



**Committee for Anglophone Social Action**

**The needs of English-speaking seniors  
of the Gaspé Peninsula**

**A brief presented to the  
*Consultation publique sur les  
conditions de vie des aînés***

**September 7, 2007**

**Prepared by C Dow  
Health Project Coordinator**

# The needs of the English-speaking seniors of the Gaspé Peninsula

## Introduction:

Since 1975 the Committee for Anglophone Social Action (CASA) has been working to represent the interests of the English-speaking community of the Gaspé Peninsula. A major concern of the organization since its debut has been access to health and social services in English. This is especially important in the lives of seniors; many are unilingual English and those with diminished cognitive ability in particular require services in their language.

CASA has therefore, over the years, spent considerable time reviewing the needs of seniors and undertaking initiatives to add to their quality of life, from partnering with health care institutions to improve service delivery to encouraging seniors to share their knowledge of the history and culture of their community with younger generations. It is also true that the seniors of the English-speaking community have put a lot of time and effort into CASA, being amongst the most numerous and faithful of volunteers for this non-profit organization.

We wish to take the opportunity afforded by this provincial consultation to review the situation of our elderly people and to offer some recommendations to improve their quality of life.

## Demographics:

The statistics presented below, except where indicated, are from the 2001 census returns and are for the entire Region 11, Gaspésie – Îles de la Madeleine, whereas CASA represents only those Anglophones living on the Gaspé Peninsula. Another organization, the Council for Anglophone Magdalen Islanders (CAMI) speaks on behalf of Anglophones on the Islands. The statistics are taken from two reports prepared by the Community Health and Social Services Network (CHSSN): the *Baseline Data Report 2003-2004* and *Caractéristiques démographiques et sociales de la population Anglophone de la Région Sociosanitaire de la Gaspésie – Îles-de-la-Madeleine, Septembre 2006*.

Survey results quoted are taken from two recent studies undertaken by CASA: *The English-speaking people of the Baie-des-Chaleurs and their health needs*

*(March 2006) and The Health and Social Services Needs of the English-speaking population serviced by CSSS Rocher-Percé (March 2006).*

There are about 1,790 seniors over 65 years of age in the Gaspésie – Îles de la Madeleine region. They make up 17.9% of the English-speaking population. The Anglophone community includes a much higher proportion of seniors than the province as a whole (14.3%). This proportion is also greater than that amongst francophones in the region where the proportion of seniors is about 14.4%.

**In other words, there are about 22% more Anglophone seniors than francophones compared to their total population. Anglophone seniors make up more than 10% of the total population in each age group from 65 to 85 plus years of age.**

The English-speaking community has a high proportion of individuals living on low income: about 30% higher than amongst Anglophones at the provincial level. This is also one of the two areas in Quebec with the highest unemployment rate amongst Anglophones, about three times the unemployment rate for Anglophones across the province.

The rate of dependence on government transfers is greater than the majority population and about two and a half times that of Anglophones in Quebec.

The English-speaking population is more than twice as likely to have no high school leaving certificate relative to the provincial Anglophone population, and are less likely than their peers and the regional majority to have postsecondary education.

The English-speaking community is also much more culturally and ethnically diverse than that of the majority, including a significant number of Migmaq natives.

There are four times as many Anglophone widows as widowers, many of whom live alone. Anglophones are 10% more likely to be living alone than francophones and are 16% less likely to be living in collective housing.

**All these factors combine to create an especially vulnerable population whose needs cannot be fully met by their own community, and whose needs are not being adequately met by the health and social service institutions in their midst.**

## **Social issues:**

Surveys done in the Baie-des-Chaleurs and Rocher-Percé MRCs indicate that most seniors have some family members living in the region, and that in general they feel safe in their homes.

**Social solidarity is a positive factor in the region:** people of the English-speaking community regularly help neighbours and friends when they are ill or in need of help such as transportation, support in times of mourning, and so on. Recent surveys conducted in the Rocher-Percé and Baie-des-Chaleurs areas indicate the vast majority of Anglophones would turn to family members first when feeling unwell. In fact, the surveys found that a sizeable minority of Anglophones avoid calling upon public services.

The English-speaking community is scattered in small communities along a 500-mile coastline. **Geographical isolation is compounded by a lack of public transportation services.** Seniors who cannot drive or have no vehicle become extremely dependent on family, friends, neighbours and non-profit organizations such as Centres d'Action Bénévole for access to services from grocery and pharmacy shopping to visits with friends and travel to medical appointments. In fact, the surveys indicate providing transportation is the major reason community members offer help to others.

Due to the large proportion of elderly in the English-speaking community, **most villages are in a state of constant grief.** There are few births or baptisms. Mental health services are extremely limited in English and prevention services non-existent. There are no organized support groups in English for mental health and well-being. Francophone organizations in the area are, with few exceptions, unable to provide service in English.

At the same time, **there is an institutional decline occurring in many of the English-speaking communities.** The social fabric many of our seniors wove for themselves and which sustained them through the years is disappearing due to outmigration, low birth rate, and lack of resources. Women's Institutes, Legions, and other cultural organizations have been folding as it has become increasingly difficult to operate with a decreasing and aging membership.

For example, in the Escuminac to Matapedia area, all Anglophone organizations had died out with the ironic exception of the United Church Cemetery Committee. With CASA's help, a community centre that had been abandoned has been revitalized and will soon be renovated to host a variety of community activities.

Fifty Plus Clubs have started up in some locations, and retirees who have spent their working years in other parts of the country are returning home to spend their last years on the Coast. This will add new energy to the community, but will also

increase the momentum of the aging of the population, and require increased service resources.

Volunteerism remains high amongst seniors in the region, in fact they continue to be the mainstay of many non-profit organizations along the Coast. However, giving volunteer time to help others is a habit that appears to be dying out amongst younger generations – **who will be there to help the seniors of tomorrow?**

The housing situation of seniors in the English-speaking community is largely unknown. There are a number of private retirement homes where English is the language of service, and access to service in English is available to varying degrees in six public long-term care facilities in Matapedia, Maria, New Carlisle, Barachois and Gaspé.

Abuse and abandonment factors are unknown at this time, but **given their dependence on a limited number of caregivers, one can assume that Anglophone seniors in the region are very vulnerable to abuse, neglect and abandonment.** In the summer of 2006 an elderly Anglophone bachelor living alone in Barachois was found six months after he had died in his home.

### **Service issues:**

The minority status of English-speaking seniors leads to significant issues of access to services. There are no designated English language institutions for health and social services in the region. The use of English in health situations is low compared to the provincial average and access to entitled services is low, with a ranking of 13 out of 16 regions.

The fact that they speak a minority language makes access to services, particularly health and social services, difficult for many seniors. The rate of bilingualism in the area is about 43.5%. **Seniors tend to be more unilingual than the rest of the English-speaking community, so access to service in English is even more important for them.** Less than 50% of survey respondents indicated they feel comfortable asking for services in English, and more than 50% have had difficulty understanding a discussion about their health with a health care professional.

Anglophone seniors are often ill informed of services available to them, and if they do know of services, are hesitant to request them for a variety of reasons, including language barriers, shyness and pride.

There is a serious lack of prevention and promotion services in English for seniors, and day centre services for the elderly are not available in English throughout the territory. What services were available in English have been

reduced in recent years. For example, the Richmond Manor in New Richmond, a private retirement home for Anglophone seniors, had the services of a part-time nurse and part-time animator when it first opened; now animation services have been completely cut and nursing services are available only on a limited basis through the CLSC for individual residents.

The Richmond Manor is also facing a significant financial challenge in that administrative and service costs are increasing while the amount the Manor can ask from the residents for rental of the apartments cannot be increased. This leaves the institution in jeopardy, as salaries are so low it is difficult to attract human resources with the qualifications required to manage the home.

Due to the high proportion of seniors and high rate of outmigration from the region, **there are fewer caregivers in the Anglophone community compared to the regional majority: a ratio of 1.75 per Anglophone senior compared to 2.44 francophone caregivers per francophone senior.**

Given the limited number of caregivers available within the English-speaking community, home care services are vital to keep Anglophones in their homes as long as possible in a secure and safe manner. Current home care services are totally inadequate, both in terms of access in English, and the amount of service provided. Particularly for seniors facing an acute situation, **CLSC response time is too slow and human resources too limited to provide adequate care.** CASA is aware of several anglophone seniors living alone who have been sent home by hospitals before home care services were in place, only to fall or suffer other complications that resulted in a deterioration of their health and well being.

The limited number of caregivers available to seniors in our community – many of them seniors themselves, means that their health is also threatened. Caregiver burnout is a frequent consequence of the lack of adequate home care resources in the region.

## **Conclusion:**

The Baseline data report sums it up well:

**“The accelerated rate of aging, geographic isolation and low levels of bilingualism suggests a possible strain upon social support networks in this English-speaking population. This is compounded by a high proportion of low-income earners, a high rate of unemployment, and low access to public services, all of which can contribute to increased health risks. The high rate of unpaid care by Anglophone women who are also less likely to be unemployed suggests a gender specific health risk.”**

## Recommendations:

In order to improve the lives of our seniors, CASA would like to make the following recommendations:

- **Access to service in English must be considered a priority** in delivering services to seniors: most particularly in emergency care, during hospitalization, and for long-term care placement.
- **Access to home care services must be increased and facilitated**, and should be available in English. CLSCs should be able to provide a list of people available to provide home care services in English to those approved for home care support. For those facing acute health situations, **home care services should be in place BEFORE seniors are released from hospital**. Respite care services should be promoted and access increased to help avoid burnout and illness amongst caregivers.
- **English seniors need prevention and promotion services in their own language**, most particularly day centre services, stimulation activities, mental health support, health information sessions and animation services.
- **Seniors' residences, whether private or semi-public, should have access to regular and stable animation and stimulation services.**
- **Volunteerism should be encouraged amongst the younger age groups** in our society, in particular volunteer activities to provide services to seniors should receive regular funding for development, coordination and transportation.
- **Human and financial resources should be invested** in order to sustain non-profit groups and institutions within the English-speaking community that provide services for seniors.

Our community has benefited and continues to benefit greatly from the energy, knowledge, wisdom, and devotion of the older generation to our region, and it is our honour and our duty to ensure for them a happy, productive, stimulating and safe old age in their homeland. CASA will continue to work towards improving the lives of our seniors and their access to services and support they deserve. But there is much the provincial government can do as well to meet that objective.

We applaud the initiative of the provincial government in organizing this consultation process, and hope it results in significant investment in the quality of life of our seniors.