

# Seniors' *living* conditions

are a social issue that is the responsibility of all Quebecers





The Secrétariat aux aînés in the ministère de la Famille et des Aînés coordinated the preparation of this information kit in collaboration with the following government departments and agencies: Transports Québec; Sécurité publique; Affaires municipales et Régions; Éducation, Loisir et Sport; Emploi et Solidarité sociale; Immigration et Communautés culturelles; Revenu Québec; Santé et Services sociaux; Culture, Communications et Condition féminine; Société de l'assurance automobile du Québec; Société d'habitation du Québec; Régie des rentes du Québec; Secrétariat aux affaires autochtones; Services Québec.

The information kit can be consulted on the public consultation's Website [[www.consultationpublique-aines.gouv.qc.ca](http://www.consultationpublique-aines.gouv.qc.ca)].

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Minister responsible for Seniors

### ***Why is the government organizing a public consultation on seniors' living conditions?***

The demographic change that Québec is undergoing poses a challenge to all Quebecers and will continue to alter all sectors of activity.

To better satisfy the needs of an ageing population and more fully understand elderly people's lives, the Québec Premier has given me a mandate to organize a public consultation on seniors' living conditions. The consultation will examine seniors' living conditions in their families, in society and in other living environments, including public and private seniors' homes, and informal caregivers.

Two recognized experts, Sheila Goldbloom, a retired associate professor of social sciences from McGill University, and geriatrician Dr. Réjean Hébert, Dean, Faculté de médecine et des sciences de la santé, Université de Sherbrooke, will act as co-chairs during the consultation. The report on the consultation will emphasize the key points of the testimony heard and formulate recommendations.

This document contains information that will enable readers to broaden their knowledge of the public consultation's themes and sub-themes, and the relevant facts and figures.





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# *In their families*

## ***The financial situation of seniors***

- The financial situation of seniors is determined by the personal and other property that they have acquired over the years and their income, usually retirement income.
- Their financial situation determines the funds available to seniors to satisfy their needs with respect to housing, food, clothing, travel, leisure activities, drugs, and the care and services that their state of health demands. Moreover, it determines the variable array of choices available to satisfy a need, in particular the need to reside where they wish and to participate (or not participate) in social and economic life.
- The economic status of Québec seniors has improved in recent years, although the status of some seniors is more limited and worrisome. This is true, in particular, of women who remained in the home and who do not benefit from private pension plans or the Québec Pension Plan and whose main source of income is government transfers. Even some women who have worked outside the home and are over 65 years of age are relatively poor. Furthermore, other women who have never worked and are part of a couple often have at their disposal comfortable pensions through their spouse's income or the transfer of the deceased spouse's pension benefits.
- The steady increase in the cost of living or the deterioration of their state of health can make retirees feel insecure. This can also put additional pressure on the financial situation of certain seniors as they grow older since pension benefits are rarely fully indexed.





### **Relevant data :**

- In 2006, the number of Quebecers 65 years of age or over topped 1 million.<sup>1</sup> Such individuals account for 14.3% of the total population.<sup>2</sup> Women account for 57% of the population 65 years of age or over and 76.8% of the population 90 years of age or over.<sup>3</sup>
- In 2004, the total average income of women 65 years of age or over was \$19 600, compared with \$31 500 for men.<sup>4</sup>
- In June 2007, the annual minimum income of an individual 65 years of age or over living alone stood at \$13 000, including the maximum old age security pension of nearly \$6 000 and the Guaranteed Income Supplement of over \$7 000.<sup>5</sup>
- Government transfers account for 59.6% of the annual income of elderly women and 45% of the income of elderly men.<sup>6</sup>
- Nearly one senior citizen in two receives the Guaranteed Income Supplement.<sup>7</sup>
- Among elderly people 65 years of age or over, one homeowner in seven spends 30% or more of his income on housing, while nearly one tenant in two is in this situation.<sup>8</sup>

### **Government initiatives :**

In June 2007, the 2007-2008 Budget announced :

- \$106 million for retirement income splitting;
- \$37 million to increase from \$1 000 to \$1 500 the tax credit for retirement income, a tax break from which over 356 000 seniors will benefit;
- \$90 million to foster home care;
- \$2.5 million to adapt services and infrastructure;
- \$2.5 million to enhance the place of the elderly in society.



# *In their families*

## ***Recognition of the contribution and needs of informal caregivers***

- Informal caregivers assist seniors living in their own homes in between 70% and 85% of cases. Such caregivers are usually family members, most often the elderly person's spouse or children, or close friends.
- Among women of all ages who support their loved ones, 80% are the main informal caregiver, many of whom do not have the necessary training or physical ability to perform such work.
- The number of seniors 85 years of age or over is increasing as the number of potential informal caregivers declines, a result, in particular, of the lengthening of life expectancy, a lower birth rate and problems in reconciling different imperatives of personal, family, economic and occupational life.
- Generally speaking, the services offered by health and social services centres to individuals experiencing a loss of autonomy lighten the burden of informal caregivers. Support measures specifically offered to such caregivers are varied and include planned respite, emergency assistance, training, information, psychosocial support, mutual aid, financial support (a tax credit) and support in the workplace (unpaid leave).
- The range of services offered by the health and social services network, including community agencies, is not always sufficient and does not satisfy all of the caregivers' needs. Some of the services are not adapted to the needs of informal caregivers who care for individuals suffering from Alzheimer's disease or related diseases.





- The assistance provided by informal caregivers affects different aspects of their lives from a financial, personal and occupational standpoint, and their physical and mental health.
- The key question is to tangibly recognize the significant contribution that informal caregivers make, especially through the following measures :
  - broaden the services adapted to the needs of informal caregivers to make them available to greater numbers of caregivers and to the proper extent;
  - develop a more diversified range of services to satisfy, for example, the needs of informal caregivers who care for individuals with cognitive disorders.

#### **Relevant data :**

- Typical caregivers are women 45 years of age or over, one in 12 of whom is 65 years of age or over.<sup>9</sup>
- Among individuals between 45 and 64 years of age who combine more than 40 hours of employment and at least four hours of care given each week to loved ones, two-thirds of the women and half of the men have experienced a reduction in working hours or income or a change in work schedule.<sup>10</sup>
- In Québec, most informal caregivers have cared for the same person for at least five years. One caregiver in five has cared for the same person for more than 10 years.<sup>11</sup>
- Moreover, 3.3% of Quebecers 65 years of age or over provide unremunerated care to the elderly for 10 hours or more a week.<sup>12</sup>



## *In their families*

### **Government initiatives :**

- The 95 health and social services centres, which act as local community service centres, are responsible for the organization of home support services, including services for informal caregivers. Some 600 temporary domiciliary beds are available to provide planned respite or emergency assistance for informal caregivers. In addition to this infrastructure, 135 day centres offer daytime activities for seniors experiencing a loss of autonomy and respite to the informal caregivers concerned.
- Social economy enterprises devoted to housekeeping services and community agencies offer assistance services such as meals-on-wheels and escort services for seniors and, consequently, informal caregivers.
- The ministère de la Santé et des Services sociaux supports roughly 185 community agencies that offer assistance services to seniors and their loved ones, e.g. meals-on-wheels, escort services, mutual aid, information, and so on.
- Some \$10 million in recurrent funding in the 2007-2008 budget of the ministère de la Santé et des Services sociaux will be earmarked for the development of respite measures for the informal caregivers of seniors living in their own homes.





- Annual tax credits are available to support informal caregivers and the elderly, including:
  - a basic non-refundable tax credit of \$2 705 for dependants other than children engaged in study;
  - a refundable tax credit for informal caregivers (other than the spouse) of up to \$1 020 for each eligible person sheltered (the individual receiving care lives with the caregiver);
  - a refundable tax credit for expenses incurred by an elderly person for home support services, up to a maximum of \$3 750;
  - a tax credit of up to \$500 per person assisted may be granted to volunteers who help informal caregivers perform their duties. This credit is attributed by the informal caregiver, including the spouse, from the \$1 000 allocated to the caregiver in respect of each individual assisted.



# *In their families*

## ***Intergenerational solidarity***

- Intergenerational solidarity refers to exchanges and support between individuals of different generations, whether they are private or public in nature, such as the taxes that are converted into social programs.
- The family can be the focal point of private intergenerational solidarity, which also arises in other environments and under other circumstances. We can bank on the contribution that seniors make to society through direct contributions or the transfer of their knowledge and know-how.
- Intergenerational relationships already exist and go well beyond the simple protection of descendants.





### **Relevant data :**

- In Québec, labour force activity in the 65-69 age group increased from 9.2% to 16.4% between 2000 and 2004 among men and from 3.1% to 8.1% among women.<sup>13</sup>
- Canadians 15 years of age or over who engage in volunteer work devote 30% of the time volunteered to teaching, training and mentoring.<sup>14</sup>

### **Government initiatives :**

- The government has established the Generations Fund aimed at reducing public debt (by 2026, nearly \$30 billion will be invested in the fund, equivalent to nearly half of the debt accumulated over the past 30 years).
- To encourage families and seniors to invest in their children's postsecondary education, the government has introduced preferential tax treatment for funds invested in a registered education savings plan. Financial assistance similar to the federal subsidy for education savings plans will be paid in the form of a refundable tax credit for the benefit of children who are the recipients of a registered education savings plan. This tax credit will increase tax free until the child receives it in the form of a student assistance payment.
- Mentoring initiatives have been organized.
- Support is being offered for community agencies, in particular grandparents' centres.



## **Seniors' contribution to society**

- Seniors contribute to society from a familial, social, economic and cultural standpoint.
- Many seniors live fulfilling, productive lives. They participate in activities that put to good use their abilities and knowledge for the benefit of the community. This contribution also engenders a feeling of usefulness and accomplishment, and promotes the establishment or development of solidarity with younger people.
- Different kinds of commitment, such as employment support, a return to work, whether remunerated or volunteer, mentoring and tutoring, enable seniors to remain as active as they wish and are able to in order to contribute to society.

### **Relevant data :**

A study published in May 2007 reveals that in 2006 in Canada:<sup>15</sup>

- the tax contribution made by seniors stood at \$2.2 billion, while their volunteer work was worth an estimated \$3.1 billion;
- individuals 60 years of age or over were responsible for 16% of care offered to family members. In addition, nearly one-third of individuals 70 years of age or over offered their grandchildren financial support;
- seniors want to work longer or engage in volunteer work: over 1 million of them are employed.

- In Canada in 2003, 39% of elderly people between 65 and 74 years of age engaged, on average, in 250 hours of volunteer work, 100 hours more than individuals in the 25-54 age group.<sup>16</sup>





### **Government initiatives :**

- Participation by seniors in Québec's development is one of the government's priorities.
- The appointment of a Minister responsible for Seniors reflects this concern, as does the adoption in June 2007 of the *Action Strategy for the Elderly*.
- The *Stratégie d'intervention à l'intention des travailleuses et des travailleurs âgés* contains measures, especially pertaining to phased retirement.
- The Canada-Quebec Agreement is a targeted initiative aimed at unemployed individuals in the 55-64 age group.



## ***Ageing-related stereotypes and prejudices***

- Seniors are all too often perceived as a homogeneous group and ageing as decline and a burden.
  - Disparaging images, prejudices and stereotypes conveyed with respect to the elderly and the negative attitudes that stem from them, especially ageism, infantilization and gerontophobia, distort relationships, affect elderly people's self-image, and condition their behaviour.
  - Special attention must also be paid to seniors' living conditions when they belong to a cultural community or because of their religious beliefs or sexual orientation.
  - It is important to project a realistic, positive image of seniors, bearing in mind their diversity. We must also overcome certain prejudices, for example, that elderly people :
    - are wealthy;
    - are sick;
    - are an economic burden for the upcoming generations;
    - are swamped by events;
    - are no longer useful to society;
    - do not have an emotional life.





### **Relevant data :**

- According to the ministère de la Santé et des Services sociaux, in 2004, 96.2% of seniors were living in their community, 7.9% in private seniors' homes with services, 0.5% in intermediate facilities, and 87.8% in their own homes. Only 3.8% were living in public or private residential and long-term care centres.
- A survey of Quebecers<sup>17</sup> conducted in 2007 reveals that the myth of the golden retirement is starting to fade away in Québec. Indeed, the survey noted that :
  - 6% of retirees are well off;
  - 43% fall within the mean;
  - 37% fall below the mean;
  - 7% are poor.
- The same survey conducted in 2006 revealed that :
  - 11% of retirees were well off;
  - 45% fell within the mean;
  - 32% fell below the mean;
  - 9% were poor.
- In Canada, between 1996 and 2005 the proportion of older men on the labour market increased from 58.4% to 66.7% among men in the 55-64 age group, and from 16.5% to 23% among men in the 65-69 age group. The same upward trend was noted among elderly women.<sup>18</sup>
- In Québec, the highest proportion of volunteers is found in the 60-69 age group.<sup>19</sup>

### **Government initiatives :**

- In conjunction with the *Action Strategy for the Elderly*, measures will be introduced to convey a more positive image of the elderly in society.



## *In society*

### **Taboo topics**

- Suicide among elderly people, the abuse of and violence towards seniors, compulsive gambling, all forms of dependency and elderly people's emotional lives are all too often deemed to be taboo topics even today.
- Little is known about abuse, neglect, financial exploitation and possible recourse.
- In order to support elderly people who are facing these situations or forms of dependency, we must break the silence surrounding these topics.
- The fear of solitude and isolation, often even more than the fear of abuse, the fear of reprisal from the abusers, especially when they are family members or loved ones whom the elderly do not wish to incriminate, and reluctance to launch legal proceedings, which increases with age, can all explain why some seniors hesitate to report these situations.

### **Relevant data:**

- The successful suicide rate among elderly people is one for every four attempts, compared with one for 100 attempts in other age groups in Québec.<sup>20</sup>
- In Québec, the lowest suicide rates are found among individuals 65 years of age or over, i.e. 14 per 100 000 in the 65-74 age group and 11.7 per 100 000 in the 75 or over age group, compared with 17.7 per 100 000 in the population overall.<sup>21</sup>
- In Canada, 10% of individuals over 65 years of age appear to be the victims of violence, abuse or neglect. Experts maintain that this phenomenon is largely underestimated.<sup>22</sup>
- The elderly are more likely than other groups to suffer financially, psychologically and physically when they are the victims of crimes or petty offences.<sup>23</sup>





- In Canada, just over one-third (35%) of those responsible for domestic violence against elderly people were the victims' adult children, while current or former spouses were responsible for 31% of the cases.<sup>24</sup>
- The Sûreté du Québec's Vieillir en liberté en toute sûreté program is intended to prevent crimes against the elderly and the high-risk situations that they may encounter.
- In Québec, 22% of high-risk gamblers and 13% of pathological gamblers are in the 55 or over age group.<sup>25</sup>

#### **Government initiatives:**

- Regional Service Quality and Complaints Commissioner positions have been established in the health and social services network.
- Residents' committees have been set up in residential and long-term care centres.
- The Ombudsman has been given a mandate in respect of the services offered by the public health and social services network.
- The Commission des droits de la personne et des droits de la jeunesse has been given a mandate in respect of the financial exploitation of the elderly.
- Regional complaints assistance and support centres have been set up.
- Clinicians are detecting the abuse of and neglect towards elderly people, as stipulated in the Programme national de santé publique.
- An annual awareness day to counteract abuse was implemented in 2006 and is held each year on June 15.
- In 2007, a three-day radio campaign was organized by the ministère de la Famille et des Aînés to highlight this phenomenon and mobilize the public.
- Support is being offered to the Réseau québécois pour contrer les abus envers les personnes âgées.



### ***The local, municipal and territorial environment***

- Elderly people, like younger people, experience different conditions depending on whether they live in urban or rural areas and are close to or far away from major centres.
- The quality of life, active participation and support in the community in respect of seniors depend on the presence in such communities of services and infrastructure that satisfy their needs, including housing, the organization of places of public use, access to transportation, the security of the living environment, stimulating community life, and the availability of varied recreational and cultural activities.
- The nature and adaptation of public services significantly affect the quality of life of elderly people. When they feel at ease in their living environment, they are likely to be in good physical and mental health and to contribute directly to their community's development.

#### **Relevant data:**

- In Canada in 2003, 39% of elderly people between 65 and 74 years of age engaged, on average, in 250 hours of volunteer work, 100 hours more than individuals in the 25-54 age group.<sup>26</sup>
- The Engagés dans l'action pour les aînés du Québec program launched by the ministère de la Famille et des Aînés to support community agencies subsidized 61 projects in 2006-2007.<sup>27</sup>
- In 2005, 95 paratransit agencies offered service to 30 277 individuals 65 years of age or over, equivalent to 46% of all individuals eligible for this type of transportation.<sup>28</sup>
- All told, 311 taxis adapted to transport wheelchair-bound passengers are available to transport disabled individuals or those with reduced mobility.<sup>29</sup>





- A feeling of security among seniors can be enhanced by crime prevention or the elimination of high-risk situations and falls, which account for 65% of the injuries sustained by elderly people and can lead to disability or a loss of autonomy.<sup>30</sup>
- In Québec in 2006, it was among the elderly that the highest proportion of individuals who did not enjoy a high degree of social support was found (22.9% in the 65 or over age group as against 14.4% in the population overall).<sup>31</sup>
- Moreover, in Québec in 2006, nearly one senior in 10 had a limited feeling of belonging to his community.<sup>32</sup>

#### **Government initiatives :**

- The *Action Strategy for the Elderly* calls for a \$12.5-million investment over five years through agreements to be concluded with the regional conferences of elected officials (CRÉs). The agreements cover the adaptation of services and local infrastructure.
- In conjunction with the reference framework entitled *La prévention des chutes dans un continuum de services pour les aînés vivant à domicile*, and in keeping with the Programme national de santé publique, multifactoral fall prevention measures among seniors are found in most regions of Québec.
- The ministère des Transports du Québec is financially supporting various modes of transportation, especially through public transit corporations, to make regular services more accessible to individuals with reduced mobility, in particular seniors. The department is allocating funding for specialized transportation to roughly 100 agencies and is managing a program to adapt taxis and intercity buses to carry wheelchair-bound passengers. It is also overseeing the adaptation of metro stations in the Montréal metropolitan area.



### **Home support**

- Home support consists in offering seniors adequate support to enable them to remain safely in their own homes as long as they desire and to enjoy good quality of life.
- When individuals experience a loss of autonomy, and once the health and social services centre has assessed their needs, care and services are available, e.g. nursing care, individual assistance with respect to cooking, respite, outings, eating and getting dressed, or domestic services such as housekeeping, shopping, upkeep of clothing, and small jobs. Depending on the types of services and situations, the services can be offered through social economy enterprises dedicated to housekeeping, by direct allocation or through health and social services centres.
- These services are available to individuals living alone or with others in single-family dwellings, apartments or seniors' homes.
- Demand for home support services is growing appreciably.

#### **Relevant data :**

- By 2009, it is anticipated that there will be 1 162 850 elderly people in Québec.<sup>33</sup>
- In 2005, the ministère de la Santé et des Services sociaux estimated that 87.8% of individuals 65 years of age or over were living in their own homes (apartments or houses).<sup>34</sup>

#### **Government initiatives :**

- The *Politique de soutien à domicile* (2003) specifies measures to ensure eligibility for and access to services, the harmonization of practices and the coordination of services, and linkage with the Programme d'exonération financière pour les services d'aide domestique.
- In 2007-2008, the ministère de la Santé et des Services sociaux will allocate \$35 million to increase the number of individuals benefiting from home services and the scope of the services offered to them.





- Measures have been introduced to support individuals who choose to remain in their own homes, including :
  - the tax credit of up to \$3 750 for home support for the elderly;
  - the Logements adaptés pour aînés autonomes program, which grants financial assistance of up to \$3 500 to individuals 65 years of age or over with low incomes to cover minor adaptations in their houses or apartments that will allow them to live autonomously and safely in their own homes;
  - the Programme d'adaptation de domicile, which helps the disabled assume the cost of making accessible or adapting their dwellings (20% of them are seniors);
  - the Programme d'allocation logement, which offers financial assistance to individuals 55 years of age or over with low incomes who devote a significant portion of their budget to housing. The financial assistance can total \$80 a month, for an annual maximum of \$960.
  - Moreover, 22 000 dwellings will be built by 2010 under the AccèsLogis and Logement abordable Québec programs.
- Generally speaking, between 40% and 50% of the dwellings built during the year are occupied by seniors.



### **Alternative environments**

- Public or private alternative environments accommodate elderly people who have left their own homes, often in the wake of the deterioration of their state of health. The number of such environments is growing and they offer a varied range of services. Some of these environments provide assistance and support services, including health care services.
- Quebecers are becoming increasingly concerned by the quality of services offered by alternative environments.
- The training of attendants and volunteers is a decisive factor in the quality of life in such environments.

#### **Relevant data:**

According to the ministère de la Santé et des Services sociaux, in 2005-2006, nearly 131 000 housing spaces or units in alternative environments were listed, divided into two major categories:

- alternative environments intended for individuals experiencing a loss of autonomy, which can be broken down as follows:
  - 28.9% of these individuals live in establishments possessing a permit to operate a residential and long-term care centre (37 724 places). Public and private residential and long-term care centres covered by an agreement in the health and social services network are intended for individuals experiencing a considerable loss of autonomy who are most in need from a clinical standpoint of such facilities;
  - 0.3% live in innovative projects (413 places), i.e. new alternative residences similar to residential and long-term care centres;
  - 4.9% live in non-institutional facilities under the responsibility of the health and social services network (intermediate facilities and reception centres) (6 451 places).





- other facilities accommodate an undetermined proportion of individuals who are losing autonomy.

Some seniors have opted for a senior citizens' home that offers no personal assistance:

- 55% of these individuals live in senior citizens' homes (72 006 units), of which over 2 300 are included in the register maintained by the ministère de la Santé et des Services sociaux. The average age of residents is high. Over three-quarters of them are 75 years of age or over;
- 10.2% live in housing managed by non-profit private organizations (13 100 places);
- roughly 0.7% live in low-cost housing that offers services for seniors (960 places).

### **Government initiatives:**

- The government has introduced compulsory compliance certification for seniors' homes.
- Service quality assessment visits take place in private and public residential and long-term care centres and non-institutional facilities under the responsibility of the health and social services network.
- Procedures have been adopted to ensure the handling of complaints in establishments in the network.
- Some \$1 million is being invested to promote better integration of the living environment approach in public and private residential and long-term care centres. Some \$14 million has been earmarked for professional development training offered to 35 000 orderlies.
- In 2007-2008, the ministère de la Santé et des Services sociaux is allocating \$5 million in recurring funding to the consolidation and development of community support for social housing, with priority being given to seniors. Moreover, \$10 million in recurring funding is being earmarked for the development of non-institutional places to satisfy the need for the diversification of housing services for individuals experiencing a considerable loss of autonomy.



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- <sup>31</sup> Institut national de santé publique du Québec, in collaboration with the ministère de la Santé et des Services sociaux and the Institut de la statistique du Québec, *Portrait de santé du Québec et de ses régions 2006*, statistics, second province-wide report on the state of health of the population, page 94 (2006).
- <sup>32</sup> *Id.*, page 96.
- <sup>33</sup> Ministère de la Santé et des Services sociaux, *Un défi de solidarité : les services aux aînés en perte d'autonomie*, page 27 (2005).
- <sup>34</sup> *Id.*, page 17.



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