CHSSN

Partners in Care Summit: Sharing Realities, Shaping Solutions

Summary Report and Policy Considerations for Supporting English-Speaking Caregivers in Québec

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The Community Health and Social Services Network (CHSSN) was formed in 2000 to support English-speaking communities in the province of Québec in their efforts to redress health status inequalities and promote community vitality. Through a series of projects and partnerships that link community and public partners, the CHSSN is working to strengthen networks at the local, regional and provincial level to address health determinants, influence public policy and develop services. Begun through the efforts of four founding organizations, the CHSSN now has more than 60 member organizations and is involved in over 150 projects and partnerships in the areas of primary health care, community development and population health. Their aim is to contribute to the vitality of English-speaking communities of Québec by building strategic relationships and partnerships within the health and social services system to improve access to services.

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Executive Summary

The Partners in Care Summit: Sharing Realities, Shaping Solutions was convened by the Community Health and Social Services Network (CHSSN) on February 25, 2026, to bring together community organizations, researchers, service providers, and sector partners supporting English-speaking caregivers of older adults across Québec. The Summit aimed to strengthen dialogue among organizations working in the caregiving space, identify service and policy gaps, and generate insights to help inform the implementation of Québec's next Plan d'action gouvernemental pour les personnes proches aidantes (2026–2031). The event was supported through funding from Health Canada through CHSSN's Networking and Partnership Initiative (NPI).

Using a persona-based consultation methodology designed to foster psychological safety and meaningful dialogue, participants explored caregiving realities that are often less visible within formal systems of support. Through collaborative discussion and storyboarding exercises, participants developed caregiver personas representing diverse caregiving experiences, including male caregivers, working and episodic caregivers, caregivers balancing multiple caregiving roles, and friends or neighbours providing informal support. These personas served as catalysts for discussion about caregiving realities, system barriers, and opportunities for more inclusive and responsive supports.

Across discussions, participants emphasized the complexity and diversity of caregiving experiences and highlighted the need for policy and service approaches that recognize caregiving in its many forms. Key themes included the importance of earlier caregiver identification, improved navigation and access to services, greater recognition of non-traditional caregiving roles, stronger partnerships between community organizations and the health and social services system, and more flexible, culturally and linguistically responsive approaches to support.

Executive Summary Cont.

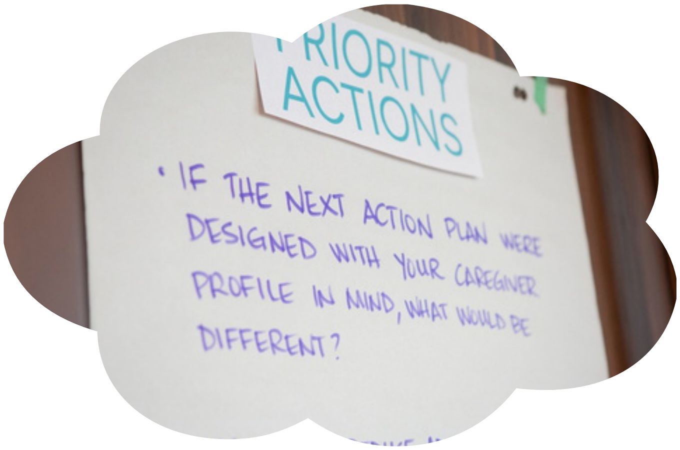
Participants also emphasized that caregiving challenges may be compounded for English-speaking caregivers in Québec, particularly when navigating complex health and social services in a second language during periods of stress, crisis, or major care transitions. Discussions highlighted how language can influence access to information, confidence navigating systems, service awareness, and caregiver inclusion.

The Summit findings suggest that strengthening support for caregivers requires more than additional programs or services alone. It also requires systems that are easier to navigate, responsive to diverse caregiving realities, and capable of recognizing caregivers before they reach a crisis point. This includes recognizing the full range of caregiver needs: not only practical and financial, but also emotional, interpersonal, and identity-related, which evolve over time and may require more holistic and responsive approaches. Insights from the Summit will inform CHSSN’s ongoing collaboration with community organizations, researchers, and health and social service partners, while contributing to broader policy dialogue aimed at strengthening support for English-speaking caregivers and the older adults they assist across Québec.

Introduction and Purpose

Across Québec, caregivers are essential in supporting the health, well-being, and independence of family members, friends, and neighbours. According to the *Reconnaître pour mieux soutenir : Plan d'action gouvernemental pour les personnes proches aidantes 2021–2026*, in 2018 approximately 1.5 million people in Québec provide care or support to someone experiencing illness, disability, loss of autonomy, or other complex needs.[1] While caregivers are often discussed as a single group, caregiving experiences are highly diverse.

Caregivers may be spouses, adult children, friends, neighbours, or members of broader support networks. Some provide daily, intensive support, while others offer episodic assistance, coordinate services from a distance, or balance caregiving alongside paid employment and family responsibilities. Many individuals who provide significant care do not identify themselves as caregivers.[2-5] As a result, they may not access available information, services, or supports. Research has identified that English-speaking older adults and caregivers in Québec may encounter additional barriers related to language, navigation, communication, and access to services, particularly in rural and remote regions. These barriers can contribute to increased stress, difficulty accessing information and supports, and greater reliance on informal family and community networks for navigation and caregiving support.[6-9]



To better understand these realities, CHSSN convened the Partners in Care Summit: Sharing Realities, Shaping Solutions on February 25, 2026. Rather than organizing discussions around programs, services, or policy priorities alone, the Summit adopted a human-centred approach designed to explore caregiving through the experiences of individuals. Participants created four caregiver personas representing diverse caregiving situations: Julia, a working caregiver balancing multiple responsibilities; Sandra, an episodic caregiver supporting aging parents while maintaining employment; Patsy, a friend and neighbour providing informal care; and Desmond, a male caregiver supporting a spouse. These personas served as catalysts for discussion, helping participants explore caregiving experiences through a lens that was both personal and accessible.

By grounding conversations in the realities of everyday life, the Summit created opportunities for participants to examine challenges, identify supports, and consider what meaningful assistance might look like for caregivers with different needs, circumstances, and identities. Participants consistently noted that the persona-based approach encouraged reflection, curiosity, and dialogue while creating psychological safety to discuss complex caregiving realities in a respectful and constructive manner.

This report summarizes the discussions, insights, and priorities that emerged throughout the Summit. While the caregiver personas were fictional, the experiences they represented resonated strongly with participants and reflected themes that are widely documented in caregiving research and community practice. The report is intended to support ongoing dialogue among community organizations, service providers, researchers, policymakers, and caregivers themselves by highlighting the diverse realities of caregiving and opportunities to strengthen support for caregivers across Québec.

Creating Space for Meaningful Dialogue

Recognizing that many participants occupied multiple roles, such as caregiver support professionals, caregivers, and, in some cases, care recipients themselves, the consultation was intentionally designed to foster psychological safety and support meaningful participation. As participants were attending the Summit in a professional capacity, particular attention was paid to creating an environment where individuals could contribute ideas, perspectives, and observations without fear of judgement, embarrassment, interpersonal conflict, or pressure to disclose personal experiences. Research has demonstrated that psychologically safe environments promote participation, learning, and collaboration, particularly when discussing complex or sensitive topics.[10,11]

Caregiving can be a deeply personal experience, often shaped by grief, stress, burnout, uncertainty, and complex family dynamics.[2-5] While lived experience provides valuable insight, requiring participants to share personal caregiving experiences can unintentionally create discomfort, reinforce power imbalances, or place pressure on individuals to disclose experiences they may prefer to keep private. These considerations were particularly relevant given the diverse composition of participants, which included representatives from community organizations, funders, program staff, and volunteers.

To support open dialogue while respecting participant boundaries, the consultation employed a persona-based methodology. Rather than asking participants to discuss their own experiences directly, participants explored the needs, challenges, and strengths of caregiver personas developed through small-group discussion and evidence-informed assumptions based on caregiving situations that are often less visible within formal systems. The selection of these caregiver profiles was informed in part by Axis 1 of *Reconnaître pour mieux soutenir : Plan d'action gouvernemental pour les personnes proches aidantes 2021–2026*, which emphasizes the importance of caregiver recognition and self-identification in improving access to supports and services.[1]

Participants selected the caregiver profile they felt most connected to or curious about and were invited to further develop the persona through collaborative discussion. Groups layered additional identities, relationships, cultural backgrounds, and caregiving circumstances onto their caregiver “type,” reflecting the diversity and complexity of caregiving experiences across Québec. Each group also selected a photograph from a curated set of diverse headshots to help visually represent their caregiver and support more grounded discussion.

Participants then named and described their caregiver before collaboratively storyboarding “a day in the life” of that individual, as though developing a documentary film. This exercise encouraged participants to think beyond isolated challenges and instead consider the rhythms, relationships, emotional realities, and cumulative pressures shaping everyday caregiving experiences.

In the afternoon, participants listened to presentations focused on caregiving grief, dementia, and medical assistance in dying (MAiD), and were invited to reflect on these topics with their caregiver persona in mind. Groups then identified actions, interventions, and system changes that could meaningfully improve the lives of their caregivers.

The consultation concluded with a “dotmocracy” prioritization exercise, where participants collectively identified the recommendations and themes they believed would have the greatest potential impact.

Meet the Caregivers

Desmond

Desmond is in his late 60s and immigrated to Montréal from the Caribbean as a child during the wave of Caribbean migration to Québec in the 1960s. He works part-time as a mechanic and is the primary support person for his wife, Gloria, who has early onset dementia. Throughout his life, Desmond has been known as someone others can rely on. He enjoys gathering with friends to watch soccer, play cards and dominoes, and stay connected to the relationships that have shaped his life.

Like many caregivers, Desmond does not see himself as a caregiver. He sees helping Gloria as part of his commitment as a husband and provider. He is comfortable offering support to others but less comfortable asking for help himself. As Gloria's needs increase, he takes on additional responsibilities while trying to maintain his role as a provider and keep life as normal as possible.

A Day in the Life

Desmond begins each day helping his wife, Gloria, get ready. Living with advanced early-onset dementia, Gloria needs support with dressing, hygiene, and daily routines. Before leaving for his part-time job, he prepares lunch and asks a neighbour to check in while he is away. Throughout the day, Gloria calls him repeatedly. Concerned coworkers notice him checking his phone, but when asked if everything is okay, Desmond reassures them: "I've got it."

When he returns home, the house is in disarray. Lunch remains untouched, the stove has been left on, and Gloria is confused and distressed. Later, during a video call with their adult child in New York, Desmond again insists that everything is under control. That evening he and Gloria share a moment of laughter and tenderness. During the night, Gloria falls while trying to reach the bathroom. Although she is not seriously injured, the incident leaves them both shaken. Desmond begins to wonder whether he can continue managing on his own.

Key Challenges

- Difficulty identifying as a caregiver and seeking support
- Balancing caregiving responsibilities with employment and household demands
- Accepting help and support before reaching a crisis point
- Cultural expectations related to masculinity, caregiving, and self-reliance

Julia

Julia is 60 years old, divorced, and employed full-time. She supports her 80-year-old mother, who lives at a distance and is experiencing cognitive decline, while also caring for her adult son with special needs. Like many caregivers, Julia does not initially identify herself as a caregiver. Instead, she sees herself as a daughter, a mother, and someone simply doing what needs to be done.

Julia's caregiving responsibilities are layered and often invisible. She balances paid employment, family obligations, medical appointments, crisis management, and care coordination while navigating services that are difficult to access and understand. Financial pressures, limited support networks, and the constant demands of caregiving leave little room for rest or recovery.

A Day in the Life

Julia begins her workday at home with two phones beside her: one for work and one for medical calls. While trying to complete tasks for her employer, she is also supporting her adult son with special needs and coordinating appointments for her aging mother, who lives 30 minutes away and no longer drives. Her attention is constantly divided. Between phone calls, emails, appointments, and caregiving responsibilities, there is little time to focus on any one thing. Julia does not think of herself as a caregiver. She sees herself as a mother and a daughter doing her best to support the people she loves.

Over time, the strain begins to take its toll. Reduced work hours have affected the family's finances, bills are piling up, and Julia is beginning to experience health concerns of her own. She finds herself in a constant state of vigilance, responding to one crisis after another while trying to prevent the next one from occurring. When an emergency sends her to the hospital, Julia realizes she cannot continue carrying everything alone. She begins exploring available supports and is referred to a peer navigator and social worker. While waiting for services, she continues to advocate for her family and search for the help they need.

Key Challenges

- Balancing employment and caregiving responsibilities
- Coordinating care across multiple generations and locations
- Financial strain from unpaid caregiving responsibilities
- Difficulty identifying and accessing available supports

Patsy

Patsy is a 76-year-old cancer survivor who provides support to a 90-year-old lifelong friend. She does not consider herself a caregiver, yet she regularly assists with day-to-day needs, monitors her friend's well-being, and worries about his increasing frailty and declining independence.

Unlike many caregiving narratives that focus on family relationships, Patsy's story reflects the growing importance of friends, neighbours, and chosen family in supporting older adults. Her contributions are significant but often go unrecognized within formal systems. Her own family members encourage her not to become too involved, reminding her that she is "just a friend." Yet Patsy remains one of the few people consistently checking in, noticing changes in his well-being, and responding when something is wrong.

A Day in the Life

As a winter storm approaches, Patsy arranges transportation to his medical appointment and accompanies him through their usual routine: a visit to the doctor, coffee at Tim Horton's, a stop at the grocery store. Beyond errands, this routine represents time spent socializing in the community spaces where he is known and connected. While Patsy provides practical support and companionship, she does not consider herself a caregiver.

Over time, Patsy notices concerning changes in her friend's health. He appears more confused, has lost weight, and is struggling to manage new medications. Although she accompanies him to appointments, she stays in the waiting room and is often left without information about his condition or care plan.

Concerned, she reaches out to his family, only to encounter differing opinions about her role and how involved she should be. One afternoon, her friend does not answer her calls. Knowing this is unusual, Patsy contacts emergency services. Police enter the home and discover that he has fallen and is unable to get up. The incident reinforces what Patsy has known for some time: she may not be family, but she is often the first person to notice when something is wrong.

Key Challenges

- Lack of recognition as a caregiver
- Limited involvement in care planning and decision-making
- Unclear pathways to support and information
- Family dynamics and communication challenges

Sandra

Sandra is a middle-aged finance director who helps support both of her aging parents. Although she has arranged services and acts as the primary point of contact during emergencies, she does not think of herself as a caregiver. Her responsibilities fluctuate over time, increasing during periods of crisis and receding when her parents are stable.

Like many working caregivers, Sandra must balance competing demands from employment, family, and caregiving. She frequently finds herself coordinating services, resolving problems, and responding to urgent situations while maintaining professional responsibilities.

A Day in the Life

During a meeting, Sandra's phone repeatedly rings with calls from her mother and father. Later that day, she learns that her parents have sent a private support worker away, insisting they do not need help. Although Sandra arranged the service, the worker explains that without her parents' consent there is little that can be done.

That evening, Sandra returns home to care for her son and catch up on the day's messages. Feeling increasingly frustrated, she contacts a local caregiver support organization, only to find the office closed. She leaves a voicemail. Three days later, the return call arrives while she is in another meeting. A voicemail invites her to call back during business hours.

Weeks later, Sandra shares her situation with a colleague who also happens to be a caregiver. For the first time, someone understands exactly what she is experiencing. Her colleague introduces her to caregiver resources and encourages her to contact Info-Aidant. What begins as a casual conversation becomes a reminder that caregivers often find support through the people who understand their experiences best.

Key Challenges

- Balancing employment and caregiving responsibilities
- Difficulty accessing support services while working
- Care recipient autonomy and consent challenges
- Limited awareness of available caregiver resources

Key Themes & Policy Considerations

A Note on Language and Caregiving in Québec

While the caregiving experiences represented by Julia, Desmond, Patsy, and Sandra are not unique to English-speaking communities, Summit participants emphasized that caregiving challenges can be compounded when caregivers must navigate health and social services in a language other than the one in which they are most comfortable communicating.

Research has consistently shown that language influences access to services, understanding of information, quality of interactions with service providers, and ultimately health outcomes.[6-8] The Institut national de santé publique du Québec recognizes language as a social determinant of health. English-speaking Quebecers are generally bilingual and often navigate daily life successfully in French. However, during periods of stress, crisis, illness, or complex decision-making, communicating in one's preferred language can become particularly important.[12]

Participants noted that language-related barriers rarely exist in isolation. Rather, they interact with other factors such as geography, caregiving intensity, employment responsibilities, socioeconomic conditions, cultural expectations, and social isolation.
Furthermore, these barriers are often cumulative: challenges that may appear manageable independently can become significantly more difficult when experienced simultaneously during periods of caregiving stress or crisis. The policy considerations that follow should therefore be understood through both a caregiving and linguistic accessibility lens.

How to Help Desmond: Reach Caregivers Before a Crisis

Support for caregivers like Desmond must begin earlier, ideally at the point of diagnosis and during major care transitions, rather than only once a crisis has occurred.

Key priorities identified by Summit participants:

- Earlier caregiver identification at diagnosis and major care transitions
- Routine caregiver screening in health and social services
- Clear referral pathways to caregiver supports and navigation services
- Outreach that reaches people who do not identify as caregivers
- Culturally appropriate approaches for men and underrepresented groups
- Earlier access to respite, home care, and in-home supports to prevent crisis escalation
- Peer navigators, caregiver advocates, and intermediary supports to help caregivers navigate systems and reduce isolation

Participants specifically highlighted the importance of providing "info, caregiver support, [and] info about support + services" at diagnosis, alongside helping individuals "identify them[selves] as caregiver[s]." Another recommendation called for health and social services professionals to use referral guidance routinely following diagnosis and to formally connect caregivers to services and navigation supports.

Participants further emphasized the importance of outreach approaches that are culturally appropriate and capable of reaching caregivers who may not see themselves reflected in traditional caregiver messaging. In Desmond's case, cultural expectations related to masculinity, responsibility, and self-reliance may make it more difficult to seek support early. According to the research literature, many older men negotiate caregiving through concepts of duty, competence, and maintaining control, rather than vulnerability or help-seeking.[13]

Participants also noted the value of peer navigators, caregiver advocates, and intermediary supports that could help normalize caregiving conversations and reduce stigma associated with asking for help. Early, relationship-based outreach was viewed as particularly important for caregivers who may otherwise remain invisible until a health or social crisis emerges.
Language and system navigation barriers may further compound these challenges for English-speaking caregivers in Québec.

The Summit participants discussed how caregivers may feel less confident asking questions or advocating for support in predominantly French environments, particularly during stressful medical encounters. This can contribute to delayed access to services, reduced understanding of available supports, and increased caregiver isolation. As a result, participants emphasized that earlier caregiver identification and proactive outreach become even more important when language barriers are present, helping ensure caregivers receive information and support before reaching a breaking point.

How to Help Julia:
Support People Carrying Too Much

Caregivers like Julia are often balancing multiple competing responsibilities simultaneously while receiving limited formal support. Discussions frequently centered on the cumulative impact of trying to "do it all," particularly for caregivers supporting both older adults and dependent children.

Key priorities identified by Summit participants:

- Flexible respite options that accommodate working caregivers and unpredictable schedules
- Increased access to frontline respite workers and adult day programs
- Financial supports to offset the economic strain of unpaid caregiving
- Workplace accommodations and flexible employment arrangements
- Integrated supports for multi-generational caregiving responsibilities
- Transportation and digital support services to reduce logistical burden
- Earlier interventions aimed at preventing caregiver burnout and health decline

Participants also emphasized the importance of practical system supports that reduce day-to-day administrative burden. Suggestions included creating centralized inventories of available resources, improving coordination between services, supporting legal and planning processes earlier, and expanding access to respite and day centre programs. One discussion group specifically highlighted the need for "more frontline access to respite workers," "financial support," and "support in transport needs," while also identifying digital support and improved resource coordination as important system gaps.

In a study by Neller et al. (2024), caregivers frequently described feeling overwhelmed by the cumulative responsibilities associated with caregiving, employment, and household management.[14] Study participants also consistently highlighted exhaustion, burnout, and the need for respite and self-care. Neller et al. (2024) described the struggle of many caregivers to identify or access available supports and often feel existing services are fragmented or poorly coordinated.[14]

For English-speaking caregivers in Québec, these pressures may be compounded by the additional burden of navigating services in a second language. Understanding eligibility criteria, completing forms, coordinating appointments, and identifying appropriate services can become significantly more difficult when systems feel linguistically inaccessible. This may increase reliance on informal networks, create delays in accessing support, and intensify caregiver stress and exhaustion. Summit participants therefore emphasized the importance of navigation supports, clear communication, and accessible information pathways to reduce administrative burden and help caregivers connect to services earlier.

How to Help Patsy: Recognize and Support Non-Traditional Caregivers

Friends, neighbours and other community members can be the people most consistently checking in, noticing changes, providing transportation, accompanying older adults to appointments, and responding during crises. However, these caregivers frequently remain invisible within formal systems.

Key priorities identified by Summit participants:

- Recognition of non-kin caregivers as legitimate members of the care ecosystem
- Inclusion of friends/neighbours in conversations about care planning and wellbeing
- Awareness that neighbours may hold critical observational knowledge about the older adult
- Outreach and awareness campaigns specifically targeting informal/non-traditional caregivers
- Navigation and legitimacy support (e.g., “caregiver passport card”)
- Explicit recognition that community organizations also play a role in validating caregivers

Several participants pointed out that neighbours caring for neighbours is already occurring across communities, but often remains unsupported, unrecognized, and poorly integrated into formal systems of care.

Research on non-kin caregiving found that friends and neighbours often become essential supports for older adults aging in the community, particularly when family support is limited or unavailable. Researchers noted that many of these relationships emerge gradually through everyday acts of neighbouring, such as checking in, sharing meals, assisting with errands, or noticing changes in routine and wellbeing.[15-17]

For English-speaking caregivers in Québec, these challenges may be further compounded by language and navigation barriers. Participants noted that non-family caregivers like Patsy may already feel uncertain about their role or legitimacy within health and social service systems, and communicating in a second language during stressful or unfamiliar situations can further reduce confidence asking questions, advocating for support, or participating in care discussions. Participants also discussed how English-speaking older adults and caregivers may rely more heavily on informal community networks when formal systems feel difficult to navigate or inaccessible.

Everyday relationships with neighbours, transportation supports, and community spaces play a critical role in maintaining wellbeing and social connection. Several participants also emphasized practical barriers related to accessing services and transportation in English, which may increase reliance on informal caregivers while simultaneously leaving those caregivers with limited recognition, guidance, or support within formal systems.

How to Help Sandra: Make Support Accessible to Working Caregivers

Sandra's experience focuses on how caregiving systems often rely on caregivers being available during standard business hours and having the time, energy, and system knowledge to coordinate fragmented services. Supporting caregivers like Sandra requires navigation systems that are accessible, flexible, and integrated into everyday community settings.

Key priorities identified by Summit participants:

- Evening and weekend availability of caregiver supports and navigation services
- Simplified and coordinated entry points across health and social services
- Centralized navigation supports to reduce administrative burden
- Peer navigation and opportunities to connect with other caregivers
- Workplace accommodations and caregiver-friendly employment policies
- Improved awareness of available caregiver resources at the point of need
- Embedding caregiver outreach and support within settings caregivers already access naturally (e.g., workplaces, pharmacies, primary care, schools, community organizations)
- Flexible communication methods that do not rely exclusively on daytime phone calls or business-hour availability

Several participants shared that many caregivers are balancing employment responsibilities alongside caregiving demands, often while coordinating care across multiple fragmented systems. Participants noted that caregivers frequently encounter services that assume daytime availability, strong system knowledge, and the capacity to navigate complex referral pathways independently. Working caregivers described the cumulative burden of repeated phone calls, delayed callbacks, long wait times, and difficulties identifying where to seek support.

Researchers identified fragmented systems, inconsistent communication, lack of centralized information, and difficulty accessing services as major contributors to caregiver burden and stress. Caregivers frequently reported needing to repeatedly explain their situations across multiple sectors while struggling to identify appropriate resources and supports.[18-20]

Participants also discussed how caregivers often learn about available supports informally through coworkers, neighbours, friends, or other caregivers rather than through formal healthcare pathways. In Sandra’s case, it is ultimately a conversation with a colleague who recognizes her experience that connects her to meaningful caregiver support.

For English-speaking caregivers in Québec, these navigation challenges may be further compounded by language barriers and limited access to services outside standard business hours. These additional navigation demands may increase stress and reduce caregivers’ ability to access timely support while balancing work and caregiving responsibilities.

Moving from Services to Systems

Québec has established important legislative and policy frameworks to support both caregivers and the protection of the French language. Summit participants recognized the importance of these objectives and emphasized that linguistic accessibility and the promotion of French need not be viewed as competing priorities. Québec's health and social services system include legislative and policy mechanisms intended to support access to services in English for eligible English-speaking communities. However, Summit participants noted that awareness, availability, and consistency of these services may vary considerably across regions and care contexts, particularly during periods of stress or urgent need.

Recent CHSSN work examining access to services among English-speaking families highlights that language functions not only as a communication issue, but also as a determinant of access, participation, trust, and inclusion. Providing information and support in English at key moments can help individuals engage more effectively with services while continuing to participate in Québec's broader French-speaking society.[12]

The experiences represented by Julia, Desmond, Patsy, and Sandra suggest that strengthening support for caregivers requires more than additional programs or services alone. It also requires systems that are easier to navigate, responsive to diverse caregiving realities, and accessible to the communities they are intended to serve.

Taken together, the Summit discussions underline the importance of moving beyond a singular focus on the "primary caregiver" toward a broader understanding of caregiving ecosystems, including friends, neighbours, working caregivers, and individuals supporting older adults while balancing other caregiving, employment, or health responsibilities. Participants consistently emphasized the need for earlier caregiver identification, flexible and culturally responsive supports, improved navigation, and approaches that recognize caregiving as both a health and community issue rather than solely an individual or family responsibility.

Next Steps

The Partners in Care Summit highlighted both the diversity of caregiving experiences and the common challenges faced by those supporting older adults across Québec. While the experiences represented by Desmond, Julia, Patsy, and Sandra differ in important ways, these stories raise shared questions about how caregivers are recognized, supported, included, and connected to services before reaching a crisis point.

Insights from the Summit will inform CHSSN's ongoing work with community organizations, researchers, health and social service partners, and policymakers. In particular, the findings reinforce the importance of recognizing caregiving in its many forms, supporting earlier identification of caregivers, improving access to information and navigation support, and addressing barriers that may be experienced by English-speaking caregivers within Québec's health and social services system.

Within the Senior Wellness Initiative (SWI), funded by the Secrétariat aux relations avec les Québécois d’expression anglaise (SRQEA), CHSSN works with 33 community organizations across Québec to support English-speaking older adults in maintaining their health, well-being, and social connections. CHSSN also recently launched the Patient Navigation Network, likewise funded by the SRQEA, which deploys community-based patient navigators across eleven regions of Québec to help English-speaking patients and caregivers better understand and access health and social services. Together, these initiatives reflect CHSSN’s broader community-based approach to reducing barriers to care, strengthening access to services, and supporting individuals navigating complex systems.

While many organizations across Québec already provide valuable supports and services for caregivers, participants noted that significant gaps continue to exist between available services and the caregivers who might benefit from them. Reported provincial data from the Canadian Centre for Caregiving Excellence shows that despite available caregiver resources in Québec, only 15% of caregivers reported receiving designated supports and services.[22] This gap between services and end users demonstrates an important opportunity for community organizations to engage caregivers directly, increase awareness of available resources, reduce barriers and stigma associated with accessing support, and strengthen caregiver well-being. Summit participants emphasized that trusted community organizations are often uniquely positioned to reach caregivers earlier, build relationships over time, and help individuals navigate complex health and social service systems.

The Summit also highlighted opportunities for CHSSN and SWI organizations to more intentionally recognize and support caregivers within existing programming. This may include strengthening referral pathways, promoting caregiver-inclusive approaches, supporting navigation and outreach efforts, and fostering collaboration among organizations servicing older adults and caregivers across Québec.

In addition to generating policy and program insights, the Summit strengthened relationships among organizations working in the caregiving space. Post-event evaluation results indicate that participants highly valued the opportunity for dialogue and collaboration, with all respondents reporting that the event provided meaningful opportunities for exchange and that they would attend a similar event in the future. Nearly 90% of respondents identified at least one new partnership or collaboration opportunity because of the Summit. These connections create a strong foundation for ongoing knowledge sharing and collective action to improve support for caregivers and the older adults they assist.

Ultimately, the value of the Summit extends beyond a single event. By bringing together community organizations, researchers, service providers, and caregiver advocates, the Summit created space to better understand caregiving realities, identify shared challenges, and explore opportunities for more inclusive and responsive systems of support. The insights generated through the Summit will help inform CHSSN's ongoing efforts to strengthen support for English-speaking caregivers and older adults. The CHSSN looks forward to continuing these conversations and contributing to efforts that improve the wellbeing of English-speaking caregivers and care recipients across Québec.

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- The Quebec Observatory on Caregiving
- L’Appui pour les proches aidants
- Caregiver Grief Connexion
- McGill University Health Centre

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