, it is difficult to find the capital required to fund new housing projects. Some elderly homeowners also wanted assistance to deal with the increases in property taxes.

Many also expressed their concerns about the current trend of building residences far from social activities.

"Society as a whole needs to find a way to facilitate the participation and social involvement of seniors, everywhere and at all times, affording them security and health and fostering their independence and welfare. This especially implies [...] the need to revisit [...] how we organize our cities and suburbs to avoid "parking" seniors in complexes that have been constructed well away from any civic activity."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'ASSOCIATION
QUÉBÉCOISE D'ÉTABLISSEMENTS DE
SANTÉ ET DE SERVICES SOCIAUX⁷⁰)

IN THEIR OWN WORDS

In the world of public housing, we need to go from a "doorknocking" mentality to a "handshake" mentality.

(DIRECTOR OF A QUÉBEC CITY REGION HOUSING PROJECT)



We have to help municipalities with respect to public transportation and think about cooperative solutions, broadening the para-transit mandate ... Using school busses could be an affordable solution in rural areas. Seniors could use available seats on busses to get around more freely.

(A SENIOR FROM ROUYN-NORANDA)

Its so expensive to travel to visit our children and grand-children who live on the mainland.

My children live a thousand dollars away from me.

(A MAGDALEN ISLANDS SENIOR)



Do we really need to keep golden age activities hidden in church basements? We invest in youth, we invest in sports. Couldn't we support activities for seniors in a better way?

(AN ALMA RETIREE)

REQUESTED IMPROVEMENTS

Adapt living environments to the needs of seniors

Participants suggested hiring "hall-way" workers in the public housing milieu to visit the 56.8% of people who inhabit these projects who are seniors and, in the main, who are women. The workers regularly check up on them, helping out if they need some assistance. A number of exemplary initiatives have already begun, and more should be encouraged.

In its brief, the Regroupement des offices d'habitation du Québec⁷¹ offers many examples of such initiatives. In Laval, a partnership has emerged between l'Office municipal d'habitation and the Marigot and du Ruisseau-Papineau CLSC-CHSLDs. Supported financially by the Agence de santé et de services sociaux, this partnership has been able to set up a public housing caregiver program. In this case, the caregiver lives in one of the project units and constitutes a reassuring presence for residents, making certain that they are alright, looking into

problems and finding required resources, listening, visiting with residents, offering support for some of life's domestic needs such as grocery shopping, medical appointments, etc.

Participants also underlined the need for similar visits to seniors who live in the countryside.

It was also said that Québec municipalities should follow the lead of other cities throughout the world and adapt their services to the capabilities of the elderly in areas such as the time allotted to pedestrians in crossing the street, lighting in public places, access to public services, etc.

"More benches and rest areas are needed in public places to allow seniors to sit down rather than exhaust themselves by always remaining standing. Thought should also be given to increasing the number of sites where wheelchairs or tricycles are available."

(EXCERPT FROM THE BRIEF
SUBMITTED BY MARIE BEAULIEU
AND SUZANNE GARON⁷²)

Municipalities are vital partners in offering seniors a quality environment.

"Municipalities should understand that improving the quality of life for seniors in their living environment will have a positive impact on preserving the social fabric of a given area. [...] We're thinking more of a partnership, where the role of municipalities could be to offer land for the construction of residences, for example, setting up and maintaining green spaces and making improvements to selected infrastructures. It would be unthinkable for municipalities not to offer parks and infrastructures for children; why should it be otherwise for the elderly?"

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'ORDRE
PROFESSIONNEL DES TRAVAILLEURS
SOCIAUX DU QUÉBEC⁷³)

Other participants, as we saw in the testimony previously quoted, spoke of the importance of establishing places where sharing can occur, places that offer self-renewal and educational activities, etc., for seniors. Place des aînés in Laval is a model for this kind of environment: there, the age of those who occupy regular positions averages ⁶⁸.

"Our two-story building covers 67,000 square feet in area [6,224.5 m²] and includes glassed-in areas that are set up as gymnasiums, multiservice rooms, muscle-building and cardio-respiratory training rooms, art studios, a computer centre, coffee shop and more, opening onto a mall with an information kiosk. More than one thousand people pass through each day to discover, learn, explore, inform and improve themselves. This is a true "public place" that lets anyone and everyone who passes through develop relationship networks, change attitudes respecting individual and collective ageing, diminish the impact of certain problems related to the loss of autonomy due to age, appreciate the age-related services on offer and fight inactivity, solitude and isolation."

**(EXCERPT FROM THE BRIEF
SUBMITTED BY PLACE DES AÎNÉS⁷⁴)**

The importance of having stores nearby was also brought up. Big-box stores are often built far from town centres and are inaccessible by public transportation.

Increase the number of available specially adapted housing units

Participants told us that current social housing and specially adapted housing programs need upgrading. In particular, there is a need to increase the number of housing units specially adapted to persons in a situation of diminished autonomy. They added that it should be possible to also examine how diversified housing solutions could be implemented, solutions such as intergenerational homes and other types of communal living arrangements. Construction codes for seniors' residences need to be revised in order to include specially adapted units for people who are incapacitated.

3.2.3 Improving the most precarious financial situations

THE CONTEXT

The financial situation of Québec seniors has improved in recent years, but does remain of concern for part of the population. This is the case in particular for women who never worked outside the home and as a consequence do not benefit from private pension plans or the Régime des rentes du Québec. Their main source of income remains government transfers.

Even among those aged 65 and up who have been in the labour force, there is some relative poverty. Other women who were married and who never held paying jobs may still have comfortable income, thanks to their spouses or transfers of spousal pension benefits after the death of their partner. Income is the access key to housing, healthy life habits, adequate nourishment and social involvement and integration. Contrariwise, poverty is a trigger for solitude and can cause illness and handicaps.

Many seniors do not file tax returns and are consequently deprived of many benefits such as the Guaranteed Income Supplement. To encourage them to file, the Ministère du Revenu has established a number of ways of informing and supporting seniors including a measure that refers seniors to volunteers able to assist individuals who wish to file their tax returns.

Finally, increases in the cost of living or a decline in health can also be sources of additional pressure on the finances of some seniors as they age. Benefits paid by retirement plans are, in fact, rarely fully indexed.

- ▶ In 2004, total average income for women aged 65 and up was \$19,600, while the comparable figure for men was \$31,500.⁷⁵
- ▶ Government transfers made up 59.6% of annual income for women 65 and older; for men, the figure was 45%.⁷⁶
- ▶ For the over-65 category, one homeowner in seven spent 30% or more of revenues for housing; in the case of renters, that ratio was one in two.⁷⁷

Some government measures

- ▶ Including fiscal measures alone, government support for seniors has doubled in the last five years: annual financial support defined as favouring seniors rose from 303 million dollars to 661 million between 2003 and 2008.⁷⁸
- ▶ The property tax reimbursement program reduces the tax burden on seniors who live in municipalities where this burden is greater.
- ▶ The Action Strategy for the Elderly in the 2007-2008 budget provides for:
 - Segmenting retirement income (annual financial impact: 106 million dollars)
 - Increased tax credits for retirement income (annual financial impact: 37 million dollars) and for home care (annual impact: 90 million dollars)
 - Free medication for low-income persons 65 or older who receive at least 94% of the Guaranteed Income Supplement⁷⁹
- ▶ A committee tasked with determining the financial impact of indexing public and parapublic pension funds was created in the fall of 2007.

VIEWPOINTS

Even though the financial circumstances of seniors have improved in recent years, numerous briefs stressed the fact that low-income individuals have problems in accessing indirect health services such as prescription medicines, dental care, glasses, prostheses, etc., personal assistance services and decent housing.

Citizens frequently spoke out about very aged women, and to a lesser extent, men, who have difficulty meeting the rising cost of health due to insufficient liquidity. These persons have incomes that are often solely based on Old Age Security payments and the Guaranteed Income Supplement that together, total hardly more than \$13,400.

"[...] it is difficult to comprehend that in 2007, close to 45% of Québec seniors had lower than average income (37%) or lived in total poverty (7%). These figures are worrisome and reveal how difficult our society finds it to ensure an equitable and respectable place for its elders."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA FONDATION
JULES ET PAUL-ÉMILE LÉGER⁸⁰)

*"Elderly women, however, suffer doubly from the effects of lifelong lower income and the decline in revenues that follows retirement. They have fewer private pension or retirement savings plans than men and find themselves at a disadvantage. [...] In addition, **inasmuch** as their life expectancy keeps lengthening, these women can only expect to live in poverty for a longer time! They will need the help of others in their entourage for a greater number of years and are often themselves caregivers for their husbands or family members. Acknowledging their work would be a first step to helping them emerge from poverty."*

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA FÉDÉRATION DES
FEMMES DU QUÉBEC⁸¹)

During the Nunavik⁸² consultation hearing, Inuit seniors spoke of the circumstances of their lives and of their needs, recalling the history of their integration into modern society.

Currently, some, 83% of Inuit seniors live with their children and grandchildren-of whom many are adopted in overcrowded housing, due to the shortage of available living quarters in Nunavik. For many, their survival, and the survival of the people they are responsible for depends on hunting and fishing. A proposal was put forward that suggesting that government support these activities just as it supports agriculture in the South of Québec. Inuit seniors also called for adequate home care and support for resolving issues affecting youth and access to government information in their own language.

Moreover, between 10% and 30% of aboriginal seniors do not receive the federal government Guaranteed Income Supplement to which they are entitled.

"Two things explain this loss of income. Firstly, there is an absence of relevant, simple and accessible information in the languages understood by First Nations seniors. Many such seniors express themselves mainly in their mother tongue and have difficulty with administrative documents written in either English or French. The second problem is connected to the procedures themselves that are too complicated and not well understood even by the counsellors and agents helping seniors in these communities."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'ASSEMBLÉE DES
PREMIÈRES NATIONS DU QUÉBEC ET DU
LABRADOR AND THE COMMISSION DE
LA SANTÉ ET DES SERVICES SOCIAUX
DES PREMIÈRES NATIONS DU QUÉBEC
ET DU LABRADOR⁸³)

Finally, the question of partial indexing of public sector retiree payments has also been abundantly documented in the submitted briefs. During the hearings, retired government employees and teachers brought up over and over, the demand for full pension payment indexing in order to maintain their standard of living.

IN THEIR OWN WORDS

Certain baby-boomers reach retirement age with enough money, but many don't, and are even without retirement savings ... They are active, all right, but have no funds.

(A RETIREE FROM CHICOUTIMI)



Tax return forms need to be simplified.

(A JOLIETTE SENIOR)



I don't much care for the expression "golden age," which suggests it is a golden age for everybody ... but we forget that there is a lot of poverty among the elderly, and especially among women.

(A JOLIETTE SENIOR)

REQUESTED IMPROVEMENTS

Increase the income of the poorest of the elderly

The first step towards increasing the income of the poorest of the elderly would be to pay them all sums of money to which they are legally entitled, affirmed many participants. In order for this to happen, they must be encouraged, and helped to file their annual tax declarations by simplifying the forms and detailing to seniors the benefits they can expect to receive.

Some proposed a provincial Guaranteed Income Supplement, similar to what other provinces offer. This provincial GIS could fill the gap between current income (including the federal GIS) and the poverty level.

Participants also called for looking into removing the Old Age Security pension from the calculation of spousal survival payments made by the Régie des rentes du Québec, or for extending the free prescription medicine benefit to all recipients of the Guaranteed Income Supplement.

Others have asked that legal aid be available to more low-income citizens. Right now, recipients of the Guaranteed Income Supplement are not eligible for free legal aid and are sometimes completely ineligible, even for reduced fee aid.

"We already know that nearly one-fourth of single people over the age of 65 have pre-tax income that puts them into the low-income category. [...] Broadening the criteria of financial eligibility for free or partial legal aid could be one way of ensuring that seniors have improved access to the justice system."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA COMMISSION DES
SERVICES JURIDIQUES⁸⁴)

Take a new look-together-at the overall effect of the tax system on the elderly and their home caregivers

Participants felt that it would also be possible to improve seniors' finances by a thorough revision of the tax credits that affect them and their families.

"Increased demand for care dispensed within the family and supplementary costs for treatment required from outside sources have also sharpened income loss and the financial burden on women. Moreover, care and services given by women to spouses with diminished autonomy generate substantial savings for the health system. For this reason, l'AFEAS believes that the state should recognize work performed by caregivers and implement concrete fiscal and financial measures to support this work [...]."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'AFEAS FEMMES EN
MOUVEMENT⁸⁵)

3.3 PREVENTIVE ACTION

Citizens, associations and experts all underlined the importance of prevention. They support struggling against stereotypes and prejudice, facilitating access to government information, promoting health and preventing suicide, abuse and mistreatment.

3.3.1 Fighting stereotyping and prejudice

THE CONTEXT

If it is true that the significant contribution of senior citizens to society and their right to be treated with dignity and respect are acknowledged, prejudice and stereotypes still persist.

These stereotypes and negative attitudes such as ageism, gerontophobia and infantilization are significant problems, particularly because they deny the true capabilities of seniors and affect their welfare. In addition, they restrict seniors from making their full potential contribution to Québec society. Ageism, along with sexism and racism are the three important, pernicious "isms" of contemporary society.

These kinds of negative attitudes can have consequences for the image that seniors have of themselves, and define their behaviours. In certain cases, they can lead to discrimination, exclusion and even violence.

Some individuals are susceptible to being discriminated against in multiple ways due to their sex, a handicap, their cultural origins, religious beliefs or sexual orientation.

VIEWPOINTS

According to the experts, the principal stereotypes and prejudices faced by the elderly are vulnerability, dependence, decrepitude, apathy and uselessness. These prejudices in turn cause attitudes of infantilism and ageism (discrimination towards the elderly).

During the hearings, seniors gave ample echo to these kinds of analyses. They deplored the fact that the population in general often believes-wrongly-that seniors are responsible for the rising costs of health and that ageing is necessarily accompanied by the emergence of numerous incapacities. Many citizens also decried the mentality that sees youth as a social ideal, while treating old age as a taboo.

Negative attitudes connected to old age can lead to social exclusion, professional exclusion and self-categorization, a phenomenon in which seniors refuse to see themselves as such. This does not help valorize the trades and professions associated with the elderly.

"People think that they [the elderly] are an economic burden on other generations, that they are out of it and incapable of adapting to change. [...] Such stereotypes do harm to the social participation of seniors, on the one hand by diminishing the way others look at the contributions they could make and, on the other, by diminishing the perception seniors have of themselves and their capabilities."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA COALITION
POUR LE MAINTIEN DANS
LA COMMUNAUTÉ - COMACO⁸⁶)

Other participants stated that some seniors suffer a double discrimination because they are women, or handicapped, or have a different sexual orientation, or come from a cultural community, etc.

"Let me tell you, being gay and old is no walk in the park. People don't seem to know how to behave toward us. Even the CHSLD staff make snide comments about it. People already think that since we are old we have no sexual life, imagine what else they say and think when we're gay ... I can't tell you how often I've been told, "Cut out that nonsense, kissing another man, it just isn't done." All that pain just because I had a good friend at the centre with whom I felt like enjoying myself. I don't know what to do any more. I feel alone and don't know who I can talk to about it."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LE RÉSEAU QUÉBÉCOIS
POUR CONTRER LES ABUS
ENVERS LES AÎNÉS⁸⁷)

IN THEIR OWN WORDS

Sadly, prejudice against the elderly is tenacious, despite all our contributions... I finished my doctoral degree this year, and I'm 78.

(A SHERBROOKE SENIOR)



I am troubled when I see that some people promote the defence of seniors' rights in public but not in their immediate entourage. There are even some seniors who refuse to accept the idea of a nursing home in their neighbourhood for fear it will lower property values!

(A RIMOUSKI CAREGIVER)

There remains much prejudice in the hospital environment. Seniors are not all deaf, so why not talk to them in a normal tone of voice instead of shouting all the time?

(A GASPÉ SENIOR)



People think that seniors spend all their time on rocking chairs in the old folks' home. It's a lie! There is a lot of involvement, a lot of volunteering.

(A RETIREE FROM MATANE)

REQUESTED IMPROVEMENTS

Intervene with the entire population of Québec

Fighting prejudice and stereotyping has to start with the promotion of a true portrait of the elderly and by valorizing them by making their contribution to society apparent. There also needs to be an effort made to put into perspective the perverse effects of prejudice they are forced to confront, and to promote their right to dignity and respect. These awareness efforts should focus on the population at large.

Many groups including community organizations do attempt, at their own level, to move public opinion forward:

"[...] our Vieillir project has had positive results. We want to make it possible for today's youth to listen to what seniors have to say and especially to hear a positive message from those with a lifetime of experience. [...] we chose to publish a book containing testimony by seniors from many milieus and from all levels of society, whether rich, less rich, or poor. These are real life stories that reflect the individual histories of our seniors and each comes a personal recipe for making the most of life. [...] The book in itself is not a solution to the problems faced by Québec society and its senior citizens but it does show that intergenerational bonds and education can be of significant help in resolving these problems."

(EXCERPT FROM THE BRIEF
SUBMITTED BY RAYON DE SOLEIL,
A COMMUNITY ORGANIZATION
IN L'ESTRIE⁸⁸)

Finally, some groups reminded us of the importance of acknowledging the diversity of senior citizens and the life circumstances they face. We need to stop treating them as a single, homogenous category.

"[...] it is worthwhile stressing the multiplicity of their paths in life and their individual identities. Elder Quebecois are as diverse as society at large and among the elderly are individuals from a wide variety of socio-economic strata [...] immigrants long rooted as well as new arrivals, homosexuals, lesbians, bisexuals, people with different religious beliefs and spiritual values, those from diverse family configurations, seniors in good health or incapacitated, with mental health problems or addictions. They may be retired, still working, volunteers, living as hermits ... the list is endless."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LE CENTRE DE
RECHERCHE ET D'EXPERTISE EN
GÉRONTOLOGIE SOCIALE DU CSSS
CAVENDISH, UN CENTRE AFFILIÉ
UNIVERSITAIRE⁸⁹)

Denounce discriminatory practices

Parallel to a public awareness campaign, efforts at revealing discriminatory practices that target the elderly are required, in the opinion of participants.

3.3.2 Facilitating access to information on public services

THE CONTEXT

There exists a whole range of programs and public services that respond to needs in areas as varied as taxes, health, housing, employment, pension benefits, etc. Due to their complex nature, some kinds of information are difficult to understand, whether by seniors or others.

But seniors are a category of people that may experience difficulties when seeking information. Some of them believe that the way information on government programs is accessed is not always adapted to their reality, with the multiple sources of information and overly-complicated forms, Internet information is not available to many seniors, computerized answering machines, etc.

In addition, language can be a barrier for Anglophones, Aboriginals and people from Cultural Communities.

- ▶ The mission of Services Québec is to offer one-stop service to citizens and business requiring many public services throughout Québec. As it is being progressively implemented, Services Québec will make it possible for the population to obtain a wealth of information and services, either through the Québec Portal or by dialling a single telephone number, writing to a single address or going to a single place.⁹⁰
- ▶ In order to simplify things for certain taxpayers, the Ministère du Revenu now offers a pre-filled tax declaration to a target group of 100,000 citizens, of whom 80% are seniors over the age of 65.⁹¹

VIEWPOINTS

Associations and experts did not often address the subject of government information and public services. By contrast, numerous individuals called for easier access to information on government programs and public services. Not being able to immediately speak with a real person at the other end of the line was often mentioned, as was the dearth of available documentation in paper form. In addition, many find forms difficult to complete, and Internet information is not available to a majority of seniors. According to the Centre francophone d'informatisation des organisations (CEFRIO), only 28% of seniors have access to the Internet.

Some groups stressed the difficulties experienced by people with hearing problems.

"Since they have reduced access to information, they are not always aware of the existence of available services or their details. One example: they find it hard to understand what they hear on television or when they call in to speak to someone directly and often struggle through a labyrinth of computerized voice response systems that employ pre-recorded messages."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'INSTITUT
RAYMOND-DEWAR⁹²)

Participants also made it clear that some seniors have difficulty in getting to government offices due to problems with health, mobility or transportation.

Finally, many Anglophones complained of being unable to have access to services in their own language. Inuit and Aboriginal seniors experience similar difficulties.

IN THEIR OWN WORDS

Whenever you call a government office, or anywhere as far as that goes, you always get recordings: press this button, or that one ... Can't we have more *humane* service, like a real person who answers the phone?

(A GASPÉ SENIOR)



We decided to start a newspaper for seniors in partnership with the CLSC, so as to better reach out to them and keep them informed.

(A VOLUNTEER RETIREE
FROM VAL-D'OR)



Anglophone seniors need to have information available in their own language; for example, they need to know about secondary effects of prescription medicine.

(A CAREGIVER FROM DORVAL)

REQUESTED IMPROVEMENTS

Simplify communication with the public and facilitate access for the entire population of seniors

Participants sought improvements in order to facilitate access to information produced by various government departments and organizations. For the most part they all would prefer being able to speak to a real human being, immediately. They also feel that communications addressed to seniors should always be handled in writing. Mailing brochures to the homes of seniors was also mentioned.

The Fédération des centres d'action bénévole du Québec recounted how it is working alongside l'Association québécoise des centres communautaires pour aînés in the Carrefours d'information pour aînés project. These communications crossroads will be set up during the coming year by Services Québec and the Ministère de la Famille et des Aînés.

"The communications crossroads will provide seniors with the means to locate and understand government information that will help them to improve their quality of life. This public information service will be offered by an acknowledged community or volunteer organization."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA FÉDÉRATION DES
CENTRES D'ACTION BÉNÉVOLE
DU QUÉBEC⁹³)

3.3.3 Preventing suicide and dependency

THE CONTEXT

Preventing suicide among the elderly remains a daunting task, especially since the subject remains taboo and a lot less well understood than suicide among young people.

Suicide specialists believe that current data understates the phenomenon of elder suicide because of the "normal nature" of the death of an aged person and poverty of analysis relating to events surrounding the death. They are convinced that many cases of elder suicide are not detected; one example could be when an individual simply stops taking medicine that keeps him alive.⁹⁴

There are many risk factors involved in suicide attempts among seniors: emotional problems, substance abuse, substance dependency (alcohol and psychotropic drugs), compulsive gambling, a history of suicide in the family, difficulties in coming to terms with ageing, chronic pain, loss of functional autonomy, financial difficulties, solitude, loss of spouse, divorce, etc.

- ▶ The rate of successful senior suicide is one in four attempts or 25%, compared to one in one hundred (1%) in other age groups within Québec.^{95[1]} Among seniors, men are more at risk, with four male attempts at suicide for each female attempt.⁹⁶
- ▶ According to figures published by l'Institut national de santé publique, there was a decline in suicide for all age groups in Québec between the years 1999 and 2006, except for the 50–69 year category, largely composed of baby-boomers. The suicide rate for individuals aged 65 and up declined by 25%; for the 35–49 year category, the decline was about one-third.⁹⁷
- ▶ In Québec, 22% of gamblers considered "at risk" and 13% of pathological gamblers are found in the 55-year and older age group.⁹⁸
- ▶ The 2007-2008 Campaign against Pathological Gambling⁹⁹ in which the Ministère de la Santé et des Services sociaux plays an essential role, focuses on the elderly as a vulnerable group that requires special attention with regard to problems related to games of chance and money.
- ▶ The elderly consume significant amounts of tranquilizers, sedatives and sleeping pills (all medicines that act on the central nervous system): 23.4% of females and 14.6% of males have at least one active prescription for one or more of these classes of medicine. In the 65–74 year old group the combined figure is 16.5%, rising to 23.7% for the 75–84 year old group and 28.2% for seniors 85 and older.¹⁰⁰

VIEWPOINTS

Lack of efforts to prevent suicide

The experts brought up important deficiencies with efforts to prevent senior suicide on the part of seniors themselves, their caregivers and the general public.

"In a study of representative cases, Prévaille et al. (2005) report that, "everything takes place as if society, healthcare professionals, families and the elderly themselves consider that suicidal thoughts are a normal part of the ageing process". It flows from this that there is little enthusiasm for envisaging alternatives to ending one's life, or to call on resources such as organizations that are specialized in the prevention of suicide."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'ASSOCIATION
QUÉBÉCOISE DE PRÉVENTION
DU SUICIDE¹⁰¹)

Moreover, some denounced what they see as the trivialization of suicide:

"This trivialization of senior suicide in our society is no more, no less, than a manifestation of ageism which in its more general form embraces the stereotype that considers all elderly persons as being of diminished autonomy and senile; since they have already lived for many years, the reasoning goes, they haven't the same urgent need to go on living as the 'rest of us.' The truth of the matter is that the vast majority of seniors are healthy and live at home."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'AXE SANTÉ MENTALE
DU RÉSEAU QUÉBÉCOIS DE RECHERCHE
SUR LE VIEILLISSEMENT¹⁰²)

Overconsumption of psychotropic drugs and other substances

Nearly one senior in five uses benzodiazepines (chemical compounds used as tranquilizers and sleeping pills).¹⁰³ These medicines, which should be used only for a short time to deal with acute anxiety or temporary crises, are often consumed in a chronic manner. Many experts are concerned about this phenomenon that they associate with the medicalization of ageing. Prescribing medicine is detrimental to other psychotherapeutic measures that could help seniors deal with difficulties such as the death of a spouse, solitude, loss of autonomy, retirement, etc.

There are also pernicious effects stemming from prolonged or inappropriate use of benzodiazepines:

"Cognitive deterioration associated with prolonged use of benzodiazepines reduces the capabilities of seniors to adapt and to remain autonomous. [...] Patients' perceptions of the dangers of taking these medications over the long term may differ from those of the health professional that encourages a weaning-off period. Seniors' misperceptions of the dangers of their medications appear to flow from a gross lack of information, or even from contradictory opinions coming from diverse sources that may themselves be biased, as much in the family sphere as the medical one. [...] If it [the medication] is presented from the start as a temporary measure, the patient will be more inclined to only use it in the short term."

(EXCERPT FROM THE BRIEF SUBMITTED BY GUILHÈME PÉRODEAU, UNIVERSITÉ DU QUÉBEC EN OUTAOUAIS104)

Seniors are also vulnerable to alcoholism, substance abuse and pathological gambling. Some participants denounced what they see as the abusive nature of trips organized by casinos for senior citizens.

IN THEIR OWN WORDS

What can we say to a person who talks about killing himself? How do we intervene? What do we do? I am really disturbed about it...I feel helpless!

(A YOUNG CAREGIVER
FROM CHICOUTIMI)



Despite our best intentions, we embrace the stereotypes that see us as a burden for everyone and there comes a time when we just want it to be over.

(A MONTRÉAL SENIOR)

It's a serious problem in our region: compulsive gambling has led some people to commit suicide ... There will be a discussion forum on September 28 to make seniors aware of this reality that begins with the Casino group tours for seniors ... We want to make therapy available to help compulsive gamblers.

(A CAREGIVER FROM TROIS-RIVIÈRES)

REQUESTED IMPROVEMENTS

Shatter the silence surrounding emotional distress and suicide among the elderly

Participants suggested that emotional distress and suicide among the elderly need to be much better documented if we are to counter them efficiently.

Many also brought out the need for preventive measures, especially in the circles of family and friends.

"[...] in 75% of cases, suicidal seniors reveal their intentions to their entourage before acting out. [...] This suggests that friends and family can play an important role in senior suicide prevention by encouraging their parents or friends to discuss these kinds of impulses with a physician."

(EXCERPT FROM THE BRIEF SUBMITTED BY L'AXE SANTÉ MENTALE DU RÉSEAU QUÉBÉCOIS DE RECHERCHE SUR LE VIEILLISSEMENT¹⁰⁵)

Participants thought that there could be an awareness campaign on the problems surrounding ageing, in which this question could figure.

It was also proposed that the Ministère de la Santé et des Services sociaux include special measures for seniors in its policy on mental health, for example: countering senior suicide by training personnel that work with the elderly to detect stress earlier and to be able to intervene efficiently, adding community workers or guardians in the living environment to seek out lonely or depressed persons and help them or refer them to other resources, as need be.

Provide better information on psychotropic drugs and other substances

Experts underlined the need to systematically inform seniors about the appropriate use of psychotropic drugs and their secondary effects at the time the prescription is given, and offer them alternatives for problems of anxiety and insomnia.

"Few alternatives to medication are offered to seniors who present with problems of anxiety or insomnia. Medicating them has become the 'quick fix,' stemming from the lack of desire to take the time to deal with the problem in other ways, ignorance, ageism and the influence of the pharmaceutical industry. Benzodiazepines are seen as offering a rapid solution to the problem, miracle little pills that cure the insomnia or anxiety that are wrongly seen as the source of the suffering experienced by the user."

(EXCERPT FROM THE BRIEF
SUBMITTED BY GUILHÈME PÉRODEAU,
UNIVERSITÉ DU QUÉBEC
EN OUTAOUAIS¹⁰⁶)

"We believe that it is important, even urgent, to be concerned about the use of medications by seniors, and the way they are taken. Seniors must be educated about the effects and true nature of these pills, the justification for taking them and the means by which a rational -utilisation of medication can be achieved."

(EXCERPT FROM THE BRIEF
SUBMITTED BY L'ASSOCIATION
QUÉBÉCOISE DE DÉFENSE DES DROITS
DES PERSONNES RETRAITÉES
ET PRÉRETRAITÉES¹⁰⁷)

3.3.4 Preventing abuse and mistreatment

THE CONTEXT

According to the World Health Organization, the mistreatment of the elderly includes any one-time or repeated action or absence of appropriate action that takes place in a relationship supposedly based on confidence. Mistreatment can occur in a private home or in an institution. It can come from strangers or spouses and children, relatives, caregivers or others who enjoy the confidence of the senior and have some degree of power over them.

Some acts can violate civil or fundamental human rights or be criminal in nature. Attempts at intimidation, financial exploitation, physical violence (including limiting freedom of movement), negligence and sexual violence are all forms of dehumanization that abuse and mistreatment may take.

Particular circumstances such as financial and emotional dependency, solitude and isolation and lack of social support can make cases of abuse more likely to occur, and these often take place in an intimate setting such as while taking a bath, dressing, or during the administration of medication.

Seven percent (7%) of the group of 4,000 persons 65 years and older who participated in the 1999 *Enquête sociale sur la victimisation*¹⁰⁸ reported having been the victims of abuse and mistreatment during the five years prior to the study. In a majority of cases, the spouse perpetrated the violence. The two most common forms of emotional violence that were reported were being denigrated or spoken to in a hurtful way and being obliged to limit contact with members of the family and friends. Only a small number (1%) of seniors claimed to have been the victim of physical violence, and nearly two percent reported more than one type of violence.¹⁰⁹

- ▶ In Canada, 10% of people over the age of 65 are thought to be victims of violence, abuse or negligence. According to experts, this phenomenon is seriously underestimated.¹¹⁰
- ▶ Seniors are more likely to suffer financial, psychological and physical consequences when they are the victim of a crime or misdemeanour.¹¹¹
- ▶ In Canada, a little more than one-third (35%) of perpetrators of family violence against seniors were adult children, while current or former spouses accounted for some 31% of reported cases.¹¹²
- ▶ According to the Ministère de la Sécurité publique, 37 women aged 65 or more filed criminal complaints of sexual aggression in 2006, with some victims being older than 80. These figures do not adequately represent the true picture of the problem.¹¹³

Government action for detecting and preventing abuse and mistreatment

- ▶ Local and regional complaints and quality of services officers were added to the health and social services network.
- ▶ The Commission des droits de la personne et des droits de la jeunesse received a mandate to deal with financial exploitation of the elderly.
- ▶ Regional assistance and complaint follow-up centres were set up.
- ▶ Detection by physicians of situations of senior abuse and negligence was included in the Programme national de santé publique.
- ▶ An annual abuse awareness day, instituted in 2006, is celebrated annually on June 15.
- ▶ Support for the Réseau québécois pour contrer les abus envers les personnes âgées is now in place.

VIEWPOINTS

Many experts noted that it is impossible to completely know the breadth of mistreatment towards the elderly, since the victims may not be able to or want to complain about their victimization. Witnesses to acts of violence or those who suspect that a senior is being mistreated may also decide to keep quiet for various reasons.

Participants also reminded us that abuse and mistreatment, like suicide and substance dependency, remain taboo subjects. And as is the case for domestic violence and violence toward children, intervening in cases of violence toward seniors raises considerable unease among (but not only among) caregivers:

"Health and social services professionals are not all comfortable with this issue; most prefer to be certain of having all the elements of proof in hand before making any judgement and many of their investigations appear to be quite timid. Abused seniors rarely reveal the extent of their misfortune and quite often refuse offers of assistance, which doesn't make the task of the health professional any easier. [...] The main dilemma faced by professional caregivers concerns the choice of which value to give priority to. Should they first and foremost respect the autonomy of the senior, or to the contrary, support the principle of compassion that can extend to ensuring the protection of the individual against his or her will?"

(EXCERPT FROM THE BRIEF
SUBMITTED BY MARIE BEAULIEU¹¹⁴)

Opinions vary as to what should be done to fight abuse and mistreatment. However, many organizations suggested implementing a government policy against senior abuse and mistreatment based on the policy on domestic violence.

Other proposed either naming a director for the protection of seniors-modelled after the director for youth protection-or an Ombudsman for seniors, particularly with respect to situations that prevail in nursing homes.

It should also be stated that the Public Curator's office has asked that professional confidentiality be lifted in the case of mistreatment and financial exploitation of seniors to allow notaries, attorneys, bankers and health professionals to file complaints. These frontline witnesses are still required to remain silent when they become aware of possible mistreatment or abuse to which their clients are subjected.

Ordinary citizens described promising regional initiatives such as the Info-Abus hotline, a listening and referral service for seniors administrated by the CSSS Cavendish. Another original

idea suggests peer support: community organization DIRA-Laval works this way, in partnership with CLSCs, police forces and other local groups.

"Putting together senior volunteers and gerontology specialists seems to us to be the ideal way of resolving a significant part of senior abuse within the community, and without weighing the government down with million-dollar investments in full-time dedicated teams. In all likelihood, it would be difficult to staff these teams that would in any case offer less empathy to victims than senior volunteers."

(EXCERPT FROM THE BRIEF
SUBMITTED BY DIRA-LAVAL¹¹⁵)

Many also noted that individuals living in private nursing homes risk being exploited, citing a lack of quality standards, prohibitive monthly rent, extra services invoiced separately or as a package in the lease agreement that compels payment even in the case of prolonged hospitalization or death and insufficient owner and staff training as common problems.

IN THEIR OWN WORDS

People are ashamed to talk about abuse. They feel guilty and at fault ... it demands a lot of courage to ask for help. Who wants everyone else to know his or her sorry business?

(A BONAVENTURE SENIOR)



Our "Committee of Sages" works on the principle of anonymity: whoever needs information, help or advice gets in touch with the contact person: that person consults the committee and gets back confidentially to the individual with the requested information ... The problem is resolved and no one is the wiser.

(A BONAVENTURE VOLUNTEER)

REQUESTED IMPROVEMENTS

Shattering the silence on abuse and mistreatment

Participants were of the opinion that an anti-abuse awareness campaign needs to take place. Modelled on similar campaigns that have targeted spousal and family abuse, the campaign would denounce abuse and make citizens aware of its pernicious consequences.

In addition, seniors themselves need to be informed about the various kinds of abuse they may be victims of. Cooperation is needed between all the social milieu partners, both public and community, and support should be given to their implementing action designed to counter the various forms of elder abuse, including sexual aggression.

Changing mentalities will allow for better detection of situations of potential abuse and mistreatment

Passive mistreatment is often the first phase of mistreatment and is often related to negligence. Participants felt that, in order to detect potentially abusive situations, caregivers and personnel that work with seniors need to be made aware of this form of mistreatment. In point of fact, a change in mentality needs to take place so that situations where seniors are at risk of becoming nothing more than an "object" of treatment are no longer trivialized.

"Training caregivers that work with these populations is a prime way of preventing and dealing with elder abuse in all of its many forms. [...] Basic awareness training should of necessity include all aspects of the physical, psychological and psychosocial consequences related to ageing and loss of autonomy, as well as information on the rights of the elderly and appropriate recourse when these rights are denied."

(EXCERPT FROM THE BRIEF
SUBMITTED BY LA COMMISSION DES
DROITS DE LA PERSONNE ET DES
DROITS DE LA JEUNESSE¹¹⁶)

Understand situations of abuse and mistreatment more clearly

Participants wanted tangible situations of abuse and mistreatment to be better documented. Detection protocols already exist in the form of short questionnaires that can be completed by physicians. These protocols need to be strenuously promoted so that people can be aware of their existence.

Ensure follow-ups after abuse detection

Following up cases that are detected is probably the most complex step in the fight against elder abuse and mistreatment. As an example, tools like *En main* (In Hand) prepared by Marie Beaulieu¹¹⁷ help to understand what is happening, better acknowledge the victims, more clearly identify the abusers and better comprehend the dynamics of the relationship between victim and perpetrator.

Following the previously mentioned protocols, participants asked that these tools be the objects of a wider promotion.

Stricter rules should be implemented for bank account powers of attorney and significant cash withdrawals

These changes should concern limits on the length and limits to powers granted as well as making nursing home owners ineligible to receive such powers.

On a related topic, participants in the consultation asked that systematic mechanisms be implemented to flag seniors' bank account transactions and protect accountholders against large withdrawals made without their knowledge.

Particular attention needs to be given to institutionalized seniors who are frequently more vulnerable and require better oversight to prevent abuse.

In addition, leases need to be adapted to the special needs of seniors, while service contracts that clearly stipulate which services will be rendered and their costs and manner of dispensation should be documents separate from the lease. There was also the view voiced that efforts to detect abuse and mistreatment need to be accentuated in these living environments.

Harsher penalties and greater support

Participants suggested that penalties for abuse be made harsher, while whistle-blowers need to be better supported. Perhaps making it mandatory to flag all cases of elder violence could be envisaged.

Finally, in their opinion, participants stated that access to legal aid for victims of abuse and mistreatment need to be facilitated. The Fondation du Barreau du Québec in collaboration with Éducaloi, made Know Your Rights, Take Your PLACE! - A Legal guide for seniors available in March 2003.

"This legal guide, submitted with our brief, was designed to respond in a very practical way to certain situations that more particularly affect seniors. Upwards of 200,000 copies of the guide were distributed free of charge in both French and English, and the guide itself was updated in 2006."

**(EXCERPT FROM THE BRIEF
SUBMITTED BY LE BARREAU
DU QUÉBEC¹¹⁸)**



RECOMMENDATIONS OF MS. SHEILA GOLDBLOOM

I was profoundly touched by the testimony I heard during the consultation. Your life stories, questioning and wishes frequently moved me, often warmed my heart and sometimes shook me up.

I myself am an octogenarian. As I listened to you, I understood that while I knew my own reality as an old woman, that reality was as different and unique as your own. I also realized that prejudice is resistant to change, and that inadvertently, I was not immune from some of the attitudes described in this report. Let me assure you, this is no longer the case!

The consultation showed beyond any shadow of doubt that the group of human beings known as "the elderly" is in fact, highly diverse in nature. Living conditions of people in their eighties are very different from those of people in their sixties and somewhat different from the ones experienced by those of us in our seventies. With the passage of time, we become more vulnerable to solitude and isolation: the sense of being alone and somehow outside of the mainstream of life, in conjunction with fewer opportunities or reasons to participate, makes us feel useless.

Seniors came to our hearings to tell us that they never received visits, not even telephone calls, and that their greatest fear was to die alone. My first hope is that solutions to the problems of solitude and isolation be implemented as quickly as possible so that the joy of living a long life may be fully appreciated by all.

My second wish concerns single elderly woman who live in poverty. This situation must be alleviated so that they too can lead decent lives.



Finally, I would also like to see that services for seniors become more humanized and that more consideration is given to the dignity of elders. To that end, I invite governments to close the gap between their clientele and service providers, and put in place communication methods that are more suitable to the needs of the elderly.

More precisely, these are my recommendations:

- *Individuals, families and communities all need to become aware of and accept their responsibilities towards seniors, and this requires in many cases and for many organizations, a change in attitude.*
- *Ongoing and coordinated planning of treatment is essential. As much as possible, family and friends need to be involved in the planning process and led to assume their responsibilities.*
- *Priority efforts are required to ensure that seniors are able to remain in their own homes for as long as possible. All required resources and support mechanisms should be mobilized for this task.*
- *Everyone who cares for a senior must receive appropriate training. Work has to be handled by a team that includes caregivers.*
- *The system of CHSLD and nursing home certification should include surprise visits.*
- *Differences in culture, lifestyle and religion must be respected and be the object of reasonable accommodations as much as possible.*

RECOMMENDATIONS OF DR. RÉJEAN HÉBERT

I consider myself to be one of those who believe that a transition is needed between old age as it experienced today, and the old age of the future. The Public Consultation on Living Conditions of Seniors aimed at showing us how we can make this transition a success.

I did hear many people groan and say, "Not another public consultation!" As far as I am concerned, I just hope it won't be the last one. The changes that need to take place are far too numerous and complex for us to be able to get a handle on them in a single attempt. Seniors are our society's infrastructure. Like our roads and overpasses, they have been seriously neglected in recent decades. Québec is ripe for a "construction site" for seniors, a social construction site empowered with a long-term strategy for clearly shaping the kind of society we want for the coming years, a society where our elders are fully integrated, a wiser society built on intergenerational solidarity. Seniors are a resource of inestimable value; it's important that we make sure their development is sustained.

The entire notion of what retirement encompasses must completely change. Sixty-five was the age of retirement set by Prussian Chancellor Bismarck in the 19th century, when at that time, life expectancy was only 62! This threshold has become an anachronism now that we live on average 20 years beyond the age of 65. Retirement needs to be reinvented to allow for a much more progressive transformation. If we look at current rates of unemployment it is clear that we need to ensure that everyone wants to work, finds work. We need to organize work more humanely, and base it on individual needs. I believe we can get there from here!

In order for senior citizens to have adequate living conditions, they must have a reasonable level of income. Income is the key to decent housing, opens the door to social participation and is determinant for good health thanks to proper nourishment and access to necessary medication. We need to eliminate poverty among elderly women by implementing a provincial guaranteed income supplement.

The "greying" of the population brings with it major changes in the relative importance of illnesses. From the situation that prevailed in the last century where acute illness was preponderant, we are now moving to an era where chronic disease is becoming more and more prevalent. The "hospital-centric" system of the 19th and 20th centuries that was created to deal with acute and especially, with infectious disease is inappropriate for responding to the long-term, ongoing treatment needs of the chronically ill. It has become necessary to revamp the health system and centre it around the places where people reside, i.e., their living environment.

Of course, the care and services required by people suffering from chronic disease go beyond medical treatment, which will consequently have a more marginal role to play. People's incapacities due to these illnesses will determine how they use care and services. Our objective should be to optimize the autonomy of individuals by reducing their incapacities and supplying the support that is needed to mitigate them.

Our current system is far from having completed this recentering process. Access to coordinated services is deficient. We need to generalize the probative pilot projects for coordinating services and for creating integrated networks for persons with diminished autonomy, and we need to do it quickly. Home care is clearly insufficient, with caregivers who should be the indispensable partners of the health care system being more or less left to themselves, with neither support nor rest. By not ensuring proper care at home, seniors

and their families are given only one option: being placed in long-term care. This costly and unwarranted solution comes with more than its share of problems, such as depersonalization and cramped space, rupture of the social network, transmission of infection, separation of couples and difficulties in recreating a satisfactory living environment.

It has become urgent to see a change our approach and offer services wherever they are needed, irrespective of the living environment. Rather than forcing people to go where services are provided, services need to travel to where people live. This kind of approach implies a major investment in supporting people's autonomy and requires the establishment of benefits in cash or in kind based on peoples needs-not their living environment. We propose the creation of a benefit to support autonomy that would allow us to make the required changes.

This benefit could be in kind when services are rendered by the public network (CLSC, nursing homes) or in cash, to enable the individual to purchase services from businesses in the social economy or from community organizations privately, or for paying a home caregiver. The benefit would efficiently and advantageously replace a number of piecemeal tax and financial measures that are also inequitable and insufficient to meet needs. They would give seniors true choice with respect to services they desire without introducing undue pressure to resort to CHSLD institutionalization. In cases of loss of autonomy, the benefit would also provide for adjustments to services without a change to the living environment and would finally acknowledge the contribution made by caregivers who choose to provide care and support to individuals with diminished autonomy.

Our public and universal health system is the best tool we have for confronting the coming ageing of our population. It allows for easier adjustments in the offer of services to conform to the needs of elderly persons who suffer from chronic disease, through service integration

from the front line right through to specialized treatment. It also allows us to better react to current and anticipated future shortages of staff and professionals. Still, more investment is needed to resolve the problems of accessibility and quality. Seniors must be guaranteed access to a family doctor through the implementation of higher incentives for taking responsibility for seniors, giving them priority in emergency rooms (as is now the case for children), making changes to rooms and hallways and creating more geriatric units.

Québec geriatric institutes and departments have put forward specialized innovative solutions for the elderly. Now we need to ensure that these solutions are integrated into the entire health and social services network so that hospitals, nursing homes and home care are better adapted to the particular needs of seniors. Gerontology must be the basis of the approach used in the manner and attitude employed by caregivers at all levels.

Improving the quality of services to seniors will require adequate training of caregivers and managers in the particularities of the approach to be favoured in dealing with the elderly. A solid basic training in gerontology should be a prerequisite for gaining employment in this sector. Staff must be selected and trained to meet the standards of geriatrics. Efforts need to be made to encourage personnel training upgrades and to impart value to the work that is done with seniors. In particular, there must be improvements to working conditions (time off or benefits, as is now the case in the mental health sphere).

Now that the consultation is over, I am more convinced than ever of the need to establish a government policy on the elderly so that the tasks that remain can be clearly determined. This wise policy will allow us to select measures that favour maintaining individuals in their own environment, whether in the areas of lodging, habitat, health, mobility or life circumstances, and to get a better handle on the risks of elder exclusion, improve the level of cooperation among

cities, associations community organizations, institutions and businesses and allow all stakeholders to share a common, unifying elders' vision.

A wise policy will give voice to seniors as we define the contours of Québec's future society. Theirs is the voice of a generation that, in order to counter the perverse consequences of the previous century's industrialization, chose humanistic values and solidarity to create the institutions and programs that are of significant benefit to those, like myself, who are part of the generations that followed. Fast forward to the present, when high technology has replaced smokestacks and when seniors can help us avoid the old pitfalls and continue to build a Québec that is humane, just, and based on solidarity. A Québec that, while tackling the challenges brought by modernity will conserve the humanism and social solidarity that make us a unique nation on our continent. This is a Québec that is open to the world, made for the world, and that belongs to all of us.



CONCLUSIONS OF MINISTER MARGUERITE BLAIS

In writing this report, our most important concern was to faithfully echo the testimony we heard from seniors and their families. Throughout the consultation process, their response to us was never less than generous. Standing in front of a microphone and speaking to an assembled crowd can be a daunting task, all the more so when the subject matter is of great personal concern. A solid dose of courage was called for on their part, and I congratulate them for rising to the occasion.

A variety of groups, experts and caregivers took time from their busy lives to talk about the circumstances of our seniors, each in their own respective areas of expertise. Many of them also submitted briefs to the consultation and I want to stress the high quality of the documents we received. They made it possible for us to sharpen the focus of our analysis and to illustrate many of the difficulties experienced by seniors with more precision. For their rigour and their professionalism, they have my profound gratitude.

The Public Consultation on Living Conditions of Seniors took us to many cities within Québec and Nunavik. We saw regions with so many different, often splendid, landscapes and learned of so many different realities.

A common thread ran through the body of testimony we heard: whether speakers lived in a village in Northern Québec or in a city, there was obvious will to continue the work of improving the living conditions of the elderly. In a sense then, this report is not a conclusion, but a beginning, a place from which to start to fight ageism with its pernicious prejudice and stereotyping of elder citizens.

The story told by a senior when we visited Val-d'Or touched me in the deepest way: "When I pass by, no one looks at me, and when I speak, no one listens. I have become invisible." No words could better illustrate the feelings shared by many of us about the value we place on senior citizens. This attitude belongs to all of us as a society. It is reflected in the way we act towards the elderly in the street, in stores, in restaurants, medical centres, hospitals, on busses: it's everywhere! Because of that, I feel that we can and must all be agents of change, each in our own way, each making a contribution to changing that look that falls from society's eyes onto the faces of our seniors.

Our seniors made Québec what it is in today's modern world. Many of them remain active and involved in community life. They are also citizens who, like everyone else, pay their taxes. We need to take the full measure of the potential value of their experience for the good of our society.

It is up to us to give them the place they deserve and to make wise use of their experience. The most fragile of the elderly also deserve our complete respect and support. We must not forget them.

Improving the living conditions of seniors is a responsibility shared by all. In my opinion, it also provides the key to success as we shoulder our responsibilities both individually and collectively. Seniors have a responsibility to themselves of taking care of their own physical health by choosing healthy living habits such as physical activity and proper nourishment. Seniors can also continue to improve themselves intellectually through learning. A woman who earned her doctorate at the age of 78 came to one of our hearings especially for the purpose of sharing her experience with us. She made it her priority to remain alert and to continue to learn. Hers was one shining example among so many others.

Many seniors use their free time for volunteer work or to contribute to peer support groups. They perform extraordinarily important work. The younger generations have a great deal to learn from the men and women who have come before them. Transmitting knowledge is a priceless legacy that seniors can leave. Mentoring is a fine example of their involvement in areas like entrepreneurship and education. This is a formula that is enjoying more and more success. Young people have great need of what they can learn from seniors with respect to becoming rooted in the fundamental values of sharing and respect. And of course, young mother and fathers can benefit from the knowledge of seniors when it comes time to reconcile work and family life.

These same seniors, who for the most part have raised children themselves, need their children and grandchildren around them. I am always saddened to hear of persons in nursing homes or residences who almost never receive visits from their family members. This cycle of isolation has to end.

As for abuse and mistreatment, we need to apply the rule of zero tolerance. As soon as there are doubts, people must speak up so that the victims of violence, financial exploitation and other forms of abuse can be helped.

Municipalities are among the stakeholders in society that have responsibilities towards seniors. Many of them have already adopted family policies that take account of the needs of the elderly. Some have already looked at the phenomenon of population ageing and the best way to adapt to the needs of their senior citizens in areas such as transportation, recreation, security and access to information. Being concerned with the quality of life of seniors also means keeping them in their regions, city, town or village, which for the most part, is right where they want to remain. These municipalities are the pride of their region and a source of inspiration to others.

It is obvious that the list of players with a role in improving living conditions for seniors and making it possible for them to continue to bloom is quite long and includes seniors themselves and their families, municipalities, caregivers within the health and social services sector, staff in residences and other institutional environments, groups that support and defend the rights of seniors, the population at large and government.

Our government has now placed seniors and the evolution of society to adapt to population ageing at the centre of its priorities. More work remains to be accomplished, but we can say that in recent years, the government has implemented many programs and measures that favour the elderly and has supported initiatives that aim at improving the living conditions of their day-to-day lives. Not everything can be resolved overnight, but it is true that we are making strides in the right direction.

In concluding, I would like to thank Ms. Sheila Goldbloom, retired McGill University Associate Professor of Social Science who, at age 82, co-chaired this public consultation with rigour, discipline and wisdom-she gave us life lessons every day. I also thank Dr. Réjean Hébert, Dean of the Faculty of Medicine and Health Sciences at l'Université de Sherbrooke. Dr. Hébert is a widely admired geriatrician and gerontologist who has worked with seniors for more than 25 years; his expertise was, and is, a precious resource. In my capacity as Minister Responsible for Seniors I left the two consultation co-chairs with full freedom as to their recommendations at the conclusion of our vast round of hearings.

The report reflects the concerns we heard throughout the consultation process. I hope it will serve as a reference document in the coming years, and bring-under whatever government-all the stakeholders in our society to implement conditions that foster the wellbeing and fulfillment of our seniors and their families. Finally, I would like to state that I believe that a society that respects its elders is a society that respects itself. I call on the population to work together to place the values of dignity and respect for the elderly high on the list of our priorities, so that we can prepare the future...with our seniors!

Appendix 1

Schedule of Consultation sessions

Date	Region	City/Town
August 27	Côte-Nord	Sept-Îles
August 30	Nord-du-Québec	
Chibougamau		
September 4	Mauricie	Trois-Rivières
September 6	Abitibi-Témiscamingue	Val-d'Or
September 7	Abitibi-Témiscamingue	Rouyn-Noranda
September 10	Gaspésie- Îles-de-la-Madeleine	Magdalen Islands
September 12	Gaspésie- Îles-de-la-Madeleine	Gaspé
September 13	Gaspésie- Îles-de-la-Madeleine	Bonaventure
September 17	Montérégie	Brossard
September 18	Laurentides	Saint-Jérôme
September 20	Lanaudière	Joliette
September 21	Laval	Laval
September 24	Saguenay - Lac-Saint-Jean	Alma
September 25	Saguenay - Lac-Saint-Jean	Saguenay

Date	Region	City/Town
September 27	Nunavik	Kangiqsujaq
October 2	Montréal	Montréal
October 4	Estrie	Sherbrooke
October 5	Estrie	Sherbrooke (experts)
October 9	Bas-Saint-Laurent	Matane
October 10	Bas-Saint-Laurent	Rimouski
October 11	Bas-Saint-Laurent	La Pocatière
October 12	Outaouais	Gatineau
October 18	Capitale-Nationale	Québec
October 19	Capitale-Nationale	Québec (experts)
October 22	Centre-du-Québec	Drummondville
October 23	Chaudière-Appalaches	Saint-Georges
October 26	Montréal	Montréal (experts)
October 29	Montréal	Montréal
November 5	Montréal	Montréal (Groups that submitted a Brief)
November 12	Montréal	Montréal (experts)
November 16	Montréal	Dorval

Appendix 2

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