



Response to questions submitted by the United Nations Department of Economic and Social Affairs and its Open-ended Working Group on Ageing

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Presentation of Réseau FADOQ

The Réseau FADOQ is an association comprising over 550,000 members. Fifty-three years ago, the primary goal of FADOQ's founder, Marie-Ange Bouchard, was to reduce seniors' isolation by providing them with diverse recreational, sports, and cultural activities.

One of our organization's current priorities is to press political bodies to maintain and enhance seniors' quality of life, today and in the future. In this regard, we offer our assistance and expertise to encourage different levels of government to make judicious choices that consider Québec's demographic situation, namely, that Québec's population is aging faster than that of most Western societies.

Réseau FADOQ takes every occasion to raise awareness and make the voices of seniors heard and considered, especially on political issues. In Québec, although population aging is a fact, we believe that pessimism will not get us anywhere.

Governments must seriously examine the impacts of an aging population. We at Réseau FADOQ believe that in the face of population aging, we must develop proactive and innovative solutions to move us forward as a society.

Our organization is involved in the Open-Ended Working Group on Ageing, whose aim is to draw up a legally binding international convention on the rights of older people.

To move towards this goal the Working Group proposed that Member States and intergovernmental and non-governmental organizations examine the international, national, and local frameworks governing the fundamental rights of older people, with a view to identifying shortcomings.

In view of this, Réseau FADOQ has prepared the following paper, based on the themes of the questionnaire submitted by the Open-Ended Working Group on Aging.

Identifying Shortcomings

For each of the themes examined by the Open-Ended Working Group since its eighth session, our organization reports on observed shortcomings in the protection of seniors' rights, both in Québec, and, in certain respects, Canada.

Equality and Non-Discrimination

According to the World Health Organization, age discrimination remains socially acceptable and highly institutionalized, unlike racism and sexism (D'Aragnon-Giguère, 2021).

In Québec, human rights and freedoms are governed by the *Charter of Human Rights and Freedoms*, a Québec law that protects the principal rights and freedoms. It is a fundamental law that all other Québec laws must respect in most cases.

Its main aim is to harmonize people's relationships with each other and with their institutions. It applies as much to relations between the State and individuals as to relations between individuals.

Even so, according to the latest annual report from Québec's human and children's rights agency, the Commission des droits de la personne et de la jeunesse (CDPDJ), ageism is the third most common reason for discrimination. The CDPDJ acknowledges that this is just the tip of the iceberg. Many people are unaware that they are suffering from ageism, or don't have the courage to act against this form of discrimination.

Moreover, during the COVID-19 pandemic we saw a resurgence of ageism, as reflected in the Québec government's paternalistic attitude towards seniors. This was strikingly evident when Québec Premier François Legault casually asked seniors to stay at home (Lajoie, 2020), and it was not an isolated gesture. It is also worth recalling the statement made by Patrick Lévy, owner of the Montréal theatre, the Olympia, who said he was in favour of banning people over 65 from shows to facilitate a rapid recovery of this sector following the COVID-19 pandemic (Gendron-Martin, 2020). A more widespread phenomenon, sadly, is the expression "OK boomer," a contemptuous phrase hurled at any individual of a certain age, which went viral on social media in 2019 (Hutchison, 2019).

Violence, Abandonment and Abuse

According to the 2023 profile of seniors in Québec (Institut de la statistique du Québec, 2023), significant proportions of seniors feel left out (12%), isolated from others (13%) or lacking companionship (26%).

In Québec in 2019, around 6% of people aged 65 and over had experienced at least one type of abuse in the past 12 months (Ibid.). This represents some 78,900 seniors. Some 4.6% experienced psychological abuse, the most common form of abuse. A proportion of 0.8% suffered material or financial abuse, and a similar proportion physical abuse (Ibid.).

Frequently, this abuse is carried out by relatives. Nearly a quarter of seniors who had experienced psychological abuse in the last 12 months had been victimized by a male partner or ex-partner. For almost a quarter of these people (23%), the abuser was a child or stepchild (Ibid.).

In Québec, abuse is punishable under various laws, including the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*. This piece of legislation stipulates the adoption and implementation of a policy to combat elder abuse, by facilitating the reporting of cases of abuse and setting up an intervention process for elder abuse and abuse of any other adult person in a vulnerable situation. It should also be noted that this piece of legislation contains penal sanctions for abusers, makes it compulsory to report such acts, and promotes the concept of a culture of well-treatment. When the acts committed against a person are sufficiently serious, the Criminal Code applies.

These laws do not, however, address organizational abuse. This form of abuse refers to a harmful situation created or tolerated by the procedures of organizations responsible for providing care or services of any kind, and which compromises the exercise of people's rights and freedoms.

In practice, it is not a question of malicious gestures made by a worker towards a particular patient. Rather, it is the combined result of a lack of human resources, successive reforms, and underinvestment in health care, among other things, which results in patients not having access to quality care and services.

In 2018, a report highlighted that living conditions in Québec's long-term care centres or nursing homes were akin to abuse. The report stated that only basic needs were being met in many nursing homes, and that services such as weekly baths and oral hygiene care were frequently postponed.

The concerns are profound, encompassing an exhausted workforce, dilapidated facilities, lack of staff training, and inadequate home support care and services. Maintaining the status quo in the face of these repeated observations means that the Québec government is complicit in a form of organizational abuse.

Long-term Care and Palliative Care

Québec currently has over 4,000 people waiting for a place in a long-term care facility (Ministère de la Santé et des Services sociaux, 2023). In the meantime, some people will be referred to a hospital or a transitional functional rehabilitation unit. Others will remain in their own homes, hoping to receive sufficient publicly funded home care and services. Sometimes, the provincial health ministry, the Ministère de la Santé et des Services sociaux (MSSS), concludes service agreements with establishments that, in their recent history, have been the subject of reprimands. Some seniors pay rent out of their own pocket in a private facility that provides care and personal services. It should be kept in mind that half of the victims of the first wave of COVID-19 was in a seniors' home, which is symptomatic of a number of deficiencies.

The state of palliative and end-of-life care must be improved. A 2020 report highlighted the inequality of access to palliative and end-of-life care, the lack of training for healthcare professionals, poor organization in terms of the material and human resources invested, as well as inadequate provision of home care and services and a lack of integration of care of this nature.

Data from Québec's public health institute (Institut national de santé publique du Québec) (INSPQ), specifically their population health information office (Bureau d'information en santé des populations), indicate that among people likely to benefit from palliative care, around a quarter spend at least 14 days in hospital in the last month of life, and almost half visit the emergency department in the last two weeks of life (Bureau d'information en santé des populations, 2020). The Canadian Institute for Health Information also makes several observations: up to 89% of those who died could have benefited from palliative care (Canadian Institute for Health Information, 2018). Most Quebecers die in hospital (79%), which is much higher than in Great Britain (between 47% and 51%), the Netherlands (between 28% and 31%) or the United States (20%). Very few people receive palliative care at home during their last year of life, and in Québec, only 11% of the population dies at home.

The Institute also highlights an inequity: people who have died due to something other than cancer and the very elderly are less likely than others to have received palliative care during their last year of life. Although all patient groups have problems accessing palliative care, cancer patients were three times more likely than others to receive palliative care, either in hospital or at home.

Finally, the Institute points out that there is a shortage of specialized palliative care nurses. Québec's end-of-life commission (Commission sur les soins de fin de vie) also stresses the need to ensure optimal and equitable access to end-of-life care, and to pay particular attention to non-oncology patients. The Commission also mentions the importance of emphasizing patient choice and encouraging homecare in the event of end-of-life care.

The *Canada Health Act* (CHA) sets out the criteria and conditions that provincial and territorial health insurance plans must meet, including insured services, universality, and accessibility. Despite this, shortcomings can still be observed on the ground.

Autonomy and Independence

Seniors in Québec retain their full autonomy and independence if they do not suffer from various degrees of disability. Nevertheless, when an individual's autonomy is affected, several measures are in place to limit what they can do, with the aim of protecting the individual in question.

In Québec, there are various protective measures: protection mandate in case of incapacity, tutorship to a person of full age and an assistance measure. These mandates vary according to the degree of incapacity of the person concerned. As far as the assistance measure is concerned, this is a measure an individual can implement without it necessarily being linked to a loss of autonomy. It can be as simple as granting a mandate to someone close to you to help you in various situations, such as renewing a telephone contract.

People can homologate various mandates themselves, and these mandates may evolve over time. In addition, following a legislative amendment that took effect in 2022, Québec's protection plans are much more tailored to everyone's situation.

In fact, the plan can be further modulated according to the person's abilities, to enable him or her to perform acts that he or she can do alone. The protection mandate is even more secure than before, with the addition of an inventory and accountability. These requirements provide increased protection from financial abuse.

The reform also introduced temporary representation, enabling a person to be appointed temporarily to perform a specific act on behalf of an incapacitated adult, and so avoid the need for tutorship.

Even in a situation where a person becomes incapacitated, it is still possible to respect his or her wishes and independence, and to avoid having the person responsible for the tutorship make all decisions for him or her. In addition to the stipulations of homologated protection mandates, a person can also draw up advance medical directives, which can specify which treatments they would accept or refuse, and, among other things, address the notion of medical overkill. In these medical directives, it is also possible for an individual to make an advance request for medical aid in dying, based on various criteria that can be validated by health professionals.

The issue of a person's independence, autonomy, and respect for his or her wishes becomes even more complex when the person has not had a mandate (protection, assistant, advance medical directives, etc.) homologated. In such a situation, the actions taken by the professionals or people close to the person will be taken in the person's best interests, although there is no guarantee that they will respect the individual's wishes.

In 2019, it was found that out of 6 million adults in Québec, only 0.5% had approved and registered their advance medical directives. Clearly, there is still a great deal of ignorance about advance medical directives, and it is important to better inform the public about the subject and simplify the process of completing and registering the directives form.

Social Protection and Social Security, Including Social Protection Cornerstones

In Québec, there are several ways to protect the older population. In terms of income, people aged 65 and over benefit from a federal program that ensures they receive a minimum income. Nonetheless, the Old Age Security and Guaranteed Income Supplement programs are inadequate, leaving many people aged 65 and over in a precarious financial situation.

In the event of disability, Quebecers also benefit from various forms of protection, notably through the Québec Pension Plan (QPP), which pays a disability pension. Nevertheless, a problematic aberration is still in force in connection with the payment of disability pensions. Following the transition from a disability pension to a retirement pension, the latter will be reduced to consider the years during which

a person received a disability pension. This is a penalty like that imposed on people who choose to start receiving their retirement pension early.

Let's not forget that disability pensioners did not choose to find themselves in this situation, and that many of them do not have sufficient financial resources to postpone their retirement until age 65. The Commission des droits de la personne et des droits de la jeunesse du Québec has concluded that these provisions are clearly discriminatory.

Another cornerstone of social protection is housing. Less affluent seniors who are unable to find accommodation in a private establishment adapted to their needs can turn to the public network. However, there are not enough places available in these residences to meet the demand. This situation is untenable and creates a divide between the financially well-off and those with limited resources. A person with sufficient means will be able to live in an environment that ensures their comfort and slows down the decline in their health, unlike others.

Education, Training, Lifelong Learning and Capacity Building

In Québec, primary and secondary education is free, while vocational, technical and university training is fee-based. To some extent, these fees represent a financial barrier to accessing the education of one's choice, although there are measures in place to ensure that the financial aspect does not limit access too much (notably the loans and bursaries program).

Apart from the financial barrier, individuals can access the program of their choice, based on eligibility criteria that are the same for everyone. Québec encourages and facilitates career reorientation, particularly when it comes to professions in demand on the job market.

Several universities also offer programs for people aged 50 and over to satisfy their intellectual curiosity. However, these programs do not lead to a specific diploma.

The main issue for seniors in this area is the lack of continuing education. In addition, workers' prior learning and experience is not sufficiently recognized when it comes to certifying their knowledge.

Right to Work and Access to the Job Market

Experienced workers face a host of problems: ageism (insults, challenging), a work organization ill-suited to their needs, and a lack of ongoing training.

Taken together, these factors mean that older unemployed people are more pessimistic about their chances of finding a job (Bernard, 2012). Statistics show that official and long-term unemployment rates increase with age, which is indicative of the growing problems of workers as they approach legal retirement age (Réseau FADOQ, 2018). Moreover, these rates do not consider individuals who retire early from the labour force because they have not found a job.

As previously mentioned, the *Québec Charter of Human Rights and Freedoms* prohibits discrimination. Nevertheless, ageism persists in the workplace. In Québec, workers are protected by the *Act respecting occupational health and safety* (AOHS), but certain aspects of this law do not adequately protect workers.

This applies to the protection of experienced workers in the event of a workplace accident. Currently, the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) pays an income replacement indemnity to workers who are no longer able to perform their job due to an employment injury. However, the income replacement indemnity of a worker who suffers an employment injury when he is at least 64 years old ceases to be paid four years after the date on which his/her disability began. This is unusual, especially since in the case of a disability resulting from a road accident, the disabled person receives a sum until his or her death.

Yet, people who have become disabled in the workplace face the same issues. In both cases, a disabled person can no longer contribute to his or her pension plan, which means that the pension paid will be lower. Her/his savings will also feel the pinch. It is unacceptable that the income replacement indemnity given to a person who has become disabled varies according to the context in which the accident took place.

Another aspect not covered by the AOHS concerns arduous work. For a variety of reasons, some people are forced to leave their jobs because they are no longer able to do the same work, particularly due to the arduous nature of their job (waitress, garbage collector, warehouse clerk, etc.). Developing a framework for assessing the degree of arduousness would enable us to take full account of the distinct and multiple realities of workers. The degree of arduousness could be a useful factor to consider in advancing work standards and analyzing the impact of tasks on workers. This concept could spur the development of retraining programs and the enhancement of continuing training.

Access to Justice

In terms of justice, the situation is grim. Trust in the justice system continues to erode: 63% of Québec adults trust the Québec justice system compared to 64% in 2020 and 66% in 2019 (Académie de la transformation numérique, 2021).

Although half of adults feel that the justice system remains accessible, delays in legal proceedings are frequently criticized. In this regard, nearly a third of adults (30%) in 2021, compared to 36% in 2020 and 23% in 2019, believe that reducing delays should be a priority to improve Québec's justice system (Ibid.). Others question the ability of some complainants to obtain fair and equitable treatment due to their cultural identity or financial means.

These observations apply to the entire population, including seniors. Still, access to justice in Québec is facilitated in a few ways. For example, legal aid allows people to obtain the services of a lawyer at little or no cost. There are several ways in which the public can learn about their rights and the justice system. These include Éducaloi, an organization dedicated to accessible legal education and improving the legal skills of Quebecers, and JuridiQC, a government organization dedicated to producing easy-to-understand legal and psychosocial information, as well as providing resources to help and support people faced with various legal issues.

At the level of administrative tribunals, of which there are many, access and support are variable. In addition to these courts, there are the Office de la protection du consommateur, the Autorité des marchés financiers, the Commission des droits de la personne et des droits de la jeunesse and the Commission des normes, de l'équité, de la santé et de la sécurité du travail. Ultimately, the public can turn to the Québec Ombudsman, the Protecteur du citoyen. The same type of structure exists at the federal level.

However, in some cases, prior steps must be taken to gain access to the relevant administrative tribunal. This is particularly true of the healthcare system, where a citizen must first file a complaint with the local commissioner of complaints and service quality before eventually turning to the Tribunal administratif du Québec and, subsequently, the Protecteur du citoyen.

The steps involved are obviously cumbersome and complex, and can put off many, including seniors. Fortunately, there are organizations that can support citizens in their efforts and, in some cases, guide them through the process. A good example of this are the Complaints Assistance and Support Centres, which support and guide people experiencing difficulties with their leases in private seniors' residences throughout the process. This kind of initiative deserves to be highlighted and developed in other sectors.

Seniors' Contribution to Sustainable Development

We'll look at this in more detail when we talk about seniors' participation in public life and decision-making, but it does appear that a trend is emerging. The closer the decision-making process and the territory concerned by a development policy are to people, regardless of age, the easier it is for them to contribute.

This is especially true of municipal or regional sustainable development initiatives. Urban planning can be the subject of public consultations, as can the development of an industrial park or the rehabilitation of a wildlife habitat.

Municipal council meetings provide an opportunity for citizens to intervene and question their elected representatives directly. These elected officials are generally more accessible than those from the provincial or federal levels of government.

People also participate in organizations dedicated to local issues, such as protecting a river, a regional park, local flora, and fauna, etc. This type of initiative enables Quebecers to take concrete action in their communities.

The opportunity to contribute to sustainable development is more difficult at the provincial or federal government level. In this context, it is often experts' opinions that are taken into consideration, and the policies that emerge from them are less directly relevant to the population. The opportunity to intervene in this context arises at the level of public consultations, or when a bill is tabled because the government wishes to carry out general or specific consultations.

In all cases, the reality is the same for the general population and seniors. What is problematic, however, is the questioning of the relevance of seniors' contribution to sustainable development or to policies to combat climate change, on the pretext that this generation will be little affected by climate catastrophes. Once again, this is an issue of perception that needs to be corrected.

Economic Security

In Québec and Canada, there are three tiers of retirement benefits. The first tier is the federal Old Age Security program, the universal component of the Canadian and Québec retirement system. Through its taxes, the federal government provides a universal pension to all seniors over 65, whether they worked during their working lives. The Guaranteed Income Supplement is added to this amount for those with the lowest incomes.

The second tier is the Québec Pension Plan (or CPP in the rest of Canada), a mandatory public plan funded equally by employees and employers. The QPP has two components: a basic component and a supplementary component.

Last, the third tier includes all sources of private income, whether from a supplemental pension plan or from personal savings accumulated during working life.

The QPP (and CPP) are designed to replace approximately 25% of average career earnings upon retirement. When combined with the federal program, a person earning the average wage in Québec will have an income replacement rate of only 41%.

The income replacement rate target is 70%. With such a high-income replacement rate, it is possible to maintain the same standard of living when you retire. Clearly, in terms of income replacement rates through its public plans, Canada fares poorly within the OECD, where the average rate hovers above 50%.

An individual under age 75 whose retirement is based exclusively on the federal program will have an annual income of \$20,904. A senior in this situation has an income below the official Canadian poverty

line, which is based on the Market Basket Measure (MBM). In 2023, in Québec, MBM thresholds ranged from \$22,329 to \$24,001 for a single person, depending on where they live. It should also be noted that some elements essential to well-being are not included in the calculation of the MBM. This includes dental care, vision care, and the purchase of medications.

Both levels of government include a social safety net to ensure a minimum income. Nevertheless, several seniors find themselves in a precarious financial situation. Despite the *Universal Declaration of Human Rights* emphasizing that everyone has the right to a standard of living adequate for the health and well-being of themselves and their family, including food, clothing, housing, medical care and necessary social services, some seniors struggle to meet all these needs using their own income.

Right to Health and Access to Health Services

The COVID-19 pandemic highlighted the shortcomings of Québec's healthcare system, which were unfortunately already present before this health crisis. Through various reports, the findings were clear: the laxity and inaction of successive governments mean that Québec is not taking proper care of its seniors.

Future long-term care needs have not been assessed in nearly 15 years. Québec is currently in catch-up mode with respect to the investments needed for the care and housing of people with severe loss of autonomy. There are also shortcomings in the organization of medical care in residential environments. Added to this are deficient monitoring and quality assurance systems, a workforce shortage, and inadequate staff training.

Human resources are sorely lacking. Frequently, health care workers must work mandatory overtime when many of them can no longer work due to burnout. Many patients suffer the consequences of this lack of personnel.

Currently, Québec is short the equivalent of 5,340 full-time nurses and 3,358 full-time orderlies and health and social services auxiliaries. In addition, there are 500 to 600 vacant positions for medical imaging technologists. And that's just the tip of the iceberg.

Access to home healthcare is also difficult. Québec currently devotes 1.3% of its gross domestic product (GDP) to long-term home care for seniors, well below the average of 1.7% reported by other OECD member countries (Ginoux, 2020). Several countries with a social safety net like Québec's are investing more: France, 1.9% of GDP; Denmark, 2.5%; and the Netherlands, 3.7% (Dubuc, 2021).

This situation is incomprehensible, given that Québec is one of the fastest-aging societies in the Western world: "between 1971 and 2020, the proportion of people over 65 tripled, from 6.8% to 19.7%. By 2021, the proportion of the population aged 65 and over has passed the 20% mark, and this threshold will rise to 25.4% in 10 years' time" (Ibid.).

The *Canada Health Act* sets out the criteria and conditions that provincial and territorial health insurance plans must meet, including universal and accessible insured services. Despite this, shortcomings can still be observed on the ground.

Social Inclusion

Although there is no conscious, organized phenomenon of social exclusion in Québec, seniors are nevertheless grouped together in a category based on age. Moreover, old age is first and foremost a social concept based on the age of eligibility for the pension plan.

The stakes here are manifold. Firstly, the concept places all seniors in a single homogeneous group, whereas individuals and their life paths are infinitely diverse. Further, this classification leads to a dichotomous vision of the population, with young and old pitted against each other.

Unfortunately, many people see aging as a withdrawal from society, a distancing from the world. Exclusion manifests itself in different ways: symbolic, identity-related, social/political, institutional, economic, and territorial. Most of these aspects have been or will be covered in this brief.

“Old age exclusion” is linked, among other things, to the over-valorization of youth and its stereotypical attributes (Billette et al., 2012). What's more, with advancing age and loss of mobility, personal geographies tend to shrink. Seniors are particularly affected by the socio-economic and political context, with public policy playing a major role in terms of their income and access to care in the event of disability.

For Réseau FADOQ, it is clear that part of the phenomenon is linked to the “self-exclusion” of seniors themselves, based on their own perceptions. The public must also be aware of this truncated perception and transcend the prejudice to act.

Accessibility, Infrastructure and Housing (transport, housing, and access)

In Québec's urban context, older tenants are at risk of losing their homes and their social/territorial anchorage, due to rising rents, gentrification and the climate of insecurity generated by these factors (Simard, 2021). Eventual loss of autonomy could also lead to uprooting due to the concentration of serviced accommodation in outlying neighbourhoods (Blein and Guberman, 2011). In addition, the lack of homecare services does not augur well for an easy transition in this situation.

The scarcity and lack of variety of residential options have a concrete effect on socio-territorial recomposition, the possibility of aging in one's own community due to scarce accommodation, and the very survival of some small rural communities (Simard, 2020). This dynamic seems to be mitigated, among other things, by the existence of small private seniors' residences (RPAs) in these communities.

Unfortunately, the diversity of multi-unit housing in Québec is limited. According to the Canada Mortgage and Housing Corporation (CMHC), Québec has the highest RPA attraction rate in the country. In fact, 17% of Québec seniors aged 75 and over live in a seniors' residence, whereas in other Canadian provinces, this proportion ranges from just 5% to 10% (CMHC, 2021).

What's more, in the RPA sector, we note a trend towards closures, which almost exclusively concern smaller RPAs. Small RPAs provide only 9% of all units. There are 425 large-scale residences (100 units or more) on the market, representing 24% of all RPAs. However, these residences account for around 71% of units (Fontaine, 2019).

Moreover, RPAs are not very affordable. In Montreal, in 2023, the average monthly cost of an RPA unit ranged from \$2,108 for a standard unit to \$4,175 for an assisted-living unit (St-Eloy, 2023).

Mobility issues are present year-round, but the seasonal cycle in Québec also has an impact on the population. Winter imposes major constraints on people who need to travel to destinations outside their regional communities (Lupien, 2020). Ironically, in these areas, regional public transit services are in decline. Without public transportation that enables them to access a multitude of destinations, seniors risk becoming immobilized and excluded. Public transportation must also be affordable. Even in denser urban environments, data from origin-destination surveys show that people aged 75 and over have a greater tendency to immobility where few alternatives to the car exist (Negron-Poblete, and Séguin, 2018).

Participation in Public Life and Decision-making

Elections, whether municipal, provincial, or federal, are a democratic exercise in which the entire population participates. In fact, the participation rate of people aged 65 and over is higher than that of the rest of the population. What's more, the representation of people aged 60 and over among elected

municipal officials is greater than their demographic weight. However, the picture is different at other levels of government.

In addition to elections, citizen participation in decision-making can take various forms: public consultations, referendums, parliamentary commissions, participation in municipal councils, etc. Moreover, the number of these democratic exercises varies according to the elected representatives in office, who may decide to increase or limit the number of consultations. It should be noted, however, that some of these initiatives are mandatory by law. This is the case, for example, with the consultations on Québec's public pension plan, which must be held every six years.

In addition to these aspects, it is also important to consider the demands and capacities for action of seniors and their associations, which focus on issues of redistribution and recognition of the reality of their members while affirming this social category's specific nature and needs.

Réseau FADOQ is one of these organizations. When issues affecting seniors emerge, seniors' associations are key to defending their interests. The above-mentioned formal forums (e.g., hearings conducted by parliamentary commissions) are one way to do this. However, there are other opportunities for seniors' associations to take part in public debate, for instance, when debates attract media attention. Within this framework, seniors' associations can take a stand on an issue and influence public debate, the public and decision-makers.

For certain organizations with the necessary resources, it is possible to attract media attention by communicating directly with certain journalists, sending out a press release or holding a press briefing.

Seniors can also be informed and mobilized through their social media, emails, newsletters, or written communications.

Nevertheless, the opportunities for seniors to take part in public debate vary enormously. Media interest in seniors varies depending on the issue, and this reality is sometimes frustrating. For example, during the COVID-19 pandemic, particular attention was paid to seniors, as they were over-represented among those who were killed by the virus. In the post-pandemic era, interest in seniors has visibly waned, although the issues surrounding them remain serious. The public is always at the mercy of a government that does not wish to consult the population outside the electoral process, limiting the opportunity to take part in public debate.

Overcoming Shortcomings

Réseau FADOQ is involved in the Open-Ended Working Group on Ageing, whose aim is to draw up a legally binding international convention on the rights of older people. Although this is a lengthy process, some benefits can be seen in Canada and Québec.

Taken together, these steps oblige the Government of Canada to participate in a process whose outcome will ultimately influence policies towards seniors. For the first time since the discussions surrounding the development of an international convention on the rights of older people began, a federal Minister of Seniors participated in the discussions in person. Indeed, in April 2023, Minister Kamal Khara was present at the 13th session of the UN Open-ended Working Group on Ageing. It is a strong gesture and sends a signal that the Canadian government is actively involved in this process.

In addition, as part of this process, various topics are addressed alongside official discussions, notably through panel presentations, organized roundtables and so on. In short, opportunities are provided to advance thinking on aging and influence governments as they develop their policies for seniors.

Regionally, Réseau FADOQ is involved with the Commission des droits de la personne et de la jeunesse (CDPDJ). Our organization is a member of a round table bringing together various advocacy organizations. This round table enables the organizations present to exchange views with the CDPDJ Chair, bringing to his attention issues or situations requiring action on his part. The CDPDJ frequently issues opinions, press releases, etc., to enter the public debate and influence the policies of the Québec government.

For example, as mentioned above, the Commission des droits de la personne et des droits de la jeunesse du Québec has become involved in the issue of discriminatory penalties imposed on disability pensioners. As a result, while penalties remain, they have recently been reduced.

This type of approach has a progressive and positive long-term impact. When situations need to be corrected quickly, though, Réseau FADOQ takes different kinds of actions. As mentioned above, we use all available tools, including petitions, parliamentary committees, briefs, opinions, social networks, traditional media, meetings with decision-makers, communication campaigns, etc.

For example, pressure from Réseau FADOQ contributed to the adoption of criminal penalties for abuse of vulnerable adults. In Québec, too, there's growing talk of a culture of well-treatment, and our organization has already been promoting it through its *In the Shoes of an Older Person* program, which consists of workshops designed to foster empathy towards seniors with limitations. Réseau FADOQ has also put forward initiatives such as the *Main-d'œuvre 50+* program, to encourage the hiring of experienced workers and break down prejudices against them. Despite this program, awareness campaigns and the current labour shortage, it appears that ageism in the workplace is still very much with us. Here too, some seniors experience discrimination.

In addition, the Québec government has made investments to address the lack of resources for residential and long-term care. This type of pressure has also led to increased financial support for seniors.

As we have noted, current efforts to establish an international convention on the rights of the elderly are leading UN member countries to pay particular attention to the issue of seniors. In the same way, Réseau FADOQ lobbies one level of government to persuade another level of government to change its policies, and vice versa. This is particularly true of healthcare financing, where efforts have been made to enhance the Canada Health Transfer. Similarly, although organizational abuse is not recognized by the Québec government, our organization's actions have led the federal government to introduce a bill that addresses the concept.

However, not all issues have seen short-term gains. This is particularly true of palliative care. In 2018, former Minister Danielle McCann created a national task force for equitable access to quality palliative

and end-of-life care (EOLC). But the situation has not improved since then: access to palliative care is still difficult and inequitable. It is a form of discrimination that is still with us. The same is true of experienced workers: despite awareness campaigns and a chronic shortage of manpower, ageism in the workplace persists, and some seniors experience discrimination.

Yet, Canada is a signatory to the *Universal Declaration of Human Rights*. In 1982, the *Canadian Charter of Rights and Freedoms* was adopted. Canada is also a signatory to a series of international conventions and covenants. Québec, meanwhile, adopted the *Charter of Human Rights and Freedoms* in 1976.

Canada and Québec have a relatively well-developed welfare state compared to other countries. Health care is free, social programs provide minimal financial support, and so on. Nevertheless, there are many shortcomings. As we pointed out earlier, the quality of long-term care is not optimal. In addition, free health care is limited: dental care is not covered, and drugs are a major expense for the elderly. Financial support, while present, keeps some seniors in a precarious economic situation, bordering on the poverty line. Changing social norms can be a long and arduous journey. Despite campaigns to combat ageism and discrimination, these phenomena are still with us.

We at Réseau FADOQ believe that international instruments must encourage countries to evaluate and improve their policies. It is important that different countries draw inspiration from best practices to enhance the quality of life of seniors. At the same time, our organization is concerned about the risk of a race to the bottom. The temptation may be strong for states to compare themselves with low-performing countries whose policies on seniors are limited. It is important that states do not become complacent and maintain the status quo regarding their policies on the pretext that other countries are less efficient.

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