

# Promoting the Health and Well-being of English-speaking Seniors in Quebec



## A COMMUNITY MODEL



# ACKNOWLEDGEMENTS

This community model for promoting the health and well-being of English-speaking seniors in Quebec was developed by the Community Health and Social Services Network (CHSSN) in collaboration with a variety of community organizations throughout Quebec. We would also like to acknowledge the additional support provided by Erica Botner of the Cummings Centre, Ruth Pelletier of Seniors Action Quebec, Collin Jang and Suzanne Allen, Community Development and Homelessness Partnering Directorate of Employment and Social Development Canada and Anne Usher, a community leader and advocate for English-speaking seniors. A special thanks to Health Canada for their ongoing financial commitment and support to the official minority English-language communities of Quebec.

## A list of collaborating organizations

African Canadian Development and Prevention Network (ACDPN)  
AMI-Quebec  
Coasters Association  
Collective Community Services (CCS)  
Community Economic Development and Employability Corporation (CEDEC)  
Committee for Anglophone Social Action (CASA)  
Connexions Resource Centre  
Council for Anglophone Magdalen Islanders (CAMI)  
East Island Network for English Language Services (REISA)  
English Community Organization of Lanaudière (ECOL)  
Heritage Lower Saint Lawrence  
Jeffery Hale Community Partners  
4 Korner's Family Resource Centre  
Megantic English-speaking Community Development Corporation (MCDC)  
NDG Senior Citizens' Council  
Neighbours Regional Association of Rouyn-Noranda  
North Shore Community Association (NSCA)  
Radical Resthomes  
Réseaux Emploi Entrepreneurship (REE)  
Seniors Action Quebec  
South Shore Assistance and Referral Centre (ARC)  
Townshippers' Association  
Vision Gaspé Percé Now (VISION)  
Youth and Parents AGAPE Association Inc. (AGAPE)

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English-speaking seniors in the province of Quebec account for almost one third of our overall English-speaking population. Many of them are socially isolated with few to no family members to care for them. Due to language barriers, many of the seniors choose to not access services when they need to. There is also a surprisingly large number of English-speaking seniors living alone and in very low-income situations. Although these challenges are great, we are often inspired by English-speaking seniors' resiliency and sense of belonging to the communities in which they live, as evidenced by their heroic volunteerism and community building efforts that have positively impacted our communities for future generations.

This community model for promoting the health and well-being of English-speaking seniors speaks to the wonderful collaboration and mobilization efforts undertaken within English-speaking communities across the province of Quebec in the past decade. The aim has been to take greater responsibility and care for their senior population. This model also demonstrates the engagement of all levels of government, and a variety of public institutions and service providers. These partners are committed to working with English-speaking community organizations and leaders with the shared goal of better adapting programs and services for the English-speaking clientele.

We hope you all feel inspired by the handful of selected success stories that highlight a few of the organizations and people who are making a difference in the lives of English-speaking seniors across the province of Quebec. We also hope this model serves as a guide and ongoing source of motivation to continue our important role in caring for our seniors.

Sincerely,



*Jennifer Johnson*

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Executive Director  
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This document describes a community model for improving the health and well-being of a linguistic minority senior population in Quebec. English-speaking seniors have unique challenges due to language barriers, socioeconomic inequalities as well as the lack of awareness of their needs and lack of representation associated with the minority status of their community. Many community organizations have recognized the critical level of vulnerability of this population and have designed and implemented successful strategies to address these challenges while remaining aligned with the Quebec government's comprehensive strategies and approaches on healthy aging such as *Vieillir et vivre ensemble* and *Municipalité amie des aînés*.

The main purpose of the document is to help inform and guide English-speaking communities and their community and public partners in their ongoing collaborative efforts to effectively adapt programs and services to improve the lives of English-speaking seniors in their communities.



**This approach for improving the health and well-being of English-speaking seniors integrates successful strategies identified in a broader community mobilization model for English-speaking communities created by the CHSSN and twenty Community Health and Social Service Networks (often referred to as NPIs) (see map). In this community mobilization model, NPIs address priority health determinants that impact the health and well-being of their population. NPIs also adopt an intersectoral networking and partnership approach as a way to engage a variety of sectors and partners in their efforts.**

## Unique Needs of English-speaking Seniors of Quebec

### Diverse Regional Realities

As the accompanying table demonstrates, there are 1,097,925 English-speaking individuals living in the province of Quebec and 297,740 of them are 55 years of age or older. This senior group represents a substantial 27.1% of Quebec's minority language group. Quebec's English-speaking seniors, even as a sub-group of their minority language community, are numerically large (larger than the population of Prince Edward Island) and are widely dispersed across a large provincial territory (three times the size of France). They find themselves in quite diverse demographic circumstances ranging from Montreal where 165,715 seniors live within 20 kilometers of one another to Bas-Saint Laurent where 435 English-speaking seniors are distributed across the entire administrative region.

Seniors (55 plus) in the English-speaking Population, by Health Region, Quebec, 2016			
Region	Total English speakers	55 years and over	55 years and over (pct.)
Quebec	1,097,925	297,740	27.1%
01 - RSS du Bas-Saint-Laurent	1,080	435	40.3%
02 - RSS du Saguenay-Lac-Saint-Jean	1,975	615	31.1%
03 - RSS de la Capitale-Nationale	14,205	3,965	27.9%
04 - RSS de la Mauricie et du Centre-du-Québec	5,800	2,055	35.4%
05 - RSS de l'Estrie	37,015	14,265	38.5%
06 - RSS de Montréal	622,165	165,715	26.6%
07 - RSS de l'Outaouais	70,575	19,270	27.3%
08 - RSS de l'Abitibi-Témiscamingue	5,155	1,620	31.4%
09 - RSS de la Côte-Nord	5,175	1,610	31.1%
10 - RSS du Nord-du-Québec	390	95	24.4%
11 - RSS de la Gaspésie - Îles-de-la-Madeleine	8,790	3,875	44.1%
12 - RSS de la Chaudière-Appalaches	3,755	1,220	32.5%
13 - RSS de Laval	91,115	19,775	21.7%
14 - RSS de Lanaudière	14,215	4,205	29.6%
15 - RSS des Laurentides	37,555	12,860	34.2%
16 - RSS de la Montérégie	156,005	43,525	27.9%
17 - RSS du Nunavik	8,770	960	10.9%
18 - RSS des Terres-Cries-de-la-Baie-James	14,185	1,675	11.8%

Source: Jpocock Research Consulting, based on data from the 2016 Census, Statistics Canada

### High Rates of Aging

Quebec's English-speaking communities differ from Canadian and Quebec population profiles in terms of their rate of aging. The Canadian population is aging and seniors make up the fastest-growing age group. The 5 million seniors 65 years of age and over identified in the 2011 census are expected to double in the next 22-25 years to reach 10.4 million seniors by 2036. By 2051, about one in four Canadians is expected to be 65 years or over<sup>1</sup>. In Quebec, some English-speaking communities like rural Estrie and Gaspésie-Iles-de-la-Madeleine regions are ahead of the projections and are already living in a situation where just over one in three English-speakers are seniors<sup>2</sup>. When the English-speaking respondents to the 2015 CHSSN-CROP Survey on Community Vitality were asked about services they, or a person they know or care for, expect to need in the next five years, 63.6% indicated either a public long-term care institution or private residence or nursing home. Also, 59.2% expect to need public homecare programs and/or private nursing services<sup>3</sup>.



*Many boomers (55 - 70 years) have no plans to move into residences or long-term care facilities. "We are a different generation of seniors. We are more bilingual, more active and socially engaged. When looking for support as we age, we are more likely to seek out friends and expanded home care services" (Janet Torge, Project Manager, RADICAL RESTHOMES).*

## High Caregiving Demands upon few Family Caregivers

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While generally the baby boomer generation has had fewer children than their parent's generation, there is a pattern of out-migration within the English-speaking community that has even further reduced the presence of its middle-aged group<sup>4</sup>. For example, the Francophone majority population in Estrie has a larger pool of potential caregivers with one in four persons aged 15-64 per senior 65+ compared to the English-speaking minority that only has one in three<sup>5</sup>. Also, the proportion of Quebec seniors 85+ or "frail elderly" is greater among Anglophone communities than Francophone and more pronounced in certain regions<sup>6</sup>. The notably higher frequency of caregiving for parents and spouses seen among English-speaking communities is associated with negative health effects on the caregivers (such as increased depression and stress), work-related problems (reduction of work hours) and decrease in social participation<sup>7</sup>.



Given that seniors are living longer and chronic illnesses and mobility issues are on the rise, the demands on family caregivers should continue to increase<sup>8</sup>. Demographic trends, such as fewer potential caregivers who are the primary pillar of support for aging English-speaking parents and spouses<sup>9</sup>, are important considerations for decision-makers, health professionals and the general public.

## Language Barriers in Accessing Services

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English-speaking seniors are more likely to have come from outside of the province than their majority neighbours of the same age and are less likely to be proficient in French compared to English speakers of the younger generation. A greater portion of older seniors are women and they tend to be less bilingual than men their age. Today's English-speaking seniors grew up in a pre-Bill 101 era when the opportunity for acquiring French as a second-language was not as available and less of an institutionalized requirement for access to Quebec's public services. According to the 2015 CHSSN-CROP Survey on Community Vitality, only 37.4% of English speakers aged 65+ received information about services in English provided by public health and social services in the past 2 years<sup>10</sup>. The 2011-2012 Canadian Community Health Survey tells us that English-speaking seniors are less likely to have a regular place to go when sick or in need of medical advice than Francophones of the same age<sup>11</sup>.

The lack of family proximity and a high proportion of frail elderly (85+) increase the need for health and social services for the English-speaking community. Also, low levels of bilingualism and socio-cultural diversity create barriers in access to services and the quality of engagement with their public institutions.



## Socioeconomic Status

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The literature and Canada's National Population Health Survey reveal that education and income are both strong predictors of health and life satisfaction, with education as the strongest predictor for seniors<sup>12</sup>.

### Education

Overall, Quebec's English-speaking seniors (65+) tend to have higher levels of education when compared to Francophone seniors. However, it is important to recognize that the proportion of English-speaking seniors with low educational attainment (without high school certificate) is very high in some regions such as 75.5% in Nord-du-Québec, 68.9% in Cote-Nord, 52% in Gaspésie-Iles-de-la-Madeleine, 45.6% in Laval and 43.2% in Abitibi-Témiscamingue<sup>13</sup>. Low education is associated with lower rates of health literacy and increased risk of social and health-related problems.



### Income

Many English-speaking seniors are living on a low income. For example, 41.5% of English-speaking Quebecers 65 years of age and over have an annual income of less than \$20,000. Low income and poverty are linked to poorer health status and this poses a concern for English-speaking organizations and their partners when it comes to supporting this vulnerable population group. This group cannot afford the cost increasingly associated with support services for seniors. Furthermore, English speakers 45-64 years of age, sometimes called the “sandwich caregiver generation”, also show low levels of income when compared to the majority (in 12 out of 17 regions)<sup>14</sup>. This poses challenges to the family and friends of English-speaking seniors in accessing the resources they need as caregivers for a loved one.





## Community Identity and Sense of Isolation

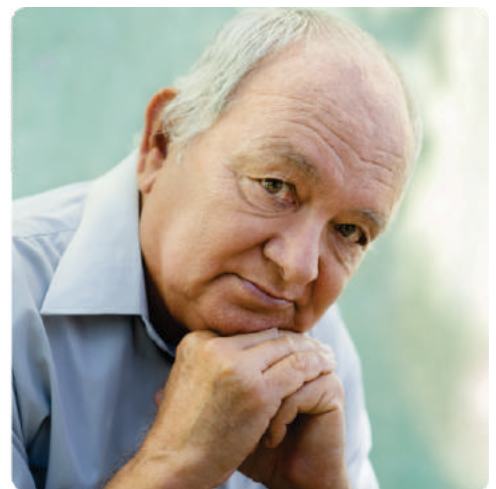
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According to the 2011-2012 Canadian Community Health Survey, Quebec's English-speaking seniors stand out among the age groups of their communities for their strong sense of belonging<sup>15</sup>. The level of volunteering among Quebec's English-speaking seniors is markedly high when compared to Francophone seniors and their younger successors. Among English-speaking volunteers, the 55+ age group are the most highly represented among those doing over 30 hours per month<sup>16</sup>. While it is an important form of social participation it should also be noted that these elders volunteer mainly in English and through local English-language community organizations. Their volunteering, high levels of engagement with their local English-language community organizations and sense of identity, underscore a valuable contribution to the vitality of their communities.

Though they identify with their language community, the 2011-2012 Canadian Community Health Survey tells us that English-speaking individuals 65+ are less likely than other age groups to feel they have a trustworthy individual they can turn to for advice<sup>17</sup> or someone to rely upon in an emergency<sup>18</sup>. These survey respondents are least likely to report having close relationships that provide them with a sense of emotional security and well-being<sup>19</sup>.



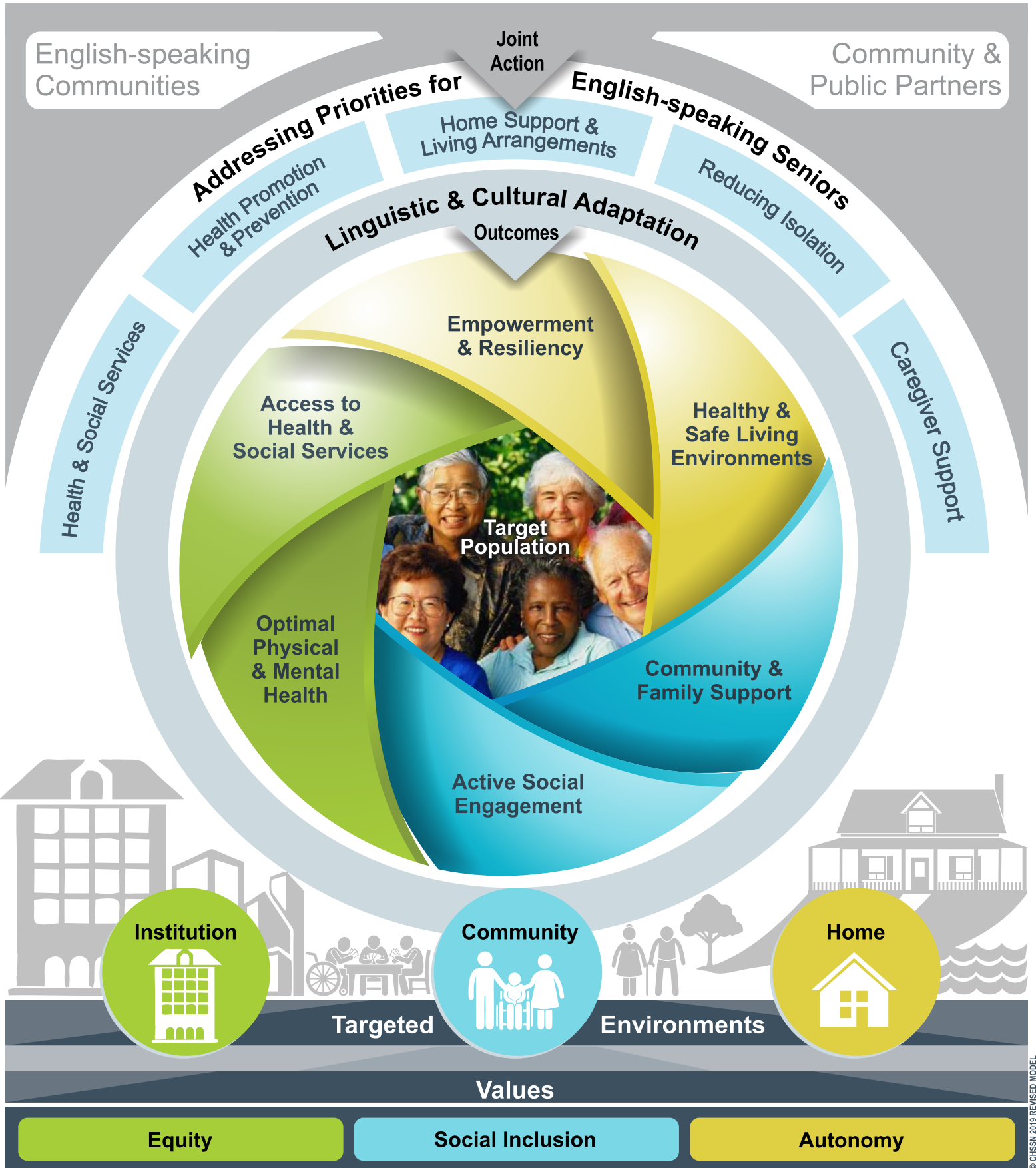
*“Our English-speaking seniors face unique challenges such as being socially excluded, isolated and often lack essential services in their language. Furthermore, many of their family members have left the province for work, leaving their loved ones without a social network or family caregivers. We increasingly see a situation of 80 year old's checking on 80 year old's” (Cheryl Henry-Leggo, Executive Director, Vision Percé-Gaspé Now).*





# Promoting the Health and Well-being of English-speaking Seniors in Quebec

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## Introduction

This community model integrates the experiences and successes of Quebec's English-language organizations and networks alongside their public partners to improve the lives of English-speaking seniors in their communities. The model promotes a holistic perspective of health and well-being and proposes a comprehensive strategy not limited to quality and access to health care, but inclusive of the social, cultural, economic and environmental conditions of English-speaking seniors.

## Joint Action

English-speaking community health and social services networks adopt an inter-sectoral approach to addressing complex barriers and concerns that have an impact on the health and well-being of their members. **This approach increases the responsibility of English-speaking communities to become part of the solution by engaging in joint action with community and institutional partners.**

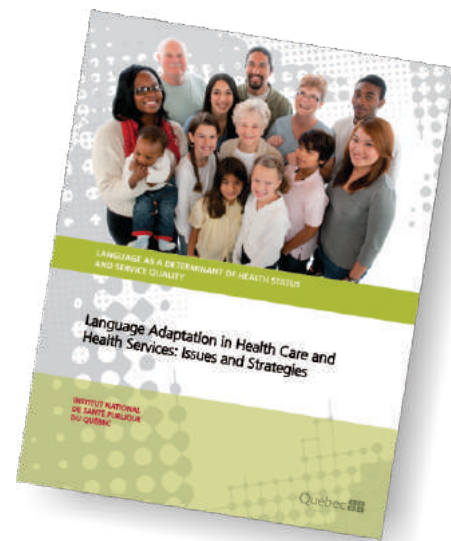
## Addressing Priorities

**The model proposes five broad priorities that will have the greatest impact on the health and well-being of English-speaking seniors.** Given the diversity among English-speaking communities throughout the province of Quebec, community leaders and their public partners will no doubt identify additional priorities unique to their region. That being said, the chart below provides some categories for action according to five broad priorities common in most English-speaking communities in Quebec.

Priorities for English-speaking Seniors						
Broad Priorities	Health & Social Services	Health Promotion & Prevention	Home Support & Living Arrangements	Reducing Isolation	Caregiver Support	
Sample Categories for Action	Primary Care (nurses, social workers, pharmacists, physicians)  Long-term & Palliative Care  Information in English	Healthy & Active Lifestyles  Preventing Injury & Sickness  Elder Abuse  Mental Health	Home Care  Meals on Wheels  Affordable Housing Options  Accessible Transportation	Social Participation & Inclusion  Inter-generational Activities  Employment & Volunteerism Visits	Respite  Resources & Information  Support Group	

## Linguistic and Cultural Adaptation

Quebec's English-language organizations and networks are well positioned to support service providers in the linguistic and cultural adaptation of programs and services targeting vulnerable English-speaking seniors in their region. Language alone is cited as a determinant of health and an important factor in the access and quality of health and social services received.



*The Institut national de santé publique du Québec (INSPQ) has developed a series of research documents that acknowledge language as a determinant of health status and service quality.*

## Outcomes

The holistic nature of this model supports a broad range of outcomes that improve the lives of English-speaking seniors. Many of the outcomes are interrelated, meaning that achieving one may have an important and positive impact on achieving another. The five broad priority areas align to achieve the specific outcomes identified in the model (Empowerment and Resiliency, Healthy and Safe Living Environments, Community and Family Support, Active Social Engagement, Optimal Physical and Mental Health, Access to Health and Social Services). **The model also aims to support English-speaking seniors in achieving their highest possible level of autonomy and independence.**



## Targeted Environments

Creating supportive environments is a well-known strategy that shapes senior's health practices as well as their resilience, health outcomes and overall development. **A focus on ensuring institutional, community and home environments for English-speaking seniors where they can feel safe, comfortable and confident to live in their language and be able to fully express and share in their customs and cultural beliefs is a key consideration.**



*Some English-speaking communities participate in the Municipalités amis des aînes (MADA) initiative, where they have a voice in shaping age-friendly policies and can advocate for supportive and adapted environments for English-speaking seniors unique to their community context.*

## Values

Three core values have been identified by the twenty English-language community health and social service networks (NPIs). These values reflect attitudes, perceptions and beliefs important to them that will support the overall development and vitality of their English-speaking communities and seniors.

### Equity

Equity is an important value for minority communities and English-speaking seniors, as they seek to gain a fair share of opportunity, services and support. Governments and institutions can play an important role in becoming aware of minority community needs and developing policies and programs that specifically aim to address them. English-speaking communities and their seniors must play a proactive role as well. They should be actively participating by expressing their needs and supporting service providers in developing solutions that improve their overall health and well-being.

### Social Inclusion

Social inclusion reflects an approach to social well-being that aims to close physical, social and economic distances separating people. This can be supported by recognizing English-speaking seniors' differences, nurturing their capacities, involving and engaging them in decision-making and ensuring adequate living conditions. For example, a sense of recognition and participation in the broader community is challenging for many English-speaking seniors. Efforts to improve this would contribute to a stronger and more inclusive Quebec society.

### Autonomy

Many English-speaking seniors wish to remain in their homes and communities for as long as possible. They also seek to be autonomous and independent while being supported through family, friends and community and government services. Formal and informal supports and services provided in their language that also respects their unique culture, history and identity are important considerations.





## PART 3

### Successful Initiatives in Supporting English-speaking Seniors

The Community health and social service networks in Quebec (NPIs) and a wide range of community and government partners have been working hard to improve the lives of English-speaking seniors. Their partnerships have led to adapted activities for the English-speaking senior population and address their unique needs and challenges as previously identified. The examples below present some of their partnerships and a few of their successes to date.

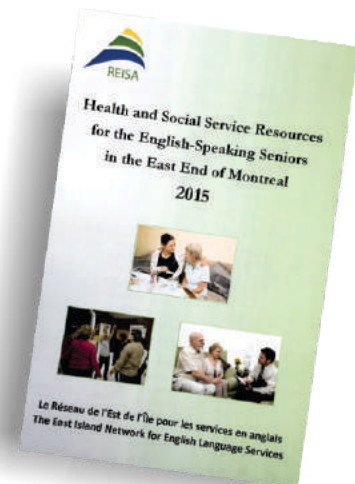
#### Volunteer Services

Jeffery Hale Community Partners in partnership with health professionals from Jeffery Hale – Saint Brigid's Hospital offer a number of adapted volunteer services that allow English-speaking seniors to be more autonomous and remain safely in their own homes for as long as possible. Trained volunteers provide free transportation to and from medical appointments, assist seniors with errands and grocery shopping, offer a listening ear over the telephone and provide in-home friendly visits. Social workers, nurses or occupational therapists employed by Jeffery Hale Community Services refer home care and day centre clients to these volunteer services. This collaboration between public and non-profit ensures that English-speaking seniors in the Quebec City region have the services necessary to maintain their dignity, keep their autonomy and meet their individual needs.



#### Seniors Resource Guide

The idea to develop a Seniors Resource Guide came about due to a lack of understanding and awareness regarding English-language services and programs offered to seniors in the east end of Montreal. The East Island Network for English Language Services (REISA) organized focus groups with English-speaking seniors in order to empower them to participate and contribute to the development of this information tool. The CIUSSS de l'Est-de-l'Île-de-Montréal supported the project by posting the guide on their website.



*“A Senior's Resource Guide serves as a hands-on tool for English-speaking seniors and their caregivers. We provide them with information that helps save time and prevent anxiety linked to research for services. Health professionals are very grateful to have the information for the English speaking clientele at the CLSC level and published on their websites” (Fatiha Gatre Guemiri, Executive Director, REISA).*



## Wellness Centres

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CASA and VISION on the Gaspé coast along with their health and social service partners are working together to help English-speaking seniors on the Gaspé coast improve their health and well-being through the creation of Wellness Centres. A typical Wellness Centre experience features activities to stimulate the participants' body and mind, while providing an opportunity to socialize in English. The agenda often includes presentations on various health promotion and disease prevention topics including information on services available in English. Helping the seniors with transportation needs also encourages them get out of their homes for a while and reduce social isolation. Participants often express how much they look forward to getting together with other seniors in the community while health professionals appreciate the opportunity to come and connect this often hard-to-reach clientele to required services.



*“We could never accomplish this without the involvement of English-language community organizations in our region. They have the established relationships and credibility needed with their seniors. It also makes identifying and recruiting isolated English-speaking seniors so much easier” (Fanny Bernard, Adj. Progr. SAPA-CISSS de la Gaspésie, RLS de la BDC et HG).*

### Seniors' Kindergarten

**We** have a friendly gathering  
Of seniors on the coast  
That's funded by the government  
And managed by our host

**We** meet at Matapedia  
A group of mostly gals  
To activate our thinking  
With participating pals

**As** we endure the weather  
Through long cold dreary days  
It's great to be in harmony  
With those that know our ways

It's time like this, in winter  
When we may be housebound  
That sharing time with others  
Is where fellowship is found

**We** appreciate the leadership  
Who excel at every phase  
To stimulate us elder folk  
In most pleasant, helpful ways

In closing I should mention  
How proud we are to be  
Engaged in active exercise  
In such good company

By Douglas Firlotte, a participant of a seniors Wellness Centre, adapted for the English-speaking community in the Gaspé.

## End of Life Choices

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Following the adoption of Bill 52 which permits individuals suffering from chronic and terminal illness to end their life through medical assistance, Seniors Action Quebec and a variety of partners collaborated to organize a conference in English in order to inform family members, caregivers and a variety of health and non-health professionals on the topic. In addition to receiving this information, community participants were able to discuss their concerns while health professionals gained a better understanding of ways to support the English-speaking clientele.



*“Not much information was previously available in English and it was an ideal way to ensure English-speakers received accurate and timely information in order to make important life decisions” (Ruth Pelletier, President, Seniors Action Quebec).*

## Distance Learning

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The Cummings Centre in Montreal has developed a Virtual Learning Program that consists of health and social service online lectures, provided by professionals and interactive discussion groups with a health promotion focus to homebound English-speaking seniors and caregivers throughout the province of Quebec. Participants can interact with the speaker live by sending in questions and comments, or simply watch the recorded videos on demand at their convenience. Training is provided to help participants use the technology required including home visits and over-the-phone support calls. Participants report that they enjoy the simplicity of the technology, the chance to learn new computer skills, the presence of volunteer support and the opportunity to participate from home.



The CHSSN also reaches out to English-speaking seniors throughout the province of Quebec by coordinating a Community Health Education Program (CHEP). Using videoconferencing equipment, live and interactive sessions occur between seniors and health professionals in English on a variety of health promotion and prevention topics. Community health and social service networks recruit seniors to the sessions in their regions and if required, support them with their transportation needs. Local health and social service professionals often attend the session, and get to practice their English skills while supporting and linking seniors to available services and support.



*“We do not often have a bilingual health professional able to deliver health promotion sessions to our English-speaking seniors. Locating a bilingual health professional from out of region to present by videoconferencing is a great option” (Nathalie Chevrier, Coordinator for Neighbours Regional Association of Rouyn-Noranda).*

## Boomers Café

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The NDG Senior Citizens' Council in partnership with the NDG Food Depot created a program to support primarily English-speakers aged 50-65 living in low-income situations. Each week 30-35 participants come together to nourish their mental, physical and spiritual well-being. A variety of activities occur such as conversations on methods to improve their emotional resiliency and active listening skills. They also prepare home-cooked meals, participate in physical activities such as yoga, and build relationships and connections with others experiencing similar difficulties. Mutual aid, active involvement and volunteering in the program helps provide a meaningful experience for participants. A monthly exchange also occurs where people bring in items they don't need and can receive things that might be of value to them. Many of the participants have experienced a premature departure from the workforce, leaving them vulnerable to the negative impact of long-term unemployment. Individual advocacy is provided for situations where participants are unable to resolve increasingly complex social and financial issues.



## Intergenerational Activities

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The Council for Anglophone Magdalen Islanders (CAMI) has been very active over the years in promoting intergenerational activities within the English-speaking community of the Magdalen Islands. In partnership with their local school and community learning centre (CLC) and municipality, they have implemented a number of programs such as adopt a senior, community garden, music and dance activities, jamborees and talent shows. In each case, seniors are engaged with youth in learning and socializing together. Seniors participating in these programs report a decrease in social isolation while the youth involved indicate that connection to seniors in their community has increased their self-esteem. In most recent years, seniors and youth prepare Christmas hampers and deliver them to isolated seniors.



*In 2012, CAMI was chosen by the public health department de la Gaspésie–Îles-de-la-Madeleine to participate in a study that would share their exemplary community-based approaches in improving the health and well-being of the population.*



## Elder Abuse Prevention Play

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4 Korner's Family Resource Center in the Laurentians organized the translation of an elder abuse awareness play named "Grandpa is not a cash cow & Grandma won't take any bull". After two years of successful performances in French, an adapted English version of the play was performed six times to the general public and twice to high schools students between the ages of 10 to 16 years old. The primary objective is to sensitize the population to the problem of elder abuse. The play effectively deals with very serious matters in a humorous way through 7 short vignettes. The audience leaves with a greater understanding of the day-to-day realities of seniors and offers them concrete solutions to deal with common abusive situations.



*In 2013, the French and English versions of the play received an award called "Opération bons coups" from the Association québécoise des établissements de santé et services sociaux.*

## Mature Workers Initiative

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Community organizations such as the Black Community Resource Centre and NDG Senior Citizens' Council have been working with the Community Economic Development and Employability Corporation (CEDEC) and other government partners to gain a clear portrait of the needs of mature workers in order to reach out to individuals, employers and employment service providers. The Mature Workers Initiative is an awareness campaign that reaches out to employers, recruiters, hiring managers and businesses through social and traditional media channels, including networks of volunteers, stakeholders and partners. The main goal is to increase understanding around the benefits of hiring and retaining English-speaking seniors to be active longer in the Quebec workforce.

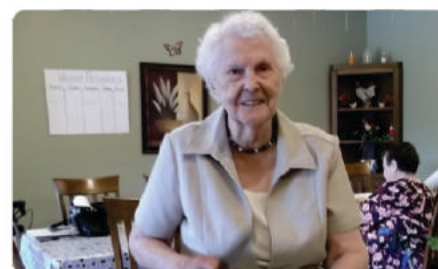


*"Statistics Canada projects that by 2036, over half of the population of Quebec will be at least 45 years of age. Continuing to integrate mature workers into Quebec's labour market is key to economic development within the English-speaking communities across Quebec" (John Buck, Chief Executive Officer, CEDEC).*

## Community Operated Long-term Care Residence

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The Coasters' Association in partnership with the CISSS de la Côte-Nord signed a two-year agreement to operate a local seniors' residence. This residence currently supports 10 English-speaking seniors wishing to stay close to home and to their family and friends. It operates as a non-profit long-term care residence which helps keep costs lower for residents and their family members. This community and government collaboration also helps ensure that services are adapted and offered in the English language for seniors in the Lower North Shore.



*“There was a lot of work in the beginning, understanding all the rules and regulations of running a senior housing facility. Our CISSS assisted us every step of the way. Without this collaboration, there would not have been a residence for our seniors here in our community” (Kimberly Buffitt, Director of Programs, Coasters' Association).*

## Radical Resthomes

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English-speaking boomers are looking for alternatives to traditional senior residences. They realize that bringing back the notion of community sharing and support will help them age with more dignity and grace. RADICAL RESTHOMES are self-directed, senior housing alternatives which come in all shapes and sizes. Whether they are co-housing projects, shared apartments, co-ops or communes, they all follow four important guidelines: they are run and managed by the people who live there; the residents look after and care for each other; when more help is needed, resources most often come as “home care”; and finally, every effort is made to allow people to die in their own beds, not in institutions. RADICAL RESTHOMES help seniors stay in charge of their lifestyles and decisions as they age.







## ADDITIONAL COMMENTS & INITIATIVES

***“We pay special attention to our elderly English-speaking caregivers who sustain their caregiving role, often out of necessity, not as a choice. Guiding them through the ever-changing maze of the healthcare system; providing emotional support, and helping with the preparation for times when they would no longer be able to care for a loved one, is a major preoccupation” (Ella Amir, Executive Director, AMI-Quebec).***

***“We are working alongside the CIUSSS de l'Estrie - CHUS to adapt the Community Watchdog program in support of English-speakers across their territory. Bilingual volunteers are trained to outreach to the most vulnerable seniors and caregivers, linking them to services available in English” (Rachel Hunting, Executive Director, Townshippers' Association).***

***“When our seniors are asked what they wish for the most, they say they want to stay in their home for as long as possible. So we made it our long-term objective to help them make their wish come true. Over the last two years, we have been offering “Jog your Mind”, a program that aims at ensuring that seniors maintain and improve their cognitive abilities. Programs like this play a big role in achieving our objective” (Suzanne Aubre, Executive Director, MCDC).***

***“We offer wellness activities that are designed to meet the needs of our English-speaking senior population. We locate bilingual presenters that come and talk to them on important health topics. Overall our aim is to promote healthy lifestyles through a variety of services and programs that have a holistic approach” (Jody Lessard, Executive Director, NSCA).***

***“We just organized our second annual health promotion fair in Châteauguay. Health and social service providers, both public partners and community organizations promoted their services available in English and got a chance to meet many of our English-speaking seniors. Once again, we had a visit from the Minister of Health, Gaétan Barrette” (Colin Coole, Executive Director, ARC).***

***“I am still surprised to hear just how isolated seniors in Montreal are. Organizers of our LaSalle 50+ satellite center do an amazing job at creating a sense of belonging and a sense of community for the English-speaking seniors in that area. They just hosted a financial literacy workshop in English which helped provide important information about financial exploitation” (Fred Jansen, Chief Executive Officer, CCS).***

<sup>1</sup>Human Resources and Skill Development Canada (HRSDC). (2012). Canadians in Context. [http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=35#M\\_2](http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=35#M_2)

<sup>2</sup>Quebec Community Groups Network (QCGN). (2013). Pocock (researcher) Socio-demographic Profile of Quebec's English-speaking Seniors Section 1. <http://www.qcgn-seniors.org/statistical-profile.html>

<sup>3</sup>Community Health and Social Services (CHSSN). (2015). English-language Health and Social Services Access in Québec. Based on data from the 2015 CHSSN-CROP Survey on Community Vitality. Publication forthcoming.

<sup>4</sup>Floch and Pocock, (2008). "Emerging Trends in the Socio-Economic Status of English-speaking Quebec: Those Who Left and Those Who Stayed", in Bourhis (ed) The Vitality of the English-speaking Communities of Quebec: From Community Decline to Revival. Quebec. CEETUM, Université de Montréal.

<sup>5</sup>QCGN, *ibid.*, p. 9.

<sup>6</sup>Institut National de Santé Publique du Québec (2012). The Socio economic Status of Anglophones in Quebec. Quebec: Gouvernement du Québec. <http://chssn.org/pdf/En/INSPQ/SituationSocioEconoAngloQc.pdf>

<sup>7</sup>Williams, (2004). "The Sandwich Generation", Perspectives, Vol.5, No.9, pp. 5-12. Statistics Canada Catalogue No. 75-001-XIE.

<sup>8</sup>Statistics Canada, (2013). Turcotte (researcher) "Family Caregiving: What are the consequences?" Insights on Canadian Society, Catalogue no.75-006-X ISSN 2291-0840.

<sup>9</sup>The most prevalent type of caregiving is children caring for a senior parent. Caregiving for a spouse or child tend to be the most intense. The caregiver is generally aged 45 years and over and caregivers are more likely to be women than men (Statistics Canada. 2013).

<sup>10</sup>Community Health and Social Services (CHSSN). (2015). English-language Health and Social Services Access in Quebec. Based on data from the 2015 CHSSN-CROP Survey on Community Vitality. Publication forthcoming.

<sup>11</sup>Community Health and Social Services Network (CHSSN). (2015). Pocock (researcher). Canadian Community Health Survey (2011-2012). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities. p. 79. [www.chssn.org](http://www.chssn.org)

<sup>12</sup>Roberts and Fawcett, (2001). At Risk: A Socio-economic Analysis of Health and Literacy among seniors. Statistics Canada: Ottawa. <http://www.statcan.gc.ca/pub/89f0104x/4151175-eng.htm>

<sup>13</sup>Quebec Community Groups Network (QCGN). (2013). Pocock (researcher) Socio-demographic Profile of Quebec's English-speaking Seniors Section 2. p.11 <http://www.qcgn-seniors.org/statistical-profile.html>

<sup>14</sup>*ibidem.*

<sup>15</sup>CHSSN, (2015), *ibid.*, p. 64.

<sup>16</sup>Community Health and Social Services Network (CHSSN). (2006). Social Support Networks in Quebec's English-speaking Communities. Building Community Vitality through Social Capital Strategies, p.19. [http://chssn.org/pdf/En/Social\\_Capital\\_Report\\_202005-2006.pdf](http://chssn.org/pdf/En/Social_Capital_Report_202005-2006.pdf)

<sup>17</sup>CHSSN, (2015), *ibid.*, p. 122.

<sup>18</sup>CHSSN, (2015), *ibid.*, p.120.

<sup>19</sup>CHSSN, (2015), *ibid.*, p. 12.