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IMPACTS OF AUSTERITY ON THE LIVING CONDITIONS AND HEALTH OF OLDER ADULTS

Center for Research and Expertise in Social Gerontology

Integrated Health and Social Services University Network for West-Central Montreal

Québec

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EDITORIAL

INTRODUCTION

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IMPACTS ON PUBLIC HEALTH CARE NETWORKS

IMPACTS ON THE COMMUNITY, THE SOCIAL ECONOMY, AND EVERYDAY LIFE

IMPACTS ON LOCAL AND HOME ENVIRONMENTS

Impacts of Austerity on the Living Conditions and Health of Older Adults

Over the past few years, the term "austerity" has been coming up more and more frequently in the media and in everyday language. But what is it exactly? Can we talk about it? Are seniors suffering its effects? How can we portray the current situation?

Centre de recherche et d'expertise en gérontologie sociale

The Centre for Research and Expertise in Social Gerontology (CREGÉS) is a research centre within the Integrated Health and Social Services University Network (CIUSSS) West-Central Montreal, which is funded by the FRQSC as part of the support program for the research infrastructures of institutes and university-affiliated centres in the social sector.

équipe VIES vieillissements exclusions sociales solidarités

The research team Vieillissements, exclusions sociales et solidarities (VIES), funded by the FRQSC since 2005, includes researchers and partners from various milieus and disciplines. Within the framework of critical social gerontology, the team's members conduct research on a wide variety of topics as part of the scientific program "The social inclusion of older adults."

Université Concordia University

Chaire de recherche sur le vieillissement et les politiques publiques

This Chair has the mandate to support research partners looking at issues related to aging, notably the autonomy of older adults, caregivers, and retirement policies. The Chair also organizes knowledge mobilization activities focused on issues related to aging and public policy.

These questions were at the heart of the conference *Impacts de l'austérité sur les conditions de vie et de santé des personnes âgées*, held last May at Concordia University. The event, co-organized by the research team Vieillissements, exclusions sociales et solidarités (VIES), the Centre for Research and Expertise in Social Gerontology (CREGÉS), and the Concordia University Research Chair in Aging and Public Policy, was attended by a record 320 participants.

To make room for a variety of perspectives on this topical issue, the conference brought together participants from universities, community organizations and unions. The articles in this issue of *Pluralages* reflect this diversity: some are more scientific in tone, others more militant. The participants, from a wide range of backgrounds, included researchers and students; professionals and managers from the health care system; caregivers; and representatives of unions, community organizations, political and legal bodies, and law enforcement. In short, people who rarely have the opportunity to spend time together were able to share their visions of austerity, making it a day full of learning and emotion.

OVERVIEW OF THE DAY

The screening of the video *Older adults reflect on austerity* (see article on p. 7), produced by the project ACT (Ageing+Communication+Technologies), was a highlight for many participants and kicked off the day of discussions and exchanges.

Among the many topics addressed by the speakers were privatization; incidental fees; transformations of the health and social services network; factors driving

health cost increases; pressure on home care services; how the social economy and community organizations are contributing to seniors' well-being; and issues related to local environments and housing.

A total of 18 speakers recognized in their respective fields, from a variety of disciplines and milieus (universities, community organizations, unions, the social economy, etc.), shared their thoughts, work and research results on issues experienced by seniors in two double presentations and three panel discussions:

- Austerity, dismantling of the welfare state, and restructuring: what are we talking about?
- Impacts on health inequalities among seniors?
- Impacts on public health care networks?
- Impacts on the community, the social economy, and everyday life?
- Impacts on local and home environments?

The structure of the conference, like this issue of *Pluralages*, highlighted the wide range of issues to consider when looking at the impacts of austerity on older adults. The conference provided an opportunity to reflect on different perspectives on the living conditions and health of seniors in today's social and economic context, as well as that of decades past.

During the breaks, participants could visit the exhibition *Having Their Place in Society. Seniors Speak Out*, a project produced by the VIES team, the National Institute of Scientific Research, the Montreal Steering Committee on Seniors (TCAIM), and CREGÉS. The words of Montreal seniors, combined with photographs reflecting the same themes, offered insights into the different ways in which seniors experience exclusion in their daily lives. The exhibition aimed to raise awareness around the challenges experienced by seniors in areas such as urban planning, public transit, the built environment, and new communication technologies.

COLLABORATIONS AND EXCHANGES

The organizers wanted to keep a record of the event for participants interested in reviewing or further exploring certain topics, or for others who were not able to attend. To provide access to the conference content and discussions, two knowledge-sharing vehicles were created:

1. A web page providing access to the final program, the introductory video (produced by the ACT project team), the audio capsules, and the speakers' presentation material on www.vies.ucs.inrs.ca;

2. This special issue of *Pluralages*, the journal of the Centre for Research and Expertise in Social Gerontology (CREGÉS), available at www.creges.ca.

This special issue dedicated to the conference features short articles mainly written by the speakers. The articles offer a glimpse of the content and tone of the discussions and talks. They reflect the wide variety of theoretical, clinical and personal viewpoints at the conference, and together create a rich and varied portrait of this complex theme.

ACKNOWLEDGMENTS

We extend a warm thank you to all the individuals and teams who worked on this issue of *Pluralages* and the conference to which it is dedicated.

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We hope that this issue of *Pluralages* will give you ideas, possible avenues for action, and additional data for future projects and debates.

Happy reading!

Patrik Marier and Anne-Marie Séguin
On behalf of the editorial team

The conference and this publication were made possible through the financial support of the Fonds de recherche du Québec – Société et Culture, the MSSS (research fund for university-affiliated centres in social gerontology), the Concordia University Research Chair in Aging and Public Policy, and the INRS.

Older Adults Reflect on Austerity

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The question "What does austerity mean to you?" led and framed our project as we set out to interview, record, and film what five Montreal seniors—Louise, Yolande-Marie, Nicole, Jeanelle, and Kieran—had to say about the politics of austerity and how they affect older people in Quebec.

ACT is an international research project based at Concordia University, led by Dr. Kim Sawchuk, and funded by the Social Sciences and Humanities Research Council of Canada. Over the past five years, we have often used digital art production as a way to conduct participatory research on ageing and technologies with seniors, and as a means to disseminate research on ageing to academic and non-academic audiences across platforms.

Our video, which opened the conference, helped to include multiple seniors' voices in the day of keynote and panel presentations. To make the video, we asked five local seniors to meet with us in the spring of 2017, in Montreal. In order to feature a diverse group of seniors, we asked our colleagues at Équipe VIES to put us in touch with three francophones, while we reached out to members of our partner organization RECAA (Respecting Elders: Communities against Abuse) so we could include English

speakers, as well as members from ethnocultural minorities. We gave the interviewees a list of questions in advance and offered to conduct the interviews wherever they would be most comfortable: at home, in an office at the local CLSC, or in our own offices downtown. We set up a camera and microphone and interviewed them in their preferred language (English or French). After an editing process that required us to translate thoughtful and complex responses from participants into a five-minute video, we added subtitles in both French and English.

Early on in the interviews, we noticed that participants' definitions and explanations of austerity varied significantly, depending on their lived realities and life trajectories, and we realized that the term "austerity" tends to evade a homogenous definition in common parlance. We aimed to preserve and foreground this definitional ambiguity throughout the process and purposefully chose not to provide a singular definition. Consequently, we were mindful to ask each person at the beginning of the interview what austerity meant for them, and included each of these definitions in the final cut of the video. The varying definitions are helpful points of reference and invite us to consider austerity in a broader manner.

Our first interviewee, Louise, looked up the definition of austerity in the dictionary and explained that the terms she encountered were related to "strictness" and "sternness." For Yolande-Marie, austerity was a direct result of decisions made by the Couillard government. Nicole explained that austerity was the disengagement of the State from the delivery of public services; it was synonymous with multiple cuts to services

that especially target vulnerable seniors. Jeannelle saw it as a political and economic system that leads people to believe they are responsible for the financial crisis. Finally, reflecting on his career as an artist and the situations of precariousness he faces, Kieran summarized austerity as "not having enough money to cover the basic cost of living, so you are just borderline existing."

Making a short video with seniors to be shown at a conference on austerity was for us, at ACT, and for our colleagues at Équipe VIES and CREGÉS, a means to challenge norms around whose voices and experiences are typically made to matter when informing debates and decisions on topics related to public policy. Beyond what policymakers, economists or other "experts" say or write about austerity, we wanted to find out what seniors think and to acknowledge their expertise, acquired over several decades and determined by changing conditions within their communities and their own lives. Our goal was to humanize a complex policy issue by viewing it through the lens of seniors' everyday experiences, including experiences of inadequate care and services.

Yolande-Marie described how the amount of her much-needed at-home care had been cut because of austerity measures. Jeanelle explained that after having been a single mother for years, she did not envisage having to live her later years in similar financial hardship while always fighting for services from a system she had paid into with her taxes. Sometimes participants expressed their exasperation with the failings of the welfare state—the idea that a ruling government has the responsibility to provide a social safety net to its citizens—in ways that were incisive and direct. These reflections expanded the kind of language we tend to use in formal conference settings. Nicole, for instance, put it plainly: "We have to ask ourselves the question. Do we want seniors to live in a pleasant environment? And do we want seniors to live? If we don't want seniors to live, let's just say so!"

This brief description of the video suggests how seniors living in the same city may have very different definitions of austerity. The link between structural factors and personal lives is not always clear, or even direct. However, all the participants acknowledged that: 1) austerity is often used as an excuse to cut basic care and services to those who are most vulnerable while providing more resources to those in power; and 2) those who are most vulnerable are rarely listened to. We must be mindful to not speak on behalf of others when they can speak for themselves.

This video was created for the conference. It is also a call to action to include seniors' voices and lived experiences in our work, be it research, policymaking, or caregiving, in order to expand our understanding of ageing and austerity in the urban context.

Austerity, Dismantling of the Welfare State, and Restructuring: What Are We Talking About?

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How do we define austerity, dismantling, and restructuring? What are they exactly? This article aims to introduce and explore these concepts that are frequently mentioned, but rarely defined and discussed. We will also look at the mechanisms, methods, and instruments employed in restructuring social policies. A comparative approach helps to deepen our understanding of the current situation in other countries and other Canadian provinces.

WHAT IS AUSTERITY?

In contrast to concepts such as inflation or recession, for which there are official and commonly used definitions, austerity continues to be a vague and controversial notion that is usually rejected by the political actors accused of practicing it. A few years ago, Quebec Premier Philippe Couillard declared, "There is no austerity. It's a figment of the imagination." As this declaration suggests, austerity is a political term that sometimes defies rigorous definition.

The term "austerity" comes from the Latin *austeritas*, which means severity and rigorous restraint or discipline. In French "austerité" is often synonymous with budgetary discipline.

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So what is austerity? In short, it involves giving priority to the fight against deficits and the reduction of public debt, at both the economic and political levels. The main idea behind austerity policies is that, for political decision-makers, balancing budgets and reducing debt are absolute priorities.

It is useful to distinguish austerity from other concepts that are also associated with economic and fiscal neoliberalism. For example, austerity is not necessarily synonymous with the dismantling of the welfare state, even though one might lead to the other. Austerity policies could emphasize increased taxes or cuts in military spending rather than the dismantling of social programs. At the same time, a neoliberal approach focused on reducing the role of the state can combine austerity with the dismantling of social policies, as was the case in the United Kingdom under Margaret Thatcher, and in the United States under Ronald Reagan.

Ironically, around the world, conservatives are often not in the best position to balance budgets, given their support for massive tax cuts, as we are currently witnessing in the United States. The combination of lower taxes and cuts to social programs is not only regressive in social and fiscal terms; it is not the most effective way to reduce deficits. In this context, it is difficult to talk about austerity if the policies in question are increasing deficits rather than reducing them, even if those who defend tax cuts affirm that they will stimulate the economy and eventually generate new tax revenues that will help to balance the budget.

HOW TO MEASURE CHANGES IN PUBLIC POLICY?

In the debate on austerity, the question of scope is just as important as the definition. Three approaches can help us understand how social programs, and the austerity policies that shape them, can affect both individuals and families.

1) The first approach involves simply measuring government spending. To know a government's priorities, we have to consider what proportion of its budget or GDP is allocated to a specific public policy domain, such as health or education. If the main expenditure is health, this shows that health is the government's top priority. Major budget cuts in education are a tangible indicator that a dismantling process is under

way. This budgetary approach is frequently used to compare Quebec with other provinces.

However, this approach has a few major problems. For example, a sudden increase in the unemployment rate leads to a rapid increase in unemployment insurance claims and, consequently, an increase in social spending, even though the program itself has not been modified. No political action is the cause, at least directly, of this change in public spending. Another major problem is related to the fact that government spending says nothing about beneficiaries. For example, tax credits play a particularly important role in the United States. A major expenditure on housing involves reducing mortgage rates, which only benefits homeowners. This budget expenditure is regressive, in part, because it does not help lower-income renters who do not have access to property.

2) In the second approach, Danish sociologist Esping-Andersen has proposed an alternative indicator to measure the increase or decline in social protections: the concept of "decommodification," which makes social security benefits contingent on citizenship rather than active participation in the job market.[1] In brief, the fewer conditions there are to obtain these benefits and the broader the coverage, the more generous our social policies will be and the less citizens will depend on the market to guarantee their economic safety. "Social rights" are therefore guaranteed by the state. Canada is among the countries leading the fight against poverty among seniors, in large part because of our many cash benefit programs, including Old Age Security and the Guaranteed Income Supplement, which offer good coverage to low-income seniors.

3) The third approach, which highlights policy outcomes, is increasingly used in management reports on social programs. For example, a policy aimed at reducing poverty is considered effective if the poverty rate drops. The main issue here is to be able to demonstrate that the decrease in question results from the policy and not from other factors. For instance, the poverty rate is likely to fluctuate substantially during a period of economic instability, even if policies to fight poverty do not change at all, or very little. In addition, several policies are aimed at reducing poverty, even if this is not their primary objective. It is extremely difficult to determine which of these policies has produced a given set of results, positive or negative.

Only by combining these three approaches can we better understand the effects of social policies and the possible consequences of the budget cuts that impact them in the context of austerity. By simultaneously analyzing changes in public spending, decommodification rates, and policy results, we can provide a critical overview of the ways in which austerity negatively impacts individuals and families when it comes to social equality and security.

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Cumulative Inequalities in Health and Aging: Reconciling Theories and Policy Approaches

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Few policies targeting older people are also intended to fight cumulative health inequalities over the course of a lifetime. A review of these policies in Canada shows that they even have the potential to worsen inequalities. For example, the growing privatization of pension schemes exacerbates inequalities associated with different employment trajectories. Similarly, the underfunding of public home support services means people will increasingly have to turn to private services. This has the potential to increase inequalities for low-income seniors who have to pay out of pocket to meet their health care needs.

Policies that are meant to support older adults in Canada might worsen inequalities. Increasingly privatized pension schemes and lack of subsidized support services disproportionately reward those with the most social and economic means in old age. Those who benefit generally experience better health than those who are disadvantaged. Canada could improve the equity potential of programs for the elderly by drawing on approaches developed by the World Health Organization, international examples, and sociological theory and research.

First, pension schemes can worsen health inequalities in old age through increased privatization and retirement age reforms. In Canada, public transfers now provide less than 40% of a retiree's income, in line with a worldwide trend towards privatization of pension schemes.[1] This shift away from public transfers means that retirement incomes become polarized along pre-existing means. Reforms in other countries, such as the United States, have included raising the retirement age, which systematically disadvantages those in labour-intensive jobs, who are typically from lower social classes and tend to experience a faster deterioration in health.[2]

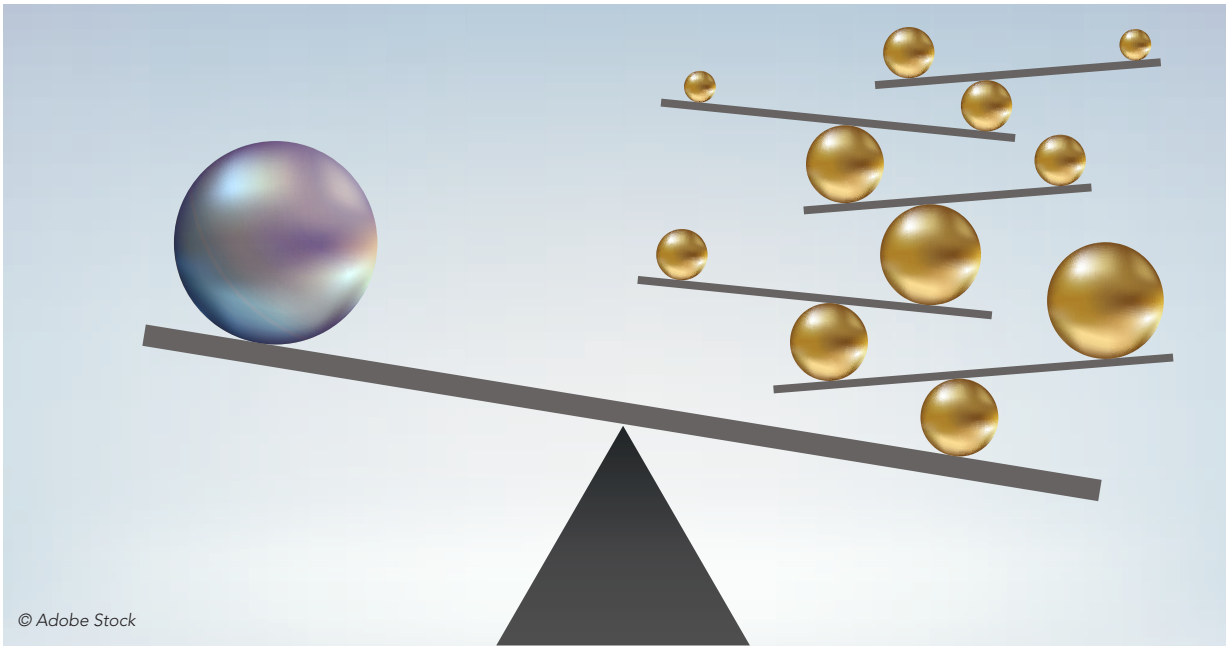
Second, long-term care services can worsen inequalities for older people when access depends on income. Most countries provide universal access to

In Canada, few public policies targeting older people are aimed at promoting equity. On the contrary, increasingly privatized pension schemes and the underfunding of public home support services disproportionately reward higher-income seniors who, on average, already enjoy better health.

acute care, but rarely to long-term care. Such services can help older people stay in the community longer rather than forcing institutionalization for necessary support. Informal carers, like family members, provide most of the care at home, while high demand has catalyzed the development of countless private and means-tested complementary support services.[3] As older people's needs increase, they generally spend more out of pocket, rendering access to support services dependent on personal means. All but the wealthiest quintile spend more than 60% of their disposable income to meet these increased needs, and a high proportion of older people are simply unable to do so.[4] Health declines are disproportionately faster in those with unmet needs, contributing further to inequalities.[5]

Canada can draw on existing policy approaches aimed at lessening inequalities in the population, including among older adults. First, the World Health Organization (WHO) has developed *Health in All Policies*, an approach promoting coordinated policy-making involving multiple levels of government and stakeholders working towards the common goal of reducing inequalities.[6] While countries have mainly applied this approach to early life programs, Finland makes a strong case for applying such coordination to policies for older people. Second, the WHO's *Age-Friendly Environments Programme* includes a checklist based on stakeholder consultations to design age-friendly communities. These communities offer supportive social, economic and physical features that can reduce the health impact of inequalities,[7] with collateral benefits for non-senior residents as well.

However, to fully unleash the potential of these policy frameworks to reduce inequalities among older adults, the cumulative impact of previous life conditions must also be taken in to account. Sociological theory frames the development of inequalities over time and the possible impact of policies designed to reduce inequalities. There are two main theories that sociologists use to explain the persistence and emergence of health inequalities. Fundamental cause theory describes how people in higher social positions have more flexibility and resources to protect themselves against health risks and pay for treatment, therefore contributing to better health.[8] Cumulative (dis)advantage theories are more explicitly linked to inequalities in older age.[9] They suggest that relative advantage creates a cumulative advantage over people's lives, producing inequalities as an end product. For example, the ability to invest in education leads to even more advantage for those who are wealthy enough to afford it. Cumulative inequality theory is an extension that specifically links these life processes to unequal health outcomes. It describes how human agency can also mitigate against the cumulative effects of disadvantage while stressing the importance of social systems.[10] These theories ultimately predict that policies which disproportionately favour people along existing lines only serve to increase inequalities at older ages.



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Austerity: The Restructuring of Social Services and Its Impact on Social Work

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Since its creation, the health and social services network has undergone various transformations, according to numerous commissions and task forces. However, social services—an integral part and distinguishing feature of the "Quebec model"—have not received much attention. This article describes the impact of recent reforms on these services and, more specifically, shows how new public management (NPM) has affected the practices and mental health of social work professionals. Our work invites reflection on the context in which social workers (SW) support individuals who require their services, including older adults.

AUSTERITY, NPM AND THE RESTRUCTURING OF THE HEALTH AND SOCIAL SERVICES NETWORK

In response to the public funding crisis and the development of new political ideas, decision-makers in the 1980s embarked on reforms that introduced new public policy instruments such as budget cuts, performance reporting, results-based management, the accountability of bureaucrats, and the optimization of services.[1] This approach, inspired by management in the private sector, sought to make public action more efficient, less bureaucratic and less costly. This way of doing things, termed "new public management" (NPM), was implemented in the public administrations of developed countries.

Quebec's health and social services network did not escape this wave. Although results-based management and performance reporting had been in use since the transformations implemented in 1992 by the health and social services minister Marc-Yvan Côté, it was the reform of Philippe Couillard in 2003 that made the transition to this new management model more evident. The reform of his successor, Gaétan Barrette, continued in the same vein.

IMPACTS ON THE PRACTICES AND MENTAL HEALTH OF SW

With the recent reforms, SW working in the health and social services network have witnessed major changes in their jobs, working conditions and organizational culture.

The SW we have spoken to as part of an ongoing study in five Quebec regions (the Outaouais, the Laurentians, Montreal, Montérégie and Quebec City) told us that results-based management—in other words, "the setting of mostly quantitative targets and performance indicators for managers and organizations"[translation][2]—is the most tangible feature of NPM to appear in their work.[3] Their vocabulary is coloured with management terms that are foreign to their area of study—terms such as "efficiency" and "effectiveness," as well as neologisms reflecting the fact that they have to quantify their interventions.

Although they understand the logic of reporting and its connection with the funding of services, many denounce the choice of quantitative performance indicators, which do not reflect the nature of their work or the time required to complete certain complex tasks involved in building relationships.

Contrary to the promises accompanying the implementation of results-based management, SW maintain that this way of doing things diminishes the quality of services provided, notably because they have to spend more time on the administrative aspects of their job, which leaves them less time to focus on their service or care users. Resources allocated to applying evaluation and reporting measures cannot be used to provide services to the target clientele.[4]

Many social workers denounce the choice of quantitative performance indicators that do not adequately reflect the nature of their work, or the time required to carry out certain complex tasks involved in building relationships.

Some of the SW in our sample felt that the requirement to record their interventions in statistical forms was a way

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for superiors to monitor their work. SW are encouraged to prioritize the aspects of their tasks that are "statistically more valuable" in order to attain pre-determined targets. This observation confirms that once performance measures are put in place, they become less valid, since they encourage managers and workers to adopt behaviours that will allow them to attain the desired statistical results,[5] instead of basing their interventions on their professional judgement.

These "quantitative performance" demands created a lot of tension among several social workers in our sample. They explained that they felt stuck between having to reach set institutional targets and wanting to intervene according to the norms and values of their profession. As a result of this clash between institutional requirements and their perception of their role as social workers, their work had lost meaning for them. Several reported feeling unmotivated, tired and even worn out.

The lack of motivation and exhaustion reported by these SW can also be explained by the lack of recognition of their work. Some SW said they felt infantilized by certain performance tools put in place by their manager to "motivate the troops." Others noted "top-bottom" practices that did not take into account their professional experience and expertise.

With the many changes they face and in order to deal with their dissatisfaction, SW have

developed "survival strategies," which most often involve focusing on the joy they get from supporting people who are vulnerable and forgetting about administrative and performance concerns. These strategies can be active (denouncing the impact of the transformations on vulnerable individuals; refusing to carry out certain tasks; turning to the union) or passive (emotional detachment; doing what is asked of them without question so as to avoid tensions). They can be individual or collective. But we especially noted that SW were creative and that many of them managed to create sufficient leeway to perform quality work that matched their vision of their profession, despite the context described above.

CONCLUSION

Recent changes in the health and social services network have changed the way social services are delivered in Quebec. The main actors in the field—social workers—are noticing and denouncing these changes, especially those related to results-based management, because they have a direct impact on the way they do their job. Their dissatisfaction does not seem to be a "simple" resistance to change or difficulty adapting. SW affirm that when the primary concerns are efficacy, efficiency, and costs, they are not able to do their job properly; in other words, they cannot meet the needs of the people they must support, according to their professional mandate.

SW also noted increased bureaucratization—a process that feeds on itself and makes managers largely blind to the true impact of interventions on vulnerable people, including older adults requesting support.

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Aging "At Home" in an Era of Austerity: Home Care Services Under Pressure

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In Quebec, free public home care services are not sufficient to meet the needs of the older population. This gap between supply and demand is not new: home care services have always been under pressure. Since 1979, this type of service has been presented as a solution to reduce the economic burden of aging on the government. This article will briefly present the historical evolution of the policy and will then focus on the effects this vision of home care services has on workers, seniors, and their friends and family.

SERVICES THAT HAVE ALWAYS BEEN UNDER PRESSURE

Contrary to the health and retirement programs put in place between 1950 and 1960, during the golden age of the welfare state, Quebec's home care policy has been streamlined since its creation in 1979. In a challenging context of recurring public deficits and concern about the aging population, this policy was designed to meet two objectives. The first qualitative objective was to respect the growing willingness of seniors to age "at home." The second, quantitative objective aimed to cut government spending on the aging population by using home care services to postpone hospitalization and placement in long-term care facilities. From 1979 to the present, these two objectives have always been presented as complementary, although they appear to be potentially contradictory, since the quality and safety of home environments for the aging population are requiring a growing public investment.

The tension between the quality and costs of home care services has become heightened in the recent context of austerity measures, based on doing more with less. This idea underlies the *Plan stratégique 2015-2020* published by the Ministère de la Santé et des Services sociaux,[1] which seeks to increase the number of people receiving home care by 15% by 2020, without putting more money into the system. The government claims that this goal can be attained without compromising the quality or quantity of services; it simply involves reforming service delivery in order to improve performance. Although the idea is appealing, it needs to be questioned: can delivery be optimized without affecting services? The results of a research project started in 2016 offer a glimpse of the effects on workers, seniors and their loved ones, demonstrating the human costs of austerity.

The Plan stratégique 2015-2020, published by the Ministère de la Santé et des Services sociaux, . . . seeks to increase the number of people receiving home care by 15% by 2020, without putting more money into the system.

WORKERS ARE IN A TOUGH POSITION

Home care professionals are in direct contact with service or care users and have been severely affected by the government's reforms geared toward optimization. In this interpersonal sphere, a culture of measurement has been created. Workers have to time their interventions, carry out more visits each day, and cope with a heavier caseload. Some, like physiotherapist Andrée, have seen their number of patients double: "Before, I had 20 to 25 active patients. Now, I have to follow 50."[2] The reduction in the average duration of interventions is also difficult for workers. For Martine, also a physiotherapist, only having 30 minutes to get her patients to do exercises, and to conduct motor and psychosocial assessments is problematic.[3]

Of course, these new methods translate into productivity gains and results considered to be "extraordinary" by certain higher-ups in the health and social services network, who are delighted with the shorter waiting lists.[4] However, these optimization measures force professionals into "survival mode";[5] their work is starting to feel like an assembly line. In addition, the official shortening of the waiting list does not mean that seniors are receiving better services.


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SENIORS AND THEIR LOVED ONES ARE STUCK

Seniors receiving home care services are also suffering the effects of this optimization measure. The ombudsman[6] and auditor general[7] have deplored the inadequate quality control and reduced hours of services. In addition, the culture of measurement dehumanizes home care services and does not respect the rhythm of service or care users who are destabilized by rushed interventions. Both authorities also note that access to these services and frequency of use vary enormously from one institution and region to another—to the point that the ombudsman even suggests that older people "should get informed before moving, in order to avoid nasty surprises."[8]

In reality, the experience of aging at home varies significantly from one individual to another. In 2016, the Conseil pour la protection des malades revealed that "the glaring lack of home care resources is obliging older people to dip into their savings to obtain private services or, if they do not have the means, to go without these services, unless caregivers are willing to step in" [translation].[9] The social networks and personal savings of seniors therefore have a growing influence on the quality of home care. However, the home support policy clearly mentions that access to home care services should be the same for everyone, and that the participation of caregivers is strictly voluntary.[10]

A CONTRADICTORY POLICY THAT MERITS A COLLECTIVE DEBATE

The evolution of home care services in Quebec is subject to a constant tension between the qualitative objective of ensuring a safe, adequate environment for seniors, and the quantitative objective of cutting public spending. In this era of austerity, the latter objective seems to

be predominant in the design and implementation of this policy.

This tension is heightened by a contradiction between the official discourse advocating aging at home and the reality of home care needs that outstrip available public resources. In fact, a passive process of privatization is under way: often, to stay at home, seniors must either pay for services or receive them from caregivers. Individuals only notice this disengagement of the State when they need such services, often at vulnerable times in their life. We believe it is important to clarify this discrepancy between discourse and practice so that people may better prepare themselves and, more broadly, so that we can have a collective debate on the respective roles of the State, the market, and families when it comes to aging at home.

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Disengagement of the State and the Systemic Mistreatment of Seniors

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Nurse and union representative

The chronic underfunding of the public health system is a threat to community services. For seniors, austerity measures translate into direct budget cuts that result in systemic mistreatment. All the good faith in the world cannot make up for the lack of staff, resources and proper infrastructure. Innovative approaches and new models of care will enable us to respect seniors' rights. But we still need the political will to put them into practice.

AUSTERITY MEASURES

For the past few years, especially the past three, Quebec's public health system has been subject to a strict austerity regime that has affected the most vulnerable members of our society. Major cuts—close to $1.3 billion in three years—have been made in parallel with one of the biggest reforms our health care system has ever seen. In this article, we'll see how the complete restructuring of the health and social services system, coupled with the austerity policies of the current government, have seriously impacted seniors in the province.

Beyond the figures and new structures, there are human beings who suffer from the consequences of the austerity regime, which ultimately result in lower-quality care that is less safe. The high ratio of patients to staff, the failure to make up for staff absences, and the loss of members on work teams are perfect examples of how the measures imposed by the government affect the health care system. These measures greatly reduce the ability and desire of health care professionals to provide safe, high-quality services, and pave the way for the mistreatment of seniors.

ORGANIZATIONAL MISTREATMENT

The Research Chair on Mistreatment of Older Adults provides the following definition of mistreatment:

"Mistreatment is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."[1]

According to the Chair's work, there are seven types of mistreatment, including organizational mistreatment. Certain signs can alert us to this type of mistreatment within health care organizations in Quebec. A few examples include treating people as numbers; delivering care according to rigid, inflexible schedules; and imposing long wait times.

The emergence of these signs can be explained, in large part, by the massive budget cuts imposed by the government. The media are full of stories of situations with tell-tale signs that could lead to organizational mistreatment. A prime example is the recent media coverage of the one bath per week rule—a result, at least in part, of high patient-to-staff ratios. The long waiting list to obtain home care can easily be qualified as an excessive wait time for a service. Without access to home care, people are forced to go to institutions where they will receive the care they need and to which they are entitled. For an older person, leaving home early often means a loss of reference points, separation from a loved one and, sometimes, an accelerated and irreversible loss of autonomy. Austerity measures affect society in many ways and have an especially strong impact on the most vulnerable members of our society. The elderly often have no one to hear them, are subject to daily attacks on their dignity and safety, and are the first victims of organizational mistreatment.

It is important to note that the government denies the existence of this type of mistreatment. In fact, a bill passed last May, aimed at countering the mistreatment of seniors, does not address organizational mistreatment at all.[2]

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It is imperative that the government reinvest in the public health care system. Yet, despite many wake-up calls, the government refuses to take the necessary steps to end the austerity regime and heal the wounds caused by budget cuts. The $165 million recently added to the budget for home care and long-term care facilities will not be sufficient. It is nothing more than a band-aid solution.

POSSIBLE SOLUTIONS

For the Fédération inter-professionnelle de la santé du Québec (FIQ), reinvesting in the network must be combined with the implementation of safe health care professional-to-patient ratios. This is not only an excellent way to combat mistreatment; it is the embodiment of "good treatment."

The FIQ is currently conducting the pilot project Small Homes for Seniors (http://www.fiqsante.qc.ca/en/2017/05/08/an-innovative-project-for-care-on-a-human-scale-small-homes-for-seniors/) in North Lanaudière, which is scheduled to be launched in fall 2018. The project brings together community members and local partners to offer innovative alternative housing to seniors who, over time, find themselves living on a reduced income.

People living in these community residences with services will take part in all decisions that concern them. They will be able to decide whether they want to remain in the residence rather than be transferred to another institution. Services and care will be provided in a safe environment that caters to people's needs, degree of autonomy and state of health.

The FIQ believes that services offered in the Small Homes project should be publicly funded to ensure overall quality. The public network should cover the cost and ensure the quality of care and services offered.

This one-of-a-kind pilot project also uses a unique partnership approach. Partners come from a wide range of backgrounds and are experts in their respective fields—community housing, home support services, and access to health care. The strength of this bold and innovative project lies in the diversity of its community players.

Petites maisons pour aîné-e-s

1. http://maltraitancedesaines.com/en/terminology (Loosely translated from WHO, 2002, in MFA, 2010. *Plan d'action gouvernemental pour contrer la maltraitance 2010-2015*, p. 17).
2. Bill 115: *An Act to combat maltreatment of seniors and other persons of full age in vulnerable situations.*

Seniors and the Social Economy: Putting the Community First!

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Our quality of life is tied to our collective ability to ensure quality services at every stage of life. The State has an important role to play in this regard. In Quebec, we enjoy public services that we must continue to support while improving their quality and efficiency through adequate funding, innovation, and the collaboration of all parties concerned. When certain public services cannot meet all needs, collective initiatives are the best way to address the challenges specific to each community.

FOCUSING ON SENIORS' QUALITY OF LIFE

We have known for quite some time that Quebec's population is aging at an accelerated rate. This phenomenon is increasingly documented, and the challenges it raises are the subject of reflection and debate as we try to find solutions. Unfortunately, we too often pay attention to financial considerations, sometimes at the risk of significantly affecting seniors' quality of life. For example, it is generally recognized that to ease the pressure of an aging population on long-term care facilities, we need to improve home care services, adopting a more preventive than strictly curative approach. This is important for the well-being of individuals experiencing a loss of autonomy as well as their loved ones. It also translates into a more effective management of public funds allocated to health, because one of the first services required by seniors who are losing autonomy is domestic help. By addressing this need early on, we can avoid problems that would be more costly down the line. Considering the cost of a spot in a long-term care facility, all funds allocated to home care should be considered an investment . . . provided the services truly improve our seniors' quality of life.

We need to recognize that concerns about older adults' quality of life are legitimate. As we age, we become more vulnerable, depending on our financial situation, state of health, family support, and so on. The public health system

is finding it increasingly difficult to provide adequate services to meet the growing demand. At the same time, the aging population needs assurances that service quality will not be compromised by false financial imperatives. In other words, when the State funds solutions to meet essential needs outside the public system, we can reasonably expect these solutions to be chosen on the basis of social rather than financial return.

SOCIAL ENTERPRISES PROVIDING DOMESTIC HELP

We need to recognize the importance of social enterprises providing domestic help,[1] most of whose clients are aged 65 and over. Spread throughout Quebec, 100 domestic help enterprises (known as EÉSAD) provide more than seven million hours of services to 100,000 users who are experiencing a loss of autonomy, including close to one million hours for personal assistance services. They employ over 8,000 workers with the necessary skills and expertise to provide quality support. In addition, these enterprises offer access to the Financial Assistance Program for Domestic Help Services, thus facilitating true universal access to these services. These social enterprises are non-profit organizations or cooperatives whose mission is to offer quality services that meet their clients' needs and benefit the community. They also seek to create quality jobs for the local population. They are revenue-generating businesses that keep an eye on the bottom line; but above all, they seek to make a positive social impact. In this sector, as in others, this distinctive feature of social enterprises makes them particularly well-positioned to effectively meet the population's needs.

Of course, the fact that they are collective enterprises does not make it any easier for them to provide quality services. Over the years, these organizations have acquired management and personnel training tools aimed at maintaining high standards. However, today they are facing considerable financial pressure as government priorities change and the market evolves at a fast pace. Since quality comes at a price—reflected in employees' working conditions and user fees—social enterprises providing domestic help must find creative ways to balance the two.

PUTTING NEEDS BEFORE PROFIT

Given Quebec's demographics, the market for services targeting seniors has experienced phenomenal growth, which will only accelerate in the next few years. It is not surprising that there are already a number of private companies that are mainly concentrated in large urban centres where the demand is sufficient to make them profitable. More and more companies are being awarded government contracts for this type of service. Some of the bids are so low, they raise questions about service quality and working conditions.[2]

This is not to suggest that private companies cannot provide quality services. But there is cause for concern when a company offering services to a vulnerable clientele is driven by profit. When profit is the main motive, quality will almost certainly be compromised. Although not all private companies are the same, only social enterprises are constituted according to an organizational model that puts service quality first and is focused on social return. Considering our demographic situation, can we afford to do otherwise?

1. https://aidechezsoi.com/en/eesad-network/
2. http://beta.radio-canada.ca/nouvelle/801622/soins-domicile-cisss-laval-appel-offre-economie-sociale-gaetan-barrette

The Decline in Women's Living Conditions in Quebec in 2015

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L'R des centres de femmes du Québec has witnessed a decline in the social and health care services provided by the public system to older women. Women report not obtaining necessary services, having trouble navigating the health care system, or being unable to pay for medication. From our perspective, this situation is tied to the austerity measures that have been implemented in Quebec over the past few years. The impact on older women is also felt in women's centres. These centres, which help older women obtain the services and health care they need, are serving twice as many clients as before 2014.

Between January and December 2015, as part of a study on the impact of austerity measures on the living conditions of women, we held regional discussions across Quebec. We also led local focus groups in around ten women's centres, and compiled the personal accounts of 198 women. Over 500 women took part in our study, describing the ways in which austerity measures had affected their living conditions.

Our analysis of this data highlights several repercussions of austerity policies, along with the combined effects of the various direct consequences. For example, a woman who has two more years until retirement in the health and social services sector, whose aging parents require care and one of whose grandchildren suffers from a mood disorder, and who lives in a rural area, will suffer multiple impacts from the recent reforms, all at the same time.

In general, we have observed an undeniable decline in women's living conditions, especially among older women. The effects of the government's economic policies on women might even have increased gender discrimination.

WHAT WOMEN ARE SAYING

They have 47% less access to the public services that they and their family require.

Privatization, fee increases, waiting times, distance from health care centres, or simply the lack of available specialists are factors that reduce access to services. Some women space out their visits to a dentist

or an optometrist, or simply stop seeing these specialists altogether. Some are even forced to go without the medication they need in order to cover their basic needs, such as food and housing.

Without detailing all of the topics discussed by the women, it is important to highlight the following points. Older women:
- are finding it more difficult to meet their basic needs (up to 18% of older women, depending on the need);
- are directly affected by reduced public services for youth and children (27%);
- are becoming poorer or are seeing their community become poorer (26%);
- are experiencing a loss of equality between women and men (15%);
- are doing more invisible labour (5%).

FROM SUPERWOMAN TO SUPER GRANNY?

The data gathered by L'R show a possible shift in roles, from Superwoman to Super Granny. Retired older women continue to support their family, but austerity measures drastically increase their responsibilities, since families and loved ones need to compensate for reduced care and services. Young retirees describe having to support three or four generations of family members: aging parents, a sick spouse, overworked children, and grandchildren. Even though these "super grannies" are retired, they have virtually no time for themselves and have to plan their schedule around supporting all these individuals. In the context of illness and poverty, public service cuts can have devastating results. Here are a few examples:

"I lost my job as an inhalation therapist at the CLSC the day after the Minister of Health gave a speech announcing cuts to all special projects . . . After 35 years of loyal service, I found myself without a salary until the anniversary of my hiring date, November 16, when I would be eligible for my pension. I had to fight with my employer to make sure I didn't lose anything. I'm also taking care of my mother, who has terminal-phase lung cancer, and my husband, who has irritable bowel syndrome. We had to fight the system to get him the care he needs. My daughter has just had a baby and is having a hard time making ends meet. Please think twice before making these cuts, because we're really hurting. Thank you." Estrie

"I'm taking care of my mother who is 84 years old. It's very difficult for me to see a pneumologist and I have a mass on my lung that's pushing against my heart. My case is considered urgent, but I'm still waiting.

My husband is 72 years old and still has to work, because our pensions are not enough. One of my grandchildren has ADHD and his mother has no support. I have to babysit three evenings a week, because their schedules are out of sync with child care services." *Montérégie*

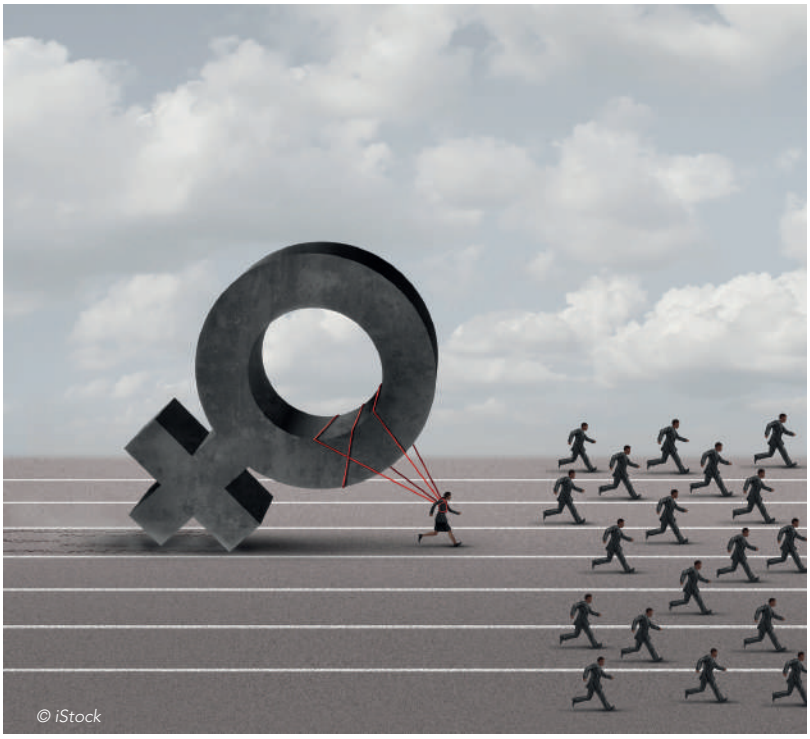
WHAT A FEMINIST ANALYSIS REVEALS

Our analysis suggests that austerity measures are limiting women's ability to meet their basic needs, are increasing their unemployment rates, and are reducing their economic independence. In addition, these measures are reducing access to public services that women and their children, spouses or partners, and parents require. This forces women to spend more time supporting their family without pay. This increase in invisible labour, combined with a lower income, is forcing women back into the domestic sphere. Far from the public sphere, they are increasingly isolated, which directly affects their mental health.

Economic constraints and the obligation to act as caregivers to support the family are putting pressure on women to resume their traditional social role: a domestic position that is not valued economically, politically, or socially. Women are forced to give up their hard-won gains, because they are women. This is gender-based discrimination. In addition, these power relationships are harmful to women, deprive them of their freedom in both the public and private spheres, and force them to do things they do not necessarily want to do.

When you look at the combined effects of economic policies . . . on women, you can reasonably say that austerity has increased gender discrimination.

Austerity measures limit women's ability to enjoy their economic, social and cultural rights, such as the right to social security and insurance, the right of all people to an adequate standard of living, the right to adequate food and housing, the right to physical and mental health, and the right to education (Fortin-Legris, 2004).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Community Activism with Older Women from Culturally Diverse Backgrounds

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This short article aims to reflect on the role that community organizations can play in helping to mobilize older women from culturally diverse backgrounds and in influencing public policy, specifically the austerity measures of our current governments. The article is written from an activist standpoint and is the result of long-term involvement with older immigrant women.

One cannot deny that workers—especially community organization workers and government personnel—are experiencing a work overload as a result of austerity measures. At the same time, many people have needs requiring complex interventions. It is also important to remember the suffering of certain members of our society, especially disadvantaged, marginalized women. In multicultural societies like Quebec, the most disadvantaged and marginalized members are always those in a position of inferiority in terms of class, gender or ethnic background.

Older women from culturally diverse backgrounds are especially interesting and relevant, since this group is marginalized on four levels: by the fact that they are women, seniors, racialized, and among the poorest members of our society.

Older women from culturally diverse backgrounds who have made many sacrifices to ensure a better life for their children and grandchildren are currently very concerned about the

impacts of austerity measures. This situation is leading them to become militant and express their anger. During a recent symposium, several government and community workers noted that austerity measures have had a very negative impact on their working conditions, and that these measures are preventing them from serving their clients—in other words, helping the most vulnerable people. The effects of austerity on the daily living conditions of these people have not, however, been much discussed.

The anger expressed by front-line workers and by older women is an interesting potential force in the battle against austerity. The anger of older women from culturally diverse backgrounds is, in my view, an effective political tool. Community organizations would be well advised to give these women a voice. This strategy can be justified in a number of ways. First, government personnel are often the target of negative stereotypes, while older women from culturally diverse backgrounds are more likely to elicit a sympathetic response.

Harmful stereotypes come in many forms. The easiest ones to ignore come from the so-called upper classes who feel that taxes are too high and that we should not give too much to poorer people, since they could become accustomed to receiving help. They also believe that the State should limit its involvement in health care and social services, and that citizens should take responsibility for their own health (by eating fresh fruits and vegetables, exercising, etc.). In fact, these products are often too expensive and exercise may be difficult (hard physical labour results in premature aging, poor neighbourhoods do not have many suitable facilities for exercising, etc.). In addition, in a capitalist society like Quebec, the poorest are influenced by the capitalist ideology, which leads them to believe that the richest are the most hard-working, intelligent and deserving. Therefore, although the poor

might ask for help, they often feel they do not deserve it. Some even support right-wing political parties that promote austerity measures.

Let us now discuss the sympathy that a female representative of culturally diverse communities, supported by a solid media strategy, could elicit from the general public. We live in an image-driven era; we like personal stories. We see images on TV, on our smartphones, online and on social media platforms. The idea of focusing an anti-austerity campaign on the appealing faces of "real" people affected by austerity could have a strong political impact.

Furthermore, our society has a degree of sympathy for older people, even though we have a tendency to exclude them at certain levels. This sympathy is even greater for women who are disadvantaged and marginalized. Older immigrant women can be very eloquent in denouncing austerity measures, because they have worked their entire lives in poorly paid, physically demanding jobs to improve the lives of their children and grandchildren.

In addition, in the current context, these women are not certain that their children and grandchildren will be protected by fair social measures. For all of the reasons above, they could be a major asset to community organizations taking political action against austerity measures.

To conclude, this article proposes that community organizations orient their political actions against austerity measures by partnering with or including women from culturally diverse backgrounds.

Aging and Living Together. At Home, in One's Community, in Québec. Under What Conditions?

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The policy* Aging and Living Together. At Home, in One's Community, in Québec *encourages older adults to continue living at home as long as possible. In this policy, the Quebec government invites all its partners to join forces in order to adapt living environments to an aging population. It is therefore important to understand how we can make these environments more welcoming and suitable. What areas require rapid intervention in order to make Quebec society more inclusive of its older residents?

By strongly encouraging people to continue living at home, Quebec's first policy on aging pursues two distinct objectives: 1) allow older adults to stay as long as possible in their homes if that is what they want; and 2) limit the increase in public spending on long-term care facilities or on intermediate resources[i], given the rapid growth of the very old population (80 years and over) and public spending cuts.

In light of the above, we need to ask two important questions about Quebec's living environments. Do they, in their current form, allow people, despite increasing disabilities, to continue living at home and still maintain their quality of life? If not, what areas of public spending should be prioritized in order to allow older persons to live in an environment that meets their needs? If we acknowledge the need to address living environments, this means putting an end to austerity policies and reinvesting in social policies.

Data on disabilities give a good idea of the size of the challenge ahead. According to a study by the Institut de la statistique du Québec,[2] 34% of people aged 65 and over have a mobility-related disability, and 35% have an agility-related disability. Among those aged 85 and over, these proportions are 65% and 62%, respectively. These disabilities are major barriers to maintaining the minimal level of autonomy required to live at home. This is especially true when one considers that older seniors are far more likely to live alone on a limited income.[3]

Recent Quebec studies identify major barriers to keeping seniors at home, notably in the following areas: housing, public transit, urban planning and the built environment.

BARRIERS RELATED TO HOUSING

The cost of housing is a burden for many seniors. According to a study by the Ministère de la Famille et des Aînés, 26% of Quebec seniors aged 65 and over spend 30% or more of their income on housing.[4] This proportion rises to 41% for those aged 85 years and over.[5] Once these individuals have paid their rent, they have limited money left over to cover their essential needs. Homeowners are also faced with the costs of major repairs, which can be a source of great concern.

For many seniors, maintenance (seasonal tasks such as spring cleaning, clearing the yard) can be a heavy burden. Many cannot afford to pay companies or individuals to do the job for them. Another common problem is stairs—either to enter the home or to reach essential

"This policy, which is Québec's first policy on aging [...] aims to create the best conditions possible for seniors to continue living in their home environment [...] it confirms our support for all of our partners so that we can continue working together to adapt our living environments to population aging."

Jean Charest, Premier of Quebec, excerpt from Aging and Living Together. At Home, in One's Community, In Québec, *2012, Message from the Premier, [p. 3]*

i *Laliberté-Auger et al.[1] estimate that the cost of a place in a long-term care facility is at least $42,784 per year. Only a small portion of this cost is covered by the person in the facility, depending on his or her means.*

rooms (bedroom, laundry room, etc.). Finally, some apartments are no longer suitable for seniors or are not comfortable (e.g., apartments that are poorly insulated against the cold).[6] These observations explain, at least in part, the appeal of private retirement homes.[7] However, these are only accessible to seniors who are relatively well off. This is a strong argument for the construction of social housing with a minimum number of services (elevator, meals on weekdays, community room) for low-income seniors. In the 1990s, the federal government withdrew its commitment to existing programs to construct new social housing.[8] Quebec maintained its commitment, but at too slow a pace to keep up with demand. We therefore need to make a major reinvestment in the construction of social housing that is adapted to an aging population and that provides basic services.

BARRIERS RELATED TO TRANSPORTATION

Owning a car is expensive and many older adults will eventually lose their driver's license. Yet many regions in Quebec do not offer public transit. This situation makes people dependent on third parties or transportation services for essential trips, but these services are insufficient and can be costly. In major urban centres providing public transit, routes and schedules are often designed for workers and students, especially in the suburbs, and are therefore not suited to the trips of older residents. Seniors' right to mobility seems precarious.[9]

BARRIERS RELATED TO URBAN PLANNING AND THE BUILT ENVIRONMENT

Access to essential or important locations (the grocery store, doctor's office or community centre) can be challenging for seniors because of factors that are not a concern for most younger people. To name just a few examples: cracked, obstructed, icy or snowy sidewalks; stairs; frequent elevator breakdowns (especially in Montreal's metro system); doors that are too heavy or too narrow to accommodate a motorized wheelchair; pedestrian lights that do not allow sufficient time to cross busy streets; washrooms that are inaccessible because they are located on another floor or non-existent; store shelves that are too high to reach.[6,10] Our everyday environments are not designed for aging residents living with disabilities. This adds to the appeal of private retirement homes, which offer a variety of activities and services on site.

THE NEED TO MOBILIZE NUMEROUS ACTORS

If we truly want to allow older people to continue living at home, in the community, while maintaining an acceptable quality of life, numerous actors in Quebec society must be mobilized in the public sector (federal, provincial, municipal governments), in the community, in the private sector and in the social economy. We need to set ourselves ambitious goals requiring major public investment over several years. These objectives are incompatible with an austerity regime. It is up to us to decide, as a society, whether we really want to offer our seniors the conditions they require to stay at home, and to put words into action.

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The *Age-Friendly Cities* Program and Austerity in Toronto

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The Age-Friendly Cities (AFC) program is a strategic approach aimed at developing measures to meet the evolving needs of an aging population. The program includes a list of elements to enhance the social participation of senior citizens and to facilitate their access to social services. However, preliminary research on AFC initiatives has illustrated discrepancies between program aims and implementation on account of austerity measures. This article presents the results of a study on an AFC initiative in Toronto, the Toronto Seniors Strategy. The study was based on 77 interviews with local policy actors aimed at better understanding austerity in the current context.

The *Age-Friendly Cities* (AFC) program is a place-based policy approach intended to manage new societal needs associated with population aging. The program was developed by the World Health Organization (WHO) in 2007 and includes an 'active aging' checklist to enhance the social and civic participation of senior citizens, as well as improve access to housing, transit, social and health services, and physical infrastructure.[1] Age-friendly cities (AFCs) have been embraced in Canada by the federal and provincial governments, including Quebec and Ontario, who encourage the voluntary adoption of the program by municipalities and non-profit organizations in rural and urban areas.

The AFC program is lauded as a progressive strategy that promotes a positive aging identity, improves local environments, and empowers local policy actors. However, preliminary research on AFCs has illustrated discrepancies between program aims and implementation. While there are interesting innovations, projects tend to be small in scale,

inequitably distributed among neighbourhoods, and poorly funded.[2] Gaps are related to a context of public sector restructuring and cost cutting.[3,4] The literature recommends that further research be undertaken to understand how local policy actors are managing within this context.

I have studied the perspectives, hopes, and struggles of local policy actors working on age-friendly improvements in the City of Toronto in order to offer policy recommendations for improving the AFC program. I conducted 77 interviews with politicians, bureaucrats, senior citizen advocates, non-profit staff, and other policy experts for the project. Toronto is interesting because City Council adopted its AFC approach, the Toronto Seniors Strategy, while it was subject to an austerity regime under Mayor Rob Ford. Furthermore, Toronto has a history of restructuring where the province forced an amalgamation and offloaded new policy responsibilities (e.g., for social housing and public transportation) onto the megacity. I compare my findings with the three core claims that AFCs promote a positive aging identity, improve local environments, and empower local policy actors.

HOW IS THE AFC PROGRAM PROMOTING A POSITIVE AGING IDENTITY IN TORONTO?

The AFC movement has brought new attention to the everyday needs of senior citizens. However, this does not necessarily encourage the development of a positive aging identity. Most participants in this study understood population aging as a crisis for welfare systems, because of increased care needs and reduced economic contribution. This narrative legitimates the drive for 'system change' to our welfare state, particularly in the realm of health care. AFCs are positioned as a response that prevents the demographic crisis by activating seniors to make them less burdensome through local design improvements (e.g., park benches with handles) and social and educational programming (e.g., initiatives to prevent falls). Investment in programs for seniors is justified primarily because it will save money in future

hospital and long-term care systems. Population aging was reframed by many interviewees as an opportunity to have more citizens contributing through volunteerism, thus filling social service gaps at the local level. A few participants also talked about active aging in terms of lobbying for expanded access to services and amenities on the basis of human rights.

HOW IS THE AFC PROGRAM IMPROVING LOCAL ENVIRONMENTS IN TORONTO?

Participants identified significant barriers to services and amenities for senior citizens in Toronto due to inaccessibility and unaffordability. While there are important innovations, particularly in recreation programs, staff struggle to distribute these programs equitably across the city. Furthermore, the changes presented through the Toronto Seniors Strategy in the areas of housing and transportation are small in scale. For instance, Toronto's accessible transit services were barely mentioned in the strategy, despite increased demand, and staff are struggling to find the money to make substantial accessibility improvements to regular transit services. Meanwhile, non-profits are scrambling to fill gaps in the realms of accessible transportation, supportive housing, and home health care. City and non-profit staff are particularly concerned about poor and marginalized seniors in Toronto, and their actual age-friendly work has become targeted emergency shelter, ambulance, and nursing care support. Inadequate funding for core public services is challenging local policy actors to make environmental improvements through the AFC program.

HOW IS THE AFC PROGRAM EMPOWERING LOCAL POLICY ACTORS IN TORONTO?

Most city and non-profit staff want to implement substantive age-friendly actions but cannot do this without adequate leadership, policy tools, and funding support. The Toronto Seniors Strategy is underfunded. Hence, there are no resources to hire full-time employees to coordinate the program or to oversee its implementation. The context of acute service needs, funding insecurity, and employee turnover limits the capacity of non-profits to engage in AFC research and policy work. Most participants from the city and non-profit sector felt that their everyday challenges were not considered by other levels of government that encourage AFCs. Despite their frustration, the city has given up lobbying other levels of government for support because their past recommendations have been ignored. Many local policy actors feel more used than empowered.

THE AFC PROGRAM AS AN ALTERNATIVE TO AUSTERITY?

There are serious challenges in promoting a positive aging identity, improving local environments, and empowering local policy actors through the AFC program in Toronto. The program is being used to support austerity by promising to activate seniors in order to save money. This is not sustainable, as more seniors are falling through the cracks of our social welfare and physical infrastructure systems, and require emergency supports. AFCs should prevent, not contribute to, a future crisis of population aging. This

AFCs should prevent, not contribute to, a future crisis of population aging. This requires that they adopt an anti-austerity vision and action plan.

requires that they adopt an anti-austerity vision and action plan. AFCs must consider senior citizens in all their diversity as rights bearers who deserve to have their needs met through a substantial public response. This should include public investment in small local projects and in the broad domains of housing, transportation, and health care. Intergovernmental AFC coalitions that establish a clear policy and funding role for non-profit organizations and all three levels of government to support age-friendly environments are needed. This includes the policy and revenue tools that enable cities and non-profits to work with and support senior citizens in all their diversity.

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Quebec Long-Term Care Facilities for Seniors Experiencing a Loss of Autonomy: A Poorly Defined Social Issue

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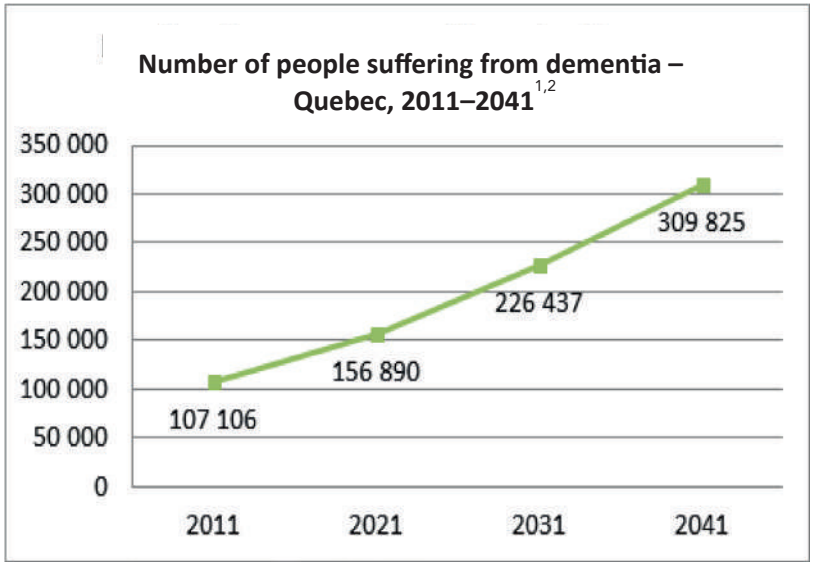
When home care services and caregivers' resources are no longer sufficient to keep frail seniors at home, the latter will have to move to a place adapted to their needs. In 30 years, seniors' housing options have markedly evolved. At the same time, public residential and long-term care facilities (CHSLDs) have gradually given way to private seniors' residences that now play an essential role. This change passes on the cost of seniors' loss of autonomy to their loved ones, and results in inequitable access to essential services.

CONTEXT: AN AGING POPULATION AND LOSS OF AUTONOMY

Quebec's population is aging at an accelerated rate. Between 2011 and 2031, the number of seniors aged 80 and over will increase by 113%, from 329,199 to 702,739 individuals. In comparison, the 50-to-59 segment will decrease by 8% during the same period.

The growing number of very old people will have a significant impact on our health care system, particularly when it comes to care for seniors who are experiencing a severe loss of autonomy. This situation

results from an increased risk of loss of physical or cognitive independence with age. For example, while dementia affects 11% of those aged 80 to 84, the proportion rises to 23% among those aged 85 to 89, to 40% among those aged 90 to 94, and to 55% among those aged 95 and over. The number of people affected by dementia will likely double by 2031, reaching 226,437 individuals, which will require a major effort on the part of the State and caregivers to meet their needs.

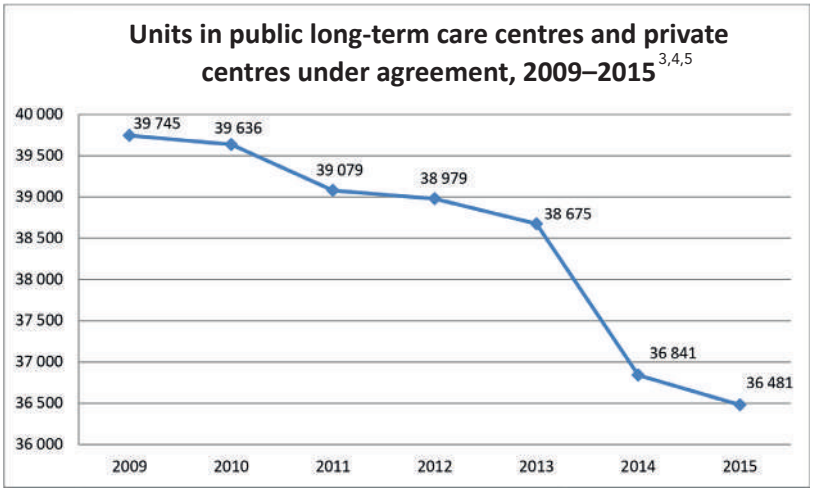


REDUCED PUBLIC SERVICES AND THE EXPANDED ROLE OF PRIVATE SENIORS' RESIDENCES

The health care system is already having trouble serving this very vulnerable clientele. In principle, people experiencing a severe loss of autonomy have access to government-run long-term care centres and private centres under agreement. However, despite increased demand, the government cut 3,264 places in both types of facilities between 2009 and 2015, and this trend has accelerated since 2013.

This situation has resulted in a persistent waiting list for spots in long-term care facilities, and the emergence of alternative resources to make up for the State's shortcomings and meet the population's needs—primarily private residences. Up until the mid-1980s, these residences played a minor role in the Quebec context. Seniors experiencing a slight loss of autonomy were mainly placed in public nursing homes (the predecessors of the CHSLDs), and those with severe impairments were placed in facilities providing more extensive care, notably hospitals. Thirty years later, the situation has been completely reversed. Since 2009, the number of spots in private residences has risen by 29%, from 88,199 to 114,117.

Designed for autonomous and semi-autonomous seniors, private residences have taken on a considerably expanded role to serve a very vulnerable, non-autonomous clientele as well. While the number of standard spaces has remained stable

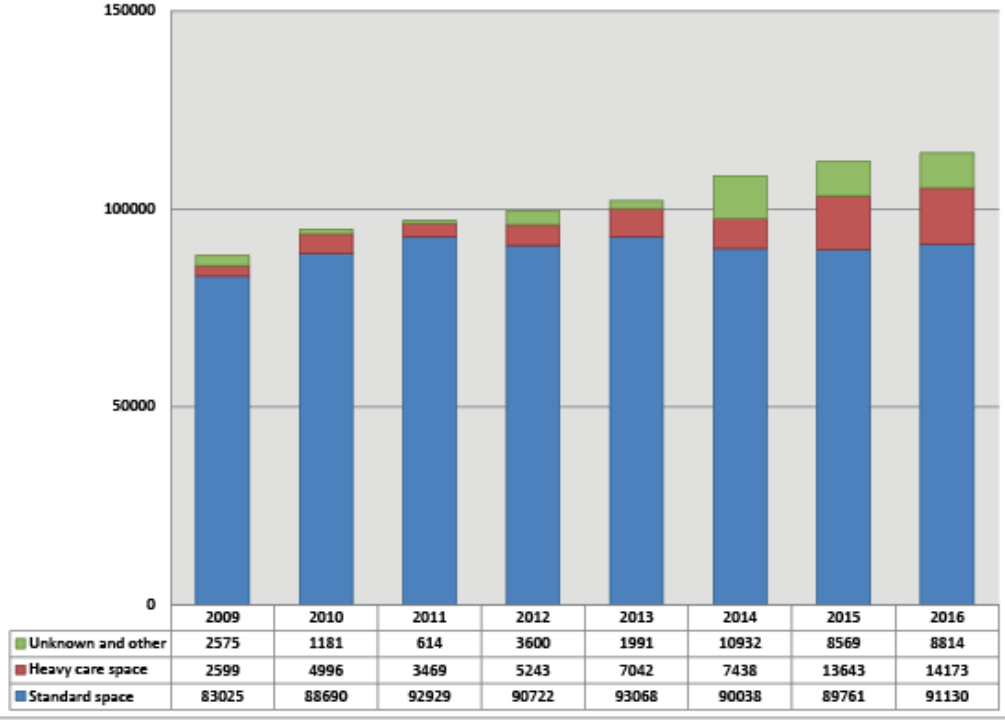


at around 90,000 since 2010, the number of heavy care spaces has doubled since 2013, exceeding 14,000 in 2016—more than 12% of all available places, compared to less than 3% in 2009. In addition, in the Registry of Residences for the Elderly, managed by the Ministère de la Santé et des Services sociaux (MSSS),[6] 30% of residences indicate that they have clients at a risk of wandering, i.e., clients who are in the advanced stages of dementia. The websites and advertisements of many such homes show a high number of special care units specifically designed for clients with dementia, even though the regulations governing private seniors' residences do not even mention this type of unit. This evolution is important, since it sanctions the de facto privatization of care provided to individuals with a severe loss of autonomy in homes that are not necessarily adapted to their needs, and that are not regulated in the same way as government-run long-term care centres.

LIMITED ACCESS

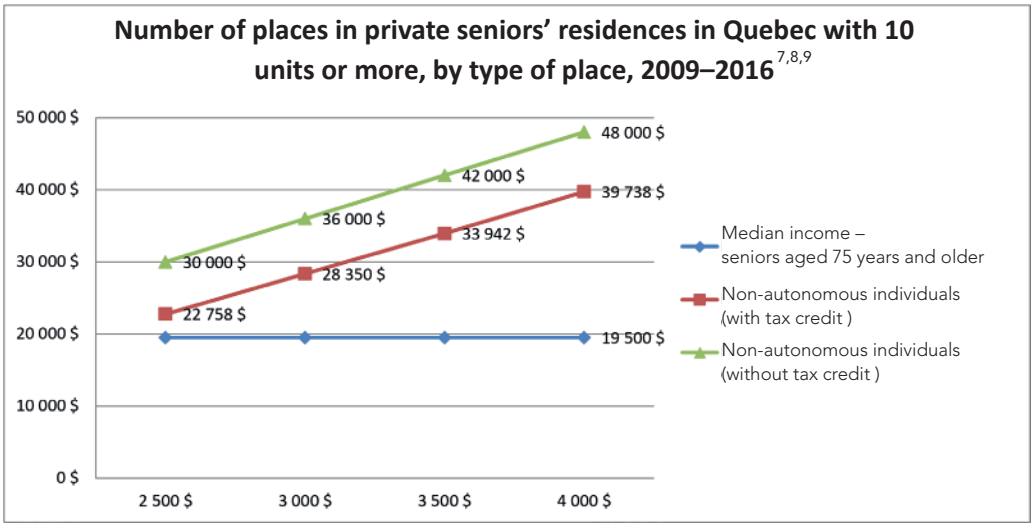
The reduced number of public long-term care facilities hides a significant problem: economic access. In Quebec, most seniors do not have sufficient income to pay for long-term care in the case of significant cognitive or physical challenges. A place in a private residence with heavy care (1.5 hours per day, on average) costs roughly $3,000 per month. Seniors aged 75 and over with a median retirement income of $19,500 per year after tax will have an annual shortfall of close to $10,000, even with the additional tax credit for home-support services for non-autonomous individuals. Without a solid retirement income and substantial savings, often from the sale of a house, access to this type of private service is practically impossible.

Number of places in private seniors' residences with 10 units or more in Quebec, by type of place, 2009–2016[7]



	2009	2010	2011	2012	2013	2014	2015	2016
Unknown and other	2575	1181	614	3600	1991	10932	8569	8814
Heavy care space	2599	4996	3469	5243	7042	7438	13643	14173
Standard space	83025	88690	92929	90722	93068	90038	89761	91130

** Including private, for-profit and non-profit residences* *** Other = non-market and respite units*



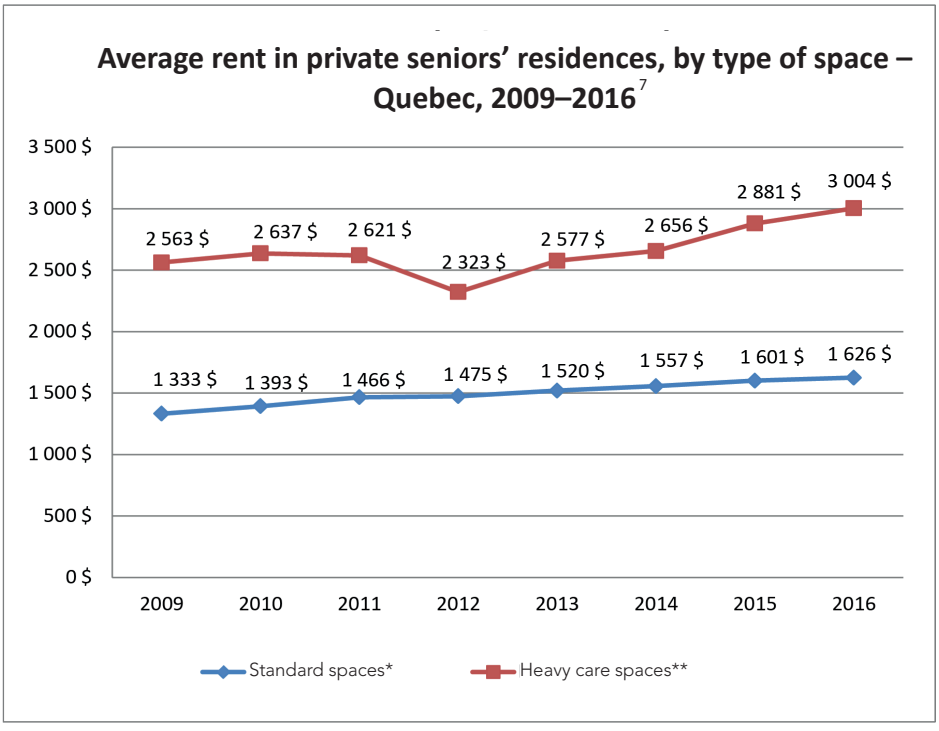
Lack of economic access will likely continue in the short and medium terms, since rents in private residences are high and increasing, not to mention the fact that retirees have limited incomes and rising debt levels. In 2016, a standard space cost an average of $1,626 per month and a heavy care space cost $3,004 per month. These fees reflect important differences.

FOOD FOR THOUGHT

The current situation is worrying to the Réseau FADOQ, since it is not the result of any social debate or reflection. It is not possible to know how far the privatization of care for those experiencing a severe loss of autonomy will go, and the government does not seem to want to know either. Rather, government officials seem determined to cut public costs, with little thought about the impacts their decisions will have on the population. One thing, however, is certain: when it comes to care for those with a severe loss of autonomy, Quebec is moving in the opposite direction of the principle of universal access. Seniors who can afford it will invest a significant proportion of their assets in a private residence. The majority do not have this option: they simply cannot afford it.

The care provided in private residences to seniors with a severe loss of autonomy raises other questions. The standards governing these establishments—for example, fire safety, personnel training and staffing levels—are adapted to an autonomous or semi-autonomous clientele. Are these regulations sufficient when a private facility is admitting a significant number, or even a majority, of non-autonomous clients? Do these norms ensure the safety and well-being of these very vulnerable residents? Because of procedural delays and complex processes, the Régie du logement is not an adequate tool to ensure that the rights of these clients are respected.

The Réseau FADOQ believes it is essential to increase the number of spots in public long-term care facilities (CHSLD) to ensure that seniors have timely access to institutions adapted to their needs. Private residences seeking to serve a non-autonomous clientele should be subject to the same norms governing public facilities for the units in question. The public system could finance these spots, as it has been doing for several decades in the case of private residences under agreement. Increasing the number of units in public long-term care facilities, and transforming private residence units used by non-autonomous seniors into



** The above data do not include non-market/subsidy units, respite units, and units where an extra charge is paid for heavy care (1.5 hours or more of care).*

*** Non-market heavy care units are excluded from the average rent calculation..*

private long-term places under agreement would ensure that each person could be admitted to the institution and receive the care that best meets their needs, thus lightening the financial burden of those experiencing a severe loss of autonomy.

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A paraître bientôt aux PUL

Les vieillissements sous la loupe

Entre mythes et réalités

Sous la direction de

Véronique Billette • Patrik Marier • Anne-Marie Séguin

Le vieillissement de la population est parfois traité, dans les discours politiques et médiatiques, comme une catastrophe démographique, un lourd fardeau social ou financier pour la société. Le vieillissement de la population et la vieillesse restent encore aujourd'hui fréquemment associés à des représentations négatives, à des idées toutes faites qui persistent dans le temps.

L'ouvrage regroupe 31 textes qui font la lumière sur différents mythes persistants liés au vieillissement. Il aborde des thèmes variés, tels la retraite, les travailleurs âgés, le deuil, la violence, l'hébergement, la mobilité, le numérique, l'itinérance, la sexualité, les proches aidants, les capacités cognitives, le bénévolat, la participation sociale ou politique, vieillir en prison, vieillir avec un handicap, etc. Pour obtenir un portrait juste des personnes âgées, des spécialistes de plusieurs domaines et disciplines ont été invités à présenter un mythe, puis à le déconstruire ou à l'analyser dans toutes ses nuances. Sans compromis sur la qualité scientifique, les textes, courts et accessibles, ont pour objectif de permettre aux lectrices et aux lecteurs d'explorer les enjeux sociaux du vieillissement sous-jacents aux mythes analysés. Par cet ouvrage, nous espérons contribuer à une meilleure compréhension collective des défis, mais aussi des atouts, d'une société vieillissante.

Cet ouvrage est le fruit d'un projet collectif porté par l'Équipe de recherche en partenariat Vieillissements, exclusions sociales et solidarités (VIES) et par le Centre de recherche et d'expertise en gérontologie sociale (CREGÉS).

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