

**Brief to the House of Commons Standing
Committee on Human Resources, Skills and Social
Development and the Status of Persons with
Disabilities (HUMA)**

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Preamble

The Conseil régional de développement social (CRDSL) is submitting this brief in preparation for an appearance before the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. This hearing is part of the Committee's study on the impact of COVID-19 on the financial, social, health and general well-being of seniors.

It should be noted that, given the very short period of time the CRDSL had to prepare this brief, its content draws heavily from existing literature on the subject. References are included in the bibliography at the end of the document.

We invite you to consider the concerns and recommendations outlined in the following pages.

Summary

The public health crisis that has been ongoing since March 2020 has highlighted the increasing social inequalities for vulnerable populations. People aged 65 and over are the group most at risk of infection and most vulnerable to the challenges associated with COVID-19.

Older persons were identified as being the population most at risk during the pandemic, and many governments around the world have strongly encouraged seniors to remain at home for extended periods of time, in isolation, to reduce their risk of infection. However, efforts to protect them should take into account the fact that all seniors are not alike: many of them show incredible resilience and positivity, and take on various roles in society, including as caregivers, volunteers and community leaders. It is important to keep in mind the full diversity of people within the older persons category.¹ Although countries have relaxed their isolation measures, high-risk groups continue to pay a heavy price. Physical distancing restrictions have direct consequences for seniors, such as limiting the activities they can engage in, a loss of freedom, and reduced opportunities to socialize, including being with close family members. Older persons often rely on community and caregiver support to carry out their daily activities, stay active and have access to the essentials of daily living such as healthy food, personal care items and medications. Therefore, physical distancing measures are likely to increase stress and social isolation for seniors. Their levels of loneliness and social isolation are already quite high due to a number of factors, including the loss of friends and family, cognitive decline, increased levels of disability, loss of social roles, fewer intergenerational households, greater social and geographic mobility and increased numbers of people living alone, and in addition to these there is now physical distancing to reduce the spread of COVID-19. Finding ways to stay connected socially is even more important for this age group, as many do not have an easy way to access digital platforms.

Clear guidance is needed, focusing on what seniors can do to maintain and improve their physical and mental health and contribute to their families and communities. The pandemic has also revealed how an entire community can be affected by these circumstances, not just individuals. The many deaths, the lockdowns and self-isolation measures that limit the ability to help loved ones, massive job losses, infrastructure issues, and problems involving access to care and social services that people need are just a few examples.

¹ [Policy Brief: The Impact of COVID-19 on older persons, MAY 2020, United Nations](#), p. 2.

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1. Seniors in the Laurentians

1.1 Demographics²

According to ISQ estimates, nearly one in three Quebecers will be a senior in 2066, and the total proportion of seniors will increase from 18% to 28% in the space of 50 years. Moreover, the 65 and over age group alone will account for 1.3 million people in 2066.

The population of the Laurentian region is expected to grow by 28,000 seniors by 2025, which corresponds to an increase in the number of people aged 85 and over that is 50% greater than in the rest of Quebec.

Table – Coup d’Oeil des AÎNÉS de la région des Laurentides

2020 Version

Data applies to people aged 65 and over unless otherwise indicated

		Laurentians Region				% gap between Laurentians and Quebec
	Period	Number	Value	Quebec Value	Unit	
Demographics						
Projection of the population 65 years and over	2020	122,480	19.4	19.9	%	I
Projection of the population 65 to 74 years	2020	73,720	11.7	11.3	%	I
Projection of the population 75 to 84 years	2020	36,450	5.8	6.1	%	II
Projection of the population 85 years and over	2020	12,310	1.9	2.3	%	IIII
Variation of the population 65 years and over	2020-2025	28,260	23.1	17.3	Tx/ 100	IIIIII
Variation of the population 65 to 74 years	2020-2025	13,190	17.9	12.1	Tx/ 100	IIIIIIII
Variation of the population 75 to 84 years	2020-2025	12,140	33.3	27.6	Tx/ 100	IIII
Variation of the population 85 years and over	2020-2025	2,940	23.8	15.9	Tx/ 100	IIIIIIII

In the Laurentian region, as in most of Quebec, the number and proportion of seniors aged 65 and over is increasing. Aging baby boomers and a higher life expectancy are the primary reasons the population is getting older. People aged 65 or older who move to the region for retirement also help explain this trend.

Population aging offers opportunities for the community, including the potential to get retirees involved in social initiatives. However, it also presents a challenge, given that disabilities, the need for assistance and various health problems tend to increase with age.

² Data taken from the Coup d’Oeil des AÎNÉS de la région des Laurentides table, 2020 version

Demographics and demographic forecasts

	2020	2030	2040	Variation 2020–2040 (%)
0 to 14 years				-1.7
15 to 64 years				-7.1
65 years and over				8.8
Total (%)				-
Total population			72	15.7

Source: [Cirano, le Québec économique](#) [AVAILABLE IN FRENCH ONLY]

According to the 2020 projections (ISQ estimates³), there are 122,480 people aged 65 and over in the Laurentians, or 19.4% of the region's total population. About 90% of these people live in private households, which corresponds to 94,420 people. This proportion is slightly higher than the Quebec average (89.5%). More than one quarter live alone, which represents over 27,500 people. Half of Laurentian seniors say they are in very good or excellent health. However, a large number of seniors are affected by chronic illnesses (arthritis, high blood pressure, diabetes, coronary heart disease and cancer). Data on the characteristics of seniors help to contextualize some of the issues from the outset: the risk of social isolation and a population group that is more economically and psycho-socially vulnerable. The data below shows the percentage of people aged 65 and over living alone (27%) (Table 1) and living below the low-income cut-off (6.3%) (Table 2).

Table 1: Recent census data on people living alone

Population	Laurentians		Quebec
	#	%	%
65 years and over	26,110	27.7%	30.1%
Total 15 years and over	73,340	15.3%	17.7%

Source: Statistics Canada, Canadian Census, 2016

Table 2: People below the low-income cut-off (LICO), based on the market basket measure

Population	Laurentians		Quebec
	#	%	%
65 years and over	5,930	6.3%	6.4%
Total 15 years and over	52,870	9.1%	10.7%

Source: Statistics Canada, Canadian Census, 2016

³ Source: ISQ, population estimates (1996–2000: series prepared in January 2010; 2001–2010: series prepared in April 2014) and projections (2011–2036: series prepared in November 2014), based on the geographic boundaries in effect as of April 2017.

Other data of interest from the 2016 Census

The percentage of people living with a disability increases with age.

Seniors with disabilities (mild, moderate or severe):

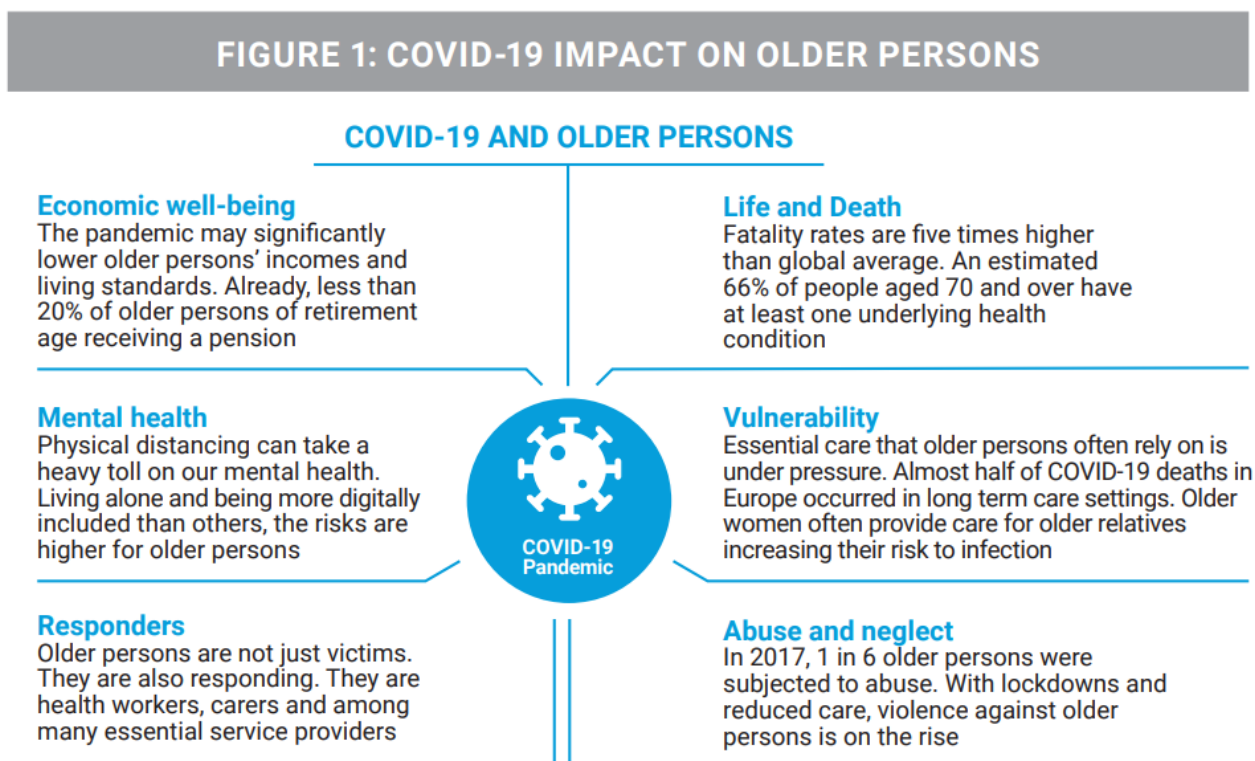
- 65–74 years: 33.5% (20,820 people); and
- 75 years and over: 51.5% (15,850 people).

Source: Statistics Canada, Canadian Census, 2016

People living alone, people with low incomes and people with disabilities are more likely to be affected by COVID-19 and lockdown measures, as discussed in the next section (1.2), with a focus on the physical, psychological, social and economic effects.

1.2 The impact of COVID-19 on people aged 65 and over

Seniors are affected by lockdowns in many ways, as summarized briefly in the diagram below.



Source: [Policy Brief: The Impact of COVID-19 on older persons, MAY 2020, United Nations](#), p. 4.

1.2.1 PHYSICAL EFFECTS

Although all age groups are at risk of getting COVID-19, older persons are at a significantly higher risk of severe illness because of the physiological changes associated with aging, the reduced immune response, and the higher number of serious underlying medical problems in this age group. Seniors have been the most severely affected by the pandemic, with a higher mortality rate than other age groups.

In addition to seniors' vulnerability to COVID-19, the lack of physical exercise and the lack of mental stimulation associated with the lockdowns directly affected many seniors:

- ✓ Decreased physical capacity
- ✓ Loss of muscle mass
- ✓ Loss of independence
- ✓ Slip syndrome⁴ resulting in moving into a care home
- ✓ Overall health deteriorated

1.2.2 PSYCHOLOGICAL EFFECTS

The COVID-19 pandemic is likely to lead to an uptick in mental health problems, both as a result of the illness itself and the measures taken to address it. These measures could disproportionately affect vulnerable people, such as those with pre-existing mental or physical health problems (including those with serious mental illnesses), those who have recovered, and those who become mentally ill (e.g., in response to anxiety and loneliness due to the pandemic) (Brooks, Wang, Cacioppo, as cited in Holmes, 2020). During the pandemic, the number of people whose mental health has been affected is estimated to be greater than the number of people who were infected (Reardon, as cited in Ornell). We do not yet know what the acute or long-term consequences will be of the COVID-19 quarantines and social isolation as regards mental health, but we can anticipate them: (pandemic-related) worry and uncertainty, distress, impaired work and social functions, sense of loss,⁵ increased anxiety, depression, post-traumatic stress disorder (PTSD), substance use, a wide range of other mental and behavioural disorders, suicidal behaviours including domestic violence, and child and elder abuse (Lee, Wong, McAlonan 2007) (Brooks, Rubin, Lau, as cited in Holmes, 2020). Reduced access to mental health supports, along with the loss of positive activities, may increase vulnerability during COVID-19 lockdowns. Psychiatric disorders are common among seniors. The pandemic may exacerbate psychiatric disorders and accentuate existing psychiatric symptoms, cognitive disorders, and a loss of independence (Chevance, 2020).

1.2.3 SOCIAL EFFECTS

Although medical issues, frailty and genetics are factors in whether an older person is ill or healthy, the conditions in which they are born, live, work and grow old are also important: isolation and loneliness are part of the social determinants of health, and their role in public health issues is underestimated (Mikkonen, 2011). According to a population-based survey, during a pandemic, one of the major negative consequences is likely to be increased social isolation and loneliness, which are strongly associated with life-long anxiety, depression, self-harm and suicide attempts (Ipsos Mori, cited in Holmes, 2020).

For the Laurentian region, approximately one in four people aged 65 and over live alone, and one in five report not having strong social supports (Table 3).

⁴Slip syndrome refers to a deterioration in the condition of an elderly person, who feels that he or she is gradually "slipping." It affects their level of independence and morale. This syndrome is characterized by a refusal to perform daily tasks such as eating, bathing and getting up.

⁵ The sense of loss may stem from the loss of direct social contacts, or the loss of loved ones, a job, education opportunities, hobbies, freedom or support.

Table 3: Population 65 years and over without strong social supports (2010–11)

Population	Laurentians		Quebec
	#	%	%
65 years and over	14,600	20.6%	18.4%
Total 15 years and over	54,300	18.4%	12.1%

Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2010–11

Note: Variations between the Laurentians and Quebec are not statistically significant

Family caregivers were hard hit by the lockdown measures. For those who were unable to visit their loved ones during the first wave, the effects were devastating: worry, anxiety, and a sense of guilt. For those who lost loved ones during this time, the grieving process has been extremely painful.

At the same time, caregivers who were living at home with the person being cared for have seen their responsibilities increase: they cannot leave to rest and recharge, they are cut off from respite services, and they are dealing with an increased mental workload, concerns about infecting their loved one and isolation: these people are under significant mental strain.

1.2.4 ECONOMIC EFFECTS

1.2.4.1 Seniors will have more difficulty re-entering the workforce

After the 2008 recession, adults aged 62 and over were the least likely to return to work after losing their jobs. They were also more likely to retire earlier than planned and to stop looking for a job within 9 months of becoming unemployed (Johnson & Butrica, 2012). Age discrimination plays a role here: when employers receive high numbers of applications, they may apply more arbitrary selection criteria when making hiring decisions and may be more influenced by negative age stereotypes (Neumark & Button, 2014). The past might repeat itself in this situation.

1.2.4.2. Fraud and scams during the COVID-19 pandemic

Criminals have taken advantage of the current pandemic environment to attempt to steal personal and financial information from the population, including seniors. The Canadian Anti-Fraud Centre has reported 8,064 cases of COVID-19 fraud and 6,526 victims of COVID-19 fraud, resulting in losses of approximately \$6.8 million (from March 6, 2020, to November 30, 2020).

Avoiding or being on guard against scams and fraudulent activity requires complex cognitive functions, and seniors are more likely to experience cognitive decline. Age-related cognitive changes are often associated with poor decision making and greater vulnerability to scams. Older persons are disproportionately targeted by fraud attempts.

In addition to financial loss, victims may experience emotional distress and health problems such as depression or anxiety. Most report feeling anger, stress, regret, betrayal, embarrassment, sadness, helplessness and shame.

It is essential to measure the extent of the problem now and to educate professionals on how to detect and prevent frauds and scams. It is also important to raise awareness, educate and equip seniors to identify and respond to fraud.

2. Recommendations

The following recommendations are taken from the Policy Brief: The Impact of COVID-19 on older persons, MAY 2020, United Nations

- Ensure continuity of adequate care services for older persons such as mental health services, palliative and geriatric care, including through support for unpaid care givers in homes and communities, and for paid care workers who provide home-based care or care in institutional settings.
- Assess the needs of older persons, particularly those who are more isolated or those with limited mobility and cognitive decline/dementia, in order to provide targeted support, including mental health and psychosocial support.
- Ensure that COVID-19 cases or deaths occurring in care facilities are reported and improve monitoring of the situation in residential care facilities.
- Strengthen services to prevent and protect older persons, particularly older women, from any form of violence and abuse, such as domestic violence and neglect.
- Ensure that visitor policies in residential care facilities, hospitals and hospices balance the protection of others with their need for family and connection.
- Ensure that community-based services and support to older persons, including social and legal services, are maintained despite physical distancing measures.
- Support older persons and those providing care so they can access digital communication or alternative ways to keep contact with their families and social networks when physical movements are restricted.
- Include older persons in life-long learning programs and enhance their access to information and communication technologies (ICTs).
- Increase mobile services to ensure access to more isolated older persons or those with limited mobility to assess their needs and to provide support.
- Use terms to describe older persons that do not stigmatize them and avoid stereotyping. Avoid labelling older adults as uniformly frail and vulnerable. Refrain from using words to refer to older persons that carry negative connotations or bias.
- Ensure the income security of older persons, particularly older women, through universal pension coverage and adequate entitlement levels.
- Adopt immediate socio-economic relief measures and social safety nets, such as guaranteed access to food, water, essential goods and services and basic healthcare during the COVID-19 crisis for older persons affected by economic hardship.
- Include older persons in economic recovery initiatives, removing age caps for livelihood and job rehabilitation programs.
- For long-term recovery, ensure universal access to health care and adequate old-age benefits.
- Review and revise participation modalities at the national and global levels to strengthen the participation of older persons and their advocacy organizations in decision and policy-making.

Other relevant recommendations:

- Promote cooperation between local service networks and coordinate the actions of CISSS and CIUSSS facilities with community organizations and local partners in order to offer a range of services specific to seniors, particularly for support at home and in private seniors' residences.
- Build more affordable and accessible community housing for seniors to keep them in their community in a safe environment.
- Adapt green spaces, parks, public places and indoor spaces to meet the socialization needs of seniors, while respecting public health measures.
- Adapt transportation and communication methods to facilitate mobility and social inclusion, as well as improve access to information in all formats.
- Improve financial support for community organizations that play a role in providing a social safety net for the most vulnerable people.

3. Conclusion

While the pandemic poses unprecedented challenges to humanity as a whole, it disproportionately affects the health, lives, rights and well-being of older persons. We must minimize these risks by taking into account the needs of seniors and their human rights in our efforts to combat the pandemic.

Older persons are people like everyone else. Most seniors are not vulnerable, and they contribute richly to society. Some of them are still employed, while others volunteer in community organizations, help their children or grandchildren, or serve as caregivers. They are active, have hobbies, play sports, travel, they are consumers, they have their own homes... They are part of society in their own right.

The rights of seniors have been inadequately protected for many years, just as older persons have been overlooked in national policies and programs. COVID-19 recovery efforts are a golden opportunity to lay the foundation for a more inclusive, equitable and age-friendly society, based on human rights and guided by the promise that no one will ever be left behind.

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Appendix 1

About the CRDSL: Mission, Vision, Values, Roles and Objectives

Definition of social development

“A group of processes relying on the joint contribution of the government and civil society seeking to improve the well-being of people and communities so they can reach their full potential.”

Mission

The CRDSL, as an independent cross-sector regional consultation body, has a mission to increase and support the capacity for collective action in social development in the Laurentians.

Vision

By 2022, through its efforts to bring stakeholders together, the CRDSL will be recognized for its ability to mobilize all stakeholders to help find solutions to collective issues and to help implement concrete keystone projects in three areas:

1. Supporting the fight against poverty and social exclusion
2. Promoting social development
3. Increasing access to affordable housing



Values

Respect

Respect means listening to the needs of communities according to their priorities, practices, culture at their own pace.

Equality

All social development stakeholders in the Laurentians are on equal footing, regardless of the scope of their involvement, power or technical capabilities. This egalitarian approach allows for constructive exchanges between representatives of civil society, the community and the government.

Democracy

Democracy encourages members to participate fully in the consultation and decision-making process. It promotes citizen participation.

Solidarity

Solidarity is expressed through helping and consulting each other, and cooperating rather than competing with one another. It ensures a cohesive approach and mobilizes stakeholders to work toward common goals. It is a powerful engine for social transformation.

Transparency

The purpose of transparency is to establish trust. Transparency means that full and accurate information is shared.

Roles

Mobilize

- Bring together local community representatives and partners to initiate dialogue on topics of common concern.

Consult

- Communicate and balance the various approaches of partners and communities to promote unity and the development of cross-sector partnerships.
- Facilitate more dialogue and collaboration between communities facing common issues.

Inform, consult and document

- Share available statistical data in order to support a common vision of the issues and realities in the region.
- Add to socio-economic research and profiles with on-the-ground expertise and direct observations from members.

- Monitor information and documents on the various emerging issues and problems in social development so they can be addressed early on.
- Gather federal, provincial and regional data and share it with local groups to inform their reflections.
- Develop and present pitches promoting the various fields of social development.

Support

- Support local social development organizations by getting involved according to their needs and individual circumstances.
- Support the development of knowledge and skills in social development by sharing information and special tools and by organizing knowledge transfer activities on good practices in the field of social development.
- Support the planning, development and implementation of joint projects that have a positive impact on the region's social development, and take steps to promote them in certain cases.

Network

- Offer opportunities for discussions that facilitate sharing and creating links between stakeholders involved in social development in order to help achieve their objectives with a view to improving the well-being of Laurentian residents.

Represent

- Make stakeholders aware of the needs and common concerns of members.
- Emphasize the effects and spin-offs of social development policies and measures and how they affect quality of life.

Cross-cutting objectives

Contribute to strengthening the capacity of organizations to work together

Based on a common understanding of the issues and challenges facing the region, the CRDSL supports the sharing of knowledge and know-how as well as the use of strategies adapted to new circumstances.

This contribution leads every partner to consider themselves as part of a whole, creating a cross-sector synergy.

Increase the scope of joint action

By collaborating with partners that have ongoing initiatives, the CRDSL promotes and supports the achievement of keystone projects focused on common collective issues.

This cooperation gives all members more power and helps align their strategies.

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