



The English Speaking Catholic Council

Le conseil catholique d'expression anglaise

**PUBLIC CONSULTATION ON SENIORS' LIVING CONDITIONS:
A SOCIAL ISSUE THAT IS THE RESPONSIBILITY OF ALL
QUEBECERS**

The English Speaking Catholic Council's Response

September 2007

1) Introduction

The English Speaking Catholic Council would like to congratulate the Government of Quebec for recognizing the importance of issues related to seniors and an aging population and its establishment of the post of Minister Responsible for Seniors. We also welcome the initiative of Mme Marguerite Blais, the Minister Responsible for Seniors, to hold public hearings on seniors' living conditions in Quebec, an issue on which our community and its institutions serving the elderly have considerable experience and great concern.

The English Speaking Catholic Council (ESCC) was formed in 1981 as a focal point for coordinating community activities among English-speaking Catholics in Montreal and later across all Quebec. Our church's social teaching encourages lay people to be active in the fields of education, health and social services, social justice and culture and to build a sense of community identity and common purpose.

English-speaking Catholics are more than 385,000 strong in Quebec¹ and are an active presence in this society through local parish structures as well as through educational and health and social service institutions. The ESCC regularly represents their interests with local, provincial and federal government leaders.

Since its creation, the ESCC has identified the situation and interests of seniors as a particular concern. The care of seniors, especially the frail elderly, is a moral and social imperative for us. Our community has created a number of specialized institutions and services over 150 years of our history that have allowed us to carry out our responsibilities to seniors. However, as the Minister suggests in her invitation to

¹ This represents about 42% of all Quebecers with English as their first official language across all 17 administrative regions of Quebec, according to 2001 Canadian census data.

participate in these hearings, Quebec faces many challenges if we want to protect and promote fully the interests of older citizens now and in the future.

To prepare this brief, the ESCC brought together a panel of people from our community who have extensive involvement with seniors and seniors' issues (see Appendix 1). This consultation established a number of principles that we see as foundational for the protection of the interests of English-speaking seniors in Quebec and also surfaced a number of specific issues of lively concern. In some cases, solutions were proposed; in others, it was recognized that leadership from government and programme creativity are required to move forward. The ESCC sees this consultation as an important step in what we expect will be an ongoing process of discussion and collaboration with the Minister and the Government of Quebec.

2) Key principles to be respected in addressing aging among English-speaking Quebecers:

The ESCC insists that any effective effort to address the needs of English-speaking seniors and elderly must be built on a foundation of respect for a number of basic principles.

First, the recognition of the value of the individual person and the protection of the dignity of each individual as he or she ages must be paramount. The ESCC has formally endorsed the Framework on Aging developed by the Network of Federal/Provincial/Territorial Ministers Responsible (including Quebec) and its five principles of dignity, independence, participation, fairness and security. As we said in 2005 before an earlier consultation on the participation of seniors in social development, the dignity of the human person must be at the heart of our vision of social justice and this framework captures the essentials of what must be promoted to make that vision a

reality. Another useful framework for policy development is the United Nations' Principles for Older Persons – eighteen principles grouped under five headings of independence, participation, care, self-fulfilment and dignity.

We note that respect for the dignity of the whole person has an important language dimension, particularly in the provision of health and social services to seniors, where quality of care is linked directly to the capacity for clear communication between health professionals and patients or clients.

We also submit that respect for the dignity of the person must take account of the spiritual element of individual identity and well-being. Spiritual aspects of human development become particularly important for many seniors.

Second, we must construct all policies and programs on a repeatedly stated recognition of the value of seniors to our communities. Their presence enriches the lives of all members of the community. Their energy, their experience, their wisdom, their creativity, their counsel, their search for meaning at the end of life, their involvement in the lives of others, especially children, are all precious contributions to the health of families, communities and society in general.

Third, we insist that the Government move quickly to reinforce what we see as our greatest asset in partnering with seniors to address the challenges of aging in Quebec, that is, the willingness of younger generations to work with seniors and the elderly to protect dignity, to provide care, and to promote as full and independent a life as possible for each aging individual. We see evidence of this in our own families, our neighbourhoods, our parishes, and our community-based institutions. We see it in the monumental efforts made by spouses and children of aging persons to protect the autonomy of their loved ones, the outstanding work of volunteers in our institutions, and the commitment of health and social service professionals for whom care of the aging and the elderly is clearly a vocation, not just a job. This is a precious asset, but one that

needs considerable attention if it is to provide the levels of care and support of which it is capable, levels of support which we will need in the light of demographic trends toward greater and greater numbers of seniors in our society.

3) Key issues and creative solutions:

The ESCC consultation with community representatives and experts surfaced a number of issues and concerns. In some cases, ideas for solutions were proposed. In others, the group invites further study and consultation by the government and its agencies responsible for the support of seniors. In all cases, it was agreed, Quebec society must address the issues of seniors urgently and creatively.

3.1) Recognition of the importance of English-speaking seniors

Census data from 2001 shows that there are 918,000 people in Quebec who identify themselves as English-speaking. Over the years, English-speaking communities have created a network of institutions across the province including a number of facilities and services that work with seniors and the frail elderly. Many of these institutions have been recognized and their English language character protected in law, and access to health and social services in English has been addressed through a system of regional Access Plans. Nevertheless, we want to underline that availability of services varies widely across the province and even across regions. And community leaders warn that maintaining the English language capacity of the institutions that do provide services in English is often a challenge.

Language is an essential component of quality of service in health and social services; this is especially true for the frail elderly, for those living with the confusion of dementia and other age-related mental conditions, and for seniors in residential, long-term care

facilities. There are many, many examples of outstanding care being provided by francophone health professionals in French language institutions and milieus, but the language dimension of high quality care must be recognized and actively promoted, in part by a firm commitment to protect the status and maintain direct English-speaking community involvement in the management and control of English language public institutions.

It was noted by one volunteer leader of a community-based residence for seniors that the protection of the English language character and living environment of these institutions is becoming difficult in the face of lengthening waiting lists of individuals who are mostly francophone as a result of a generally aging population.

3.2) *Respecting the identity and dignity of the whole person*

Respect for the rights of the individual and provision for the special needs of seniors and frail elderly are the *sine qua non* of our response to aging citizens. Respect for the dignity of the whole person includes being treated with respect, including respect for the ongoing contribution that an individual can make, being in control of one's life to the extent possible, being encouraged and helped to stay active in family and community life, being treated with equity, free from discrimination and with recognition of the value of diversity, and being assured of personal safety, of basic security of income, and of access to loved ones.²

Our consultation with community leaders and volunteers also underlined the spiritual dimension of personal identity and its importance to aging individuals and to the people

² Several leaders in our community spoke positively about efforts in Quebec to craft statements concerning the particular rights of seniors, especially those in long-term and residential care. The adoption of a formal list of "rights and freedoms of the senior" by Résidence Yvon-Brunet in 1984 was singled out for praise, especially its sections detailing the "right to respect and dignity" including the right to express individuality and sexuality, the right to express oneself in one's language, the right to practice one's religion, and the right to be addressed with respectful forms of one's name.

around them. It was noted that the elderly often enter a phase of intense search for meaning and for understanding of the nature of life and the place of the individual in the world. This search for meaning can be aided by the provision of pastoral relationships through the presence of clergy, trained laity and other spiritual advisors. It was noted that chaplaincy is well-established in hospitals, but largely absent from long-term care facilities and private residences.

Churches are struggling to equip lay people to take on this important responsibility but there is a sense that government is wary of becoming involved in anything that has a religious dimension. Nevertheless, the importance of the spiritual aspect of aging combined with the growing cultural and religious diversity of the Quebec population suggest that this challenge needs to be addressed directly and creatively.

Our consultation also noted that respect for the dignity of the individual must also extend to the protection of key relationships, most importantly for couples. As one participant noted, our systems are designed to serve individuals and securing accommodation, counselling or other forms of support for couples is rarely easy. The enhancement of quality of life and well-being that comes from the maintenance of the shared life of the couple must receive greater attention.

3.3) *Personal financial resources for seniors*

There is good news that the mean income, median income, and other financial health indicators for seniors have been improving in recent years (though Quebecers have not benefited as much as Canadians in some other provinces).³ Some important problems remain, however. In particular, the ESCC notes the ongoing gap in mean income between male and female seniors and notable financial hardships for recently immigrated seniors. Residency requirements for access to income supplement

³ See *Seniors in Canada 2006 Report Card*, National Advisory Council on Aging, Ottawa, 2006, p. 30ff.

programs account for much of this latter situation. We see the strain this puts on the life of many of these seniors by their presence at our food banks and other community-based programs aimed at supporting people living on very restrained incomes.

3.4) *Maximizing the benefits of remaining in one's home*

There was a very strong consensus among participants in the ESCC discussion group that everything possible must be done to keep seniors in their own home setting. The success of efforts to provide home care and other supports was recognized, but a host of problems was also identified.

For example, the punishing nature of property taxes, especially for seniors living in larger family homes was noted. The common attitude that such individuals and couples should simply “downsize” is insensitive and short-sighted. Maintaining seniors in their own homes is widely recognized as the most cost-effective way to provide for them, by a wide margin. Creative solutions to issues like property tax burdens must be found that recognize this fact.

Similarly, new options for seniors who want to downsize should be developed that allow the virtues of co-operative and not-for-profit approaches to housing to be available to this population. People are rightly sceptical of the for-profit seniors' residences that are mushrooming across Quebec and they are often hesitant to risk their assets in these facilities.

As another example of problems with services that impact directly on the ability of seniors to stay in their homes, resources for assisted transportation are very inadequate. One volunteer agency in our community exhausts the annual budget made available by the government for assisted transport for seniors in just three months. This is a perfect example of an area where volunteers can leverage massively the impact of very modest public investment, but right now the opportunity to enhance the lives of

seniors through volunteer-supported transportation services is being starved and squandered.

3.5) Intergenerational solidarity can be strengthened

We note with a great sense of reassurance that families, especially the children of aging parents, continue to be deeply involved in providing care for seniors in Quebec. This often includes grandchildren and even great-grand children as the number of seniors who live into their eighties, nineties, and beyond the century mark increases. There is growing recognition of, but, regrettably, few policy responses to, the stresses that caring for aging parents can create for individuals and families. Often these children of aging parents are themselves seniors. The lack of information, of support services like caregiver respite programs, and of incentives to be involved in caring for the elderly were all identified by the ESCC as issues needing attention and action.

The challenges of involvement of younger generations in the care of seniors that were noted in our consultation were balanced by a clear recognition of the benefits of encouraging this kind of intergenerational solidarity. It was noted, for example, that a number of high schools and CEGEPs have programs and courses that put young adults in touch with seniors living in their homes and in long term care facilities. The impact on these young people has been profound, creating an appreciation for the importance of volunteerism and opening the eyes of participants to the opportunities for personal development and self-enrichment that come from serious engagement with elderly individuals. This kind of program, building meaningful links between generations, must be encouraged and extended to more schools and communities.

3.6) Volunteerism is essential to high quality services and care

The English-speaking Catholic community has always looked to volunteers to extend and enhance services to people in need. In fact, we see volunteer involvement as a

necessary individual response to our church's call to be agents of love, mercy and social justice. Our institutions rely heavily on volunteers and on private donors to carry out their work of service and caring. We have concluded, however, that there is inadequate recognition of the contribution of volunteers and private donors in our current tax system. Incentives must be found to encourage even more volunteer involvement and philanthropy if we are to maintain and build the quality of services currently available.

We note an apparent reduction in interest and ability to be involved in volunteerism among younger Quebecers. This must receive immediate attention by the government and requires a comprehensive approach that involves tax-based incentives, focused educational efforts in our schools, and public awareness campaigns.

We also note that the English-speaking communities of Quebec face a particular challenge in attracting volunteers. Even though traditions of volunteerism are strong in our communities, the massive outmigration of English-speaking young people in the 1970s and 80s has left us vulnerable. A large proportion of the generation that is of prime volunteer age is no longer with us. This affects directly the ability of families to care for aging parents; often the children of older English-speaking Quebecers are living in Toronto, Calgary or Vancouver, too distant to be actively involved in care.

3.7) Is a crisis building in the training of specialized geriatric care professionals?

We were disturbed to hear in our consultation that there are growing preoccupations in health care facilities about the lack of interest in training for nursing and medical specialties focused on seniors. We already face a severe shortage of providers of primary care, especially family doctors, whose involvement in the care of seniors is critically important (this may be exacerbated by the ongoing effects of the downsizing of

staff that occurred during the repeated restructuring of Quebec's hospital network in the 1990s). There are indications that fewer and fewer physicians in training are opting for family medicine practices that will provide these services. There are also training spaces for geriatricians that are going empty. As one participant observed, "geriatrics isn't sexy".

Efforts must be made to give young physicians incentives to become involved in the study of geriatrics and in providing basic and specialized care to seniors. Similarly, the government must find ways to encourage and support the training of other specialized health care providers who focus on seniors including nurse leaders for long-term care facilities, nurse practitioners and physical and occupational therapists with specializations in the conditions of older patients.

It was also observed in our consultation that salary scales convey the most powerful messages about what our health care system truly values. Too often the salaries of professionals working with seniors (especially in long-term care situations) suggest that they are not valued as highly as they should be.

More investment in the recruitment, training and retention of experts in the field of geriatric care is necessary and unavoidable and must become a priority for government.

3.8) *Lack of coordination of services and resources*

Considerable frustration was expressed in our consultation with the apparent lack of coordination of services available to a senior in a situation where he or she requires care and support. Too often, it was felt, services operate in silos with no real focus on integrating the elements of care that a patient or a client needs. The family member or friend acting as a caregiver ends up taking on the role of the senior's advocate within the system. This places an undue burden on the caregiver and is a haphazard solution

at best with no guarantee of the quality of care that comes with proper co-ordination of resources.

It was noted that this kind of co-ordination happens increasingly in our hospitals with team approaches to care. It was further noted that this patient-focused, coordinated approach to seniors' care has been proven effective at the Jewish General as part of a McGill research project. We deem it a priority to look at this kind of approach as a way to maximize the benefits of services that already exist and to create models of patient-focused coordination of services to seniors for the future.

It was also noted that Quebec has a number of centres of innovation and excellence in the care of the frail elderly including the Veterans' Hospital in Ste-Anne, but that the knowledge and expertise from these centres does not seem to inform and enhance care at other institutions. A system and a culture of development and dissemination of best practices must be developed for all Quebec establishments that provide services to seniors.

3.9) *The ongoing existence of abuse and exploitation*

In our discussions, the ongoing existence of abuse and exploitation of seniors was noted and deplored. The rapid growth in the number of seniors is creating more opportunities for those who prey on the weaknesses of the elderly and efforts must be redoubled to prevent the physical and mental abuse of seniors. This also includes their financial exploitation and their involvement in compulsive gambling and other addictive and destructive behaviours. Police and other authorities must be trained to recognize signs of abuse and exploitation in institutional and family settings and be prepared to invest resources to stop them.

In addition, the government must be more sensitive to the potential for exploitation of seniors in the provision of seniors' housing and "assisted living" residences. A veritable industry is emerging with the growth of demand for specialized housing for seniors but the participants in our consultation felt that there is inadequate oversight of this industry and the services and products it provides. There is a general absence of information resources for seniors trying to make decisions for themselves about housing for their next stages of life according to our consultation with experts.

It was also strongly lamented that proven cooperative and not-for-profit models for the creation of affordable housing are not adequately encouraged and supported by governments as a solution to the housing challenges facing autonomous and semi-autonomous seniors. The ESCC urges the Minister to consider creative and fair solutions like cooperative housing to problems related to an aging population.

3.10) *Helping Quebecers help themselves*

On most of the issues raised in our discussion with community experts and volunteers in the field of seniors and seniors' services, lack of information was identified as a central, perennial problem.

In fact, it became such a recurrent theme that the ESCC is moved to make a strong recommendation to the Minister through these public hearings to consider developing a specialized, easily-accessed information service relating to issues of concern to seniors and to their caregivers.

Models exist including Info-Santé and other health and social services related hot lines. Such a service would require online and published information resources, telephone-based counsellors, and other communication channels. It would give people information and counsel about services available from the government on a region by region, neighbourhood by neighbourhood basis, as well as "primers" on how to plan for the care of aging parents, how to choose a good residential or long-term care facility, how to plan financially for housing and other needs, how to appeal for better treatment, for equity and for justice from public and private care systems, and how to be an effective volunteer with the elderly.

The ESCC believes that such a resource would be of great assistance to seniors and their caregivers and encourages the chairs of this consultation to consider it seriously as an urgent action recommendation to the Government of Quebec.

4) Conclusion

The English Speaking Catholic Council again wishes to congratulate the Minister Responsible for Seniors for this initiative. The issues that must be addressed to ensure that seniors live in safety and security and are encouraged and supported in their desire to contribute fully to life in our society are numerous and complex.

However, the strengths on which we will move forward are straightforward: solidarity between generations is strong, and the conviction that society owes much to our older citizens has deep roots.

We hope that this consultation is an indication that the Minister and the Government intends to work closely with organizations like ours and with other community based associations and institutions to resolve problems, build innovative programming, and meet the needs of all Quebecers, whatever their age. We welcome this kind of partnership.

Appendix 1: Participants in the English Speaking Catholic Council's consultation on seniors' issues

Robert Bailey, Head of Geriatrics, St. Mary's Hospital

Colin J. Coole, ESCC Past- President and Vice-President, Charles Lemoyne Hospital

Robert Dobie, President of Holy Cross Residence

Lynn Doyle, ESCC Vice-President

Christine Jamieson, Interim Chairperson, Department of Theological Studies, Concordia University and member of ESCC Board of Directors

Clifford Lincoln, ESCC President, former Member of the National Assembly, and former Member of Parliament

Carole McDonough, Executive Director, Combined Homes of Father Dowd, St. Margaret and St. Andrew

Martin Murphy, Executive Director, English Speaking Catholic Council

Don Myles, Director, Montreal St. Patrick's Foundation

Ruth Pelletier, Project Coordinator, Greater Montreal Community Development Initiative

Louise Sansregret, Director of Government Relations and Development, Catholic Community Services

Sara Terreault, Department of Theological Studies, Concordia University

Robert Vaupshas, ESCC Treasurer and Director, Father Dowd Foundation

Robert Zankoski, Coordinator of Pastoral Home Care Services, Office for English Pastoral Services, Archdiocese of Montreal

