



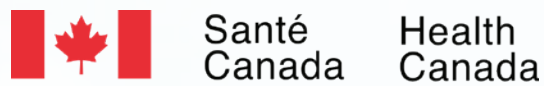
**Association Amicale des Jeunes et  
Parents AGAPE Inc.**

**The Youth and Parents AGAPE  
Association Inc.**

**Report on the Consultation with the  
English-speaking seniors of Laval, 2024**

# Acknowledgements

This consultation was funded by Health Canada through the Networking and Partnership Initiative (NPI), managed through the Community Health and Social Services Network (CHSSN).



The consultation is the result of a collaboration between Agape's English-speaking Senior Wellness Initiative and Walling Consulting. This report was written by Eric Walling.

## Executive summary

Through this consultation, which consisted in a survey of 84 English-speaking seniors and three focus groups with around 70 members in total from Agape's Senior Wellness Centre, as well as a survey of 35 community organizations dedicated to serving the senior population of Laval, 28 of which responded, the following was found:

### Access to health, social, and community services

- 90% to 95%, depending on the service, feel that accessing health and social services in English is important, especially doctors and hospital emergencies/out-patient clinics.
- Around 1/3 do not know if they can request, or do not feel comfortable requesting, English-speaking health and social services.
- Around 1/3 were refused access to English-speaking services over the past 12 months.
- Those surveyed are generally displeased with their access to services, with an overall average satisfaction of 48%.
- A majority get most, if not some, of their health and social services in Montreal, due to the greater availability of services in English.
- The major complaints regarding access to health and social services are that, in no particular order: signage has been removed (nearly everywhere), confirmation emails are only in French, "Hit 2 for English" on phone lines lead nowhere, and ClicSanté is very difficult to access and "promotes" private services.
- Access to English information in hospitals remains uncertain, but the seniors that received care were generally pleased with their experiences.
- At least 23% of survey respondents do not have a family doctor.
- Access to community services is much more appreciated, due to Agape's Senior Wellness Centre.
- Agape is the sole community resource for around 80% of the seniors attending Agape's Senior Wellness Centre.
- Agape has helped its Senior Wellness Center members access more health and community services.

### Quality of health, social, and community services

- Quality of services is divided, with 60% rating health and social services quality as good or very good, and 40% rating it as poor or very poor.
- Health services were seen as having suffered due to exhaustion of the system's various workers, with many participants noting the loss of the "human" factor. On the community side, though few use services other than Agape, similar remarks were made.
- Agape provides a safe space, defined by openness, authenticity, non-judgmentalism, it brings community together through socialization, breaking isolation, and being a home, it helps its members, it provides opportunities through activities, learnings, engagements, and networking, it promotes health through a variety of programs and initiatives, from exercising to flu shots to helping individuals access services, its staff is kind and dedicated, it knows and understands its seniors, and all of this in English.

### Caregivers

- 67% of caregivers feel that they lack support, leading to poorer well-being. Nearly 1/3 of the 71 to 80 age group were caregivers.

## **Physical health, mental health, and well-being**

- English-speaking seniors are doing well, physically, mentally, and in their overall well-being. Indeed, only around 5% rated their mental health or their overall well-being as poor.
- Access to English-speaking family doctors is the key to feeling well for many seniors.
- The key contributors to health, happiness, and quality of life for the seniors were: (1) being close to family, friends, and pets, (2) good health, and (3) Agape and other community spaces that allow people to gather together.

## **Age-based differences**

- The importance of accessing health and social service in English increases drastically with age. Indeed, the average importance of accessing services in English was 78% for the 55-70 age group, increasing to 95% for the 80+ group.
- Younger seniors are refused access to services in English at a higher rate (31% 55-70 vs 24% 80+).
- Mental health and well-being remain strong amongst English-speaking seniors.
- 71- to 80-year-olds have the worst well-being, potentially due to being caregivers and needing more support.
- The greatest fear as Agape's Senior Wellness Centre members age is losing access to services in English, specifically due to law 14, being followed by not being able to access a local retirement home, due to the lack of homes and services in English. Other, non-language-specific, concerns include loss of health and the privatization of health and pharmacare.

## **Description of linguistic communities (English and French)**

- When describing the English-speaking community, three core themes emerged: (1) belonging, (2) vulnerable, and (3) feeling disconnected. Though the first and third may seem contradictory, the general sentiment was that the English-speaking community is viewed with apprehension and uncertainty, being considered incohesive, while the English-speaking community brought together through Agape's Senior Wellness Initiative is viewed as a loving and caring family.
- When asked about how they believe the French-speaking community views them, the majority voiced negative impressions. The three themes that arose here were that English speakers are viewed: (1) with contempt, (2) as welcoming, and (3) as an unknown. However, participants were quick to distinguish between the general French community and the government, with the latter being viewed as the driver of the negativity.
- Fear about law 14 and further restrictions on the use of English permeate throughout the English-speaking community, particularly seniors who are ill-informed. However, many view this as being a political issue, and not something which represents the entirety of Laval's French-speaking community.

## **Laval's senior-serving community organizations (35 of 48 organizations contacted; 28 consented)**

- After French, English is the most requested language of service for seniors in Laval, with 82% of organizations having received requests for English services recently.
- 97% of community organizations feel capable of serving Laval's English-speakers, in English.
- When not capable of serving English speakers themselves, 89% of community organizations feel they know who to refer English-speaking clientele to.
- Only 25% of the organisations' websites are available in English.
- 39% of organisations use interpretation services to help seniors access services in their language of choice. Most of the other 61% feel capable enough to refer individuals to other service providers.

## Changes since 2019

- Access to regular/family doctors has decreased.
- Communicating around appointments, test procedures, and results has worsened, notably due to the transition to ClicSanté, an online service, and the increase in phone lines not offering English.
- CLSC services have remained consistent as major issues for the English-speaking seniors.
- The cost of services have remained as a consistent issue, with many participants having to pay for basic services, noting ClicSanté as a major culprit.
- Home services and day centers remains a concern for participants, with 50% of the participants of one focus group stating that they feel they will need to move to Montreal if they require more home services.
- Info-Santé/Social has improved significantly, passing from rarely used in 2019 to currently being used by 42% of respondents.
- Hospital emergency/out-patient/overnight stays has improved, with those using the services describing medical staff (doctors and nurses) capable and open to communicate in English, while the major remaining issue is access to written information in English (e.g., consent forms).

Based on these findings and the input from community members throughout the process, we recommend that:

1. Agape continue to empower English-speaking seniors to request for services in English by providing them with clear information on their rights, and tools to understand when and how they can ensure they receive services in English.
2. Improve services for caregivers, which was found as one of the most important gaps currently. Caregivers face a level of vulnerability which is often forgotten, and much can be done to improve the support offered to Laval's senior caregivers.
3. Continue working for the vulnerable and underprivileged. Visible minority, immigrants, caregivers, and English-speakers continue to face significant disparities compared to the French-speaking majority population. Agape has played a significant role in supporting many of these individuals through its Senior Wellness Centre and other programming, and it is important that it continue to do so.
4. Investigate well-being in all its dimensions. This applies as much to Agape as to all of its partners. Health and well-being are not just the quality of one's physical or mental health, but also includes emotional, occupation, social, spiritual, intellectual, environmental, and financial health. Without this depth, we can inadvertently promote the isolation of seniors by neglecting key aspects of their well-being.
5. Lastly, for the staff, volunteers, and community members of Agape, take the time to appreciate and be proud of the work that has been done. The creation of a team and a community is no small task, but Agape has gone above and beyond and created a community that views itself as a family; something truly invaluable.

# Contents

Acknowledgements	2
Executive summary	3
List of abbreviations	7
1. Foreword from the Directors	8
2. Purpose	9
3. Context	10
3.1 Profile of English-speaking seniors of Laval	10
3.2 Changes since 2019	18
4. Approach	21
4.1 Surveys	21
4.1.1 Survey of Laval English-speaking seniors	21
4.1.2 Survey of Laval’s senior-serving organizations (Members of the Table Régionale de Concertation des Aînés de Laval (TRCAL))	21
4.2 Focus groups	22
4.3 Sociodemographic data collection	23
5. Results and Findings	24
5.1 Community surveys	24
5.1.1 Profile of respondents (gender, age, location and length of residence in Laval)	24
5.1.2 General findings	25
5.1.3 Differences based on age	37
5.1.4 Differences based on sector of residence	39
5.2 Focus groups	42
5.2.1 How would you describe the English-speaking community of Laval?	42
5.2.2 How do you think the French-speaking community of Laval sees the English-speaking community?	44
5.2.3 What would you say are the major contributors to your health, happiness, and quality of life? .	46
5.2.4 How has access to and quality of health and community services in English changed over the past five years, in Laval?	47
5.2.5 What is Agape’s role in your health, happiness, and quality of life?	50
5.2.6 As you age, are you worried about being able to access the health and community services you think you will need?	51
5.3 Survey of senior-serving community organizations	52
6. Comparison with 2019 consultation findings	55
7. Limitations	56
8. Recommendations	57
9. Conclusions	59

## List of abbreviations

Abbreviation	Description
ACEF	Association cooperative d'économie familiale
ALPA	Association Lavalloise des Personnes Aidantes
APRL	Association des Popotes Roulantes de Laval
AQDR	Association Québécoise de Défense des droits des personnes Retraitées
AREQ	Association des retraitées et retraités de l'éducation et des autres services publics du Québec
CAAP	Centre d'Assistance et d'Accompagnement aux Plaintes
CAQ	Coalition Avenir Québec
CHSLD	Long term care center (Centre d'Hébergement de Soins de Longue Durée)
CHSSN	Community Health and Social Services Network
CISSS	Integrated Health and Social Services Centre (Centre Intégré de Santé et Services Sociaux)
CIUSSS	Integrated University Health and Social Services Centre (Centre Intégré Universitaire de Santé et Services Sociaux)
CLSC	Local Community Services Centres (Centres Locaux de Services Communautaires)
ER	Emergency Room
ES	English-speaking
HSS	Health and Social Services
HSSS	Health and Social Service System
INSPQ	Institut National de Santé Publique du Québec
LICO	Low income cut-off
MATI	Median after-tax income
MAUV	Mécanisme pour Aînés et Usagers Vulnérables
PERT	Provincial Employment Roundtable's
RTS	Territorial service network (Réseau Territorial de services)
SCAMA	centre de Services Communautaires et d'Aide au Maintien de l'Autonomie
TRCAL	Table Régionale de Concertation des Aînés de Laval

# 1. Foreword from the Directors

Thank you to the many senior citizens who generously contributed their time and insights to this consultation. Your voices represent both today's and tomorrow's senior citizens, and without your collaboration, this report would not have been possible. We also extend our gratitude to Walling Consulting for their diligent work in co-planning and creating this report and give thanks to Health Canada and the Community Health and Social Services Network for funding this consultation.

Laval is experiencing one of the fastest-growing English-speaking populations, and as English speakers, we have the legal right to access health and social services in our language.

This report updates a previous version from 2019, which informed the Laval Regional Access Committee. This committee advises on the health and social services access program developed by the Centre intégré de santé et de services sociaux de Laval (CISSS Laval), in line with the Act respecting health and social services.

The Regional Access Committee evaluates the access program and suggests modifications as needed. It also provides opinions on the application, monitoring, and evaluation of the regional access program, focusing on the accessibility needs of Laval's English-speaking clientele. Furthermore, the committee makes recommendations for promotional and awareness activities related to service accessibility in English.

Through our Networking and Partnership Initiative program, we will use this evidence-based report to raise awareness among our health and social services partners, equipping them with the information needed to better serve our English-speaking seniors in Laval.

While we recognize the need for improvement in health and social services in English, achieving meaningful change requires the commitment of various stakeholders. We hope this report will assist CISSS Laval, municipal, provincial, and federal governments, community organizations, educational institutions, and private entities in adapting their services to better meet the needs of Laval's English-speaking senior citizens.

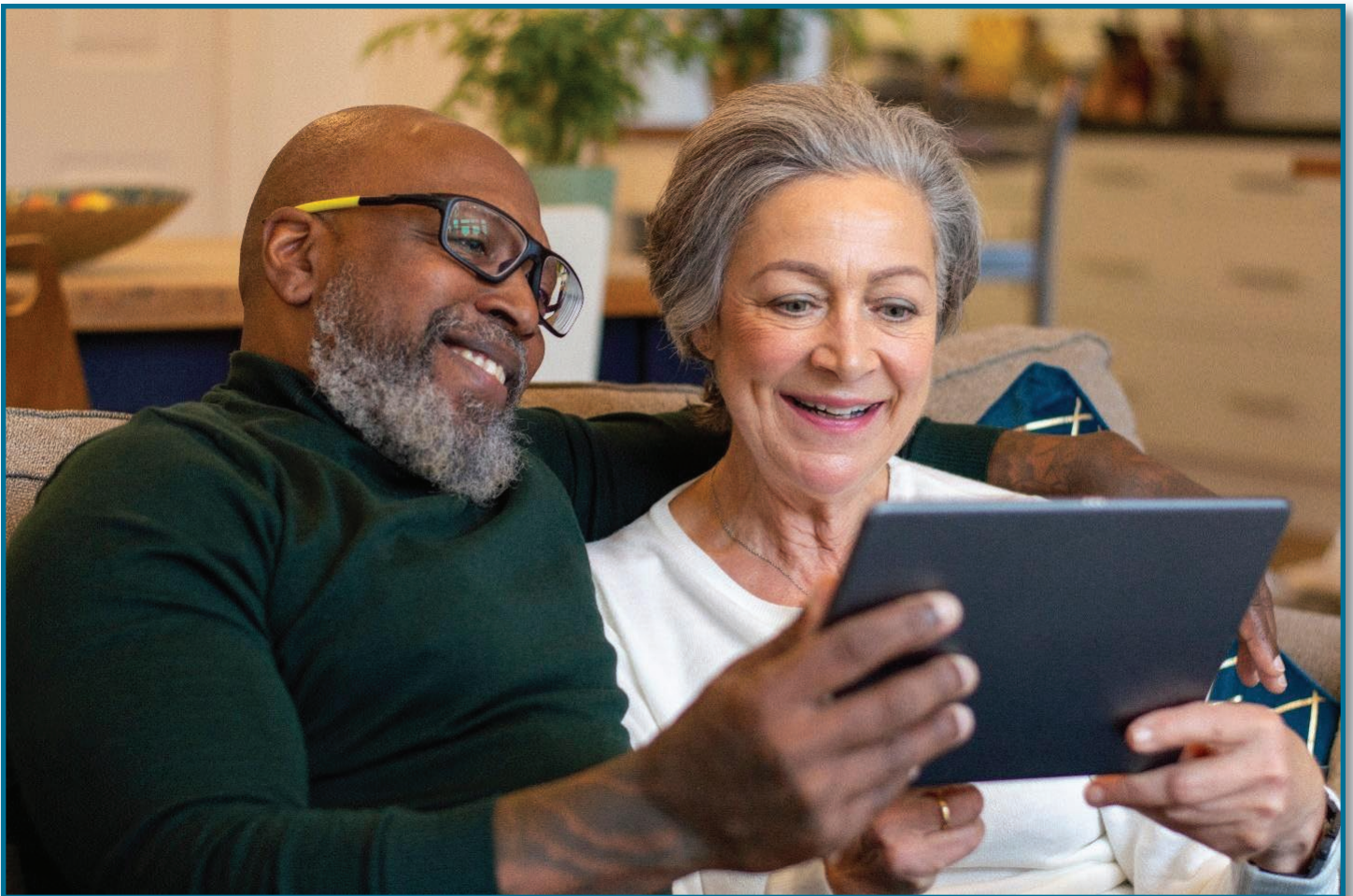
*Kevin McLeod*  
Executive Director

*Ian Williams*  
Assistant Director

## 2. Purpose

The purpose of this consultation was to hear the voices and listen to the experiences of Laval's English-speaking senior population, particularly those who participate in Agape's Senior Wellness Initiative. The consultation was framed around the following guiding questions:

1. How important is accessing health and social services in English and in Laval?
2. What proportion of seniors request to be served in English?
3. How many were refused services in English in the recent past?
4. Where did refusals of English-speaking services come from?
5. How many are caregivers?
6. Do senior caregivers receive adequate support?
7. What would senior caregivers need to be better supported in Laval?
8. How do seniors rate their access to and quality of health and social services (in any language)?
9. How do seniors rate their access to and quality of community services (in any language)?
10. How do they rate their physical health, their mental health, and their overall well-being?
11. How do they view the wider English-speaking community of Laval?
12. How do they view the French-speaking community of Laval?
13. What are the factors that contribute to their health, happiness, and quality of life?



## 3. Context

### 3.1 Profile of English-speaking seniors of Laval

The information presented throughout this profile was gathered through a personalised census table, based on Canada's 2021 census, produced by Statistics Canada in 2024. The product request is described in section 4.3. The key sociodemographic highlights of Laval's English-speaking senior population are the following<sup>1</sup>:

#### General information:

- **Laval is home to 9.6% of Quebec's English-speaking population (126,395 individuals) and 8.2% of Quebec's English-speaking population of 55 years and over (30,685 seniors).**
- **Of the 22 RTS in Québec, Laval is the third most populous region in Quebec for English-speakers for all age groups, and fourth for seniors.** The only regions with more English-speakers are Ouest-de-l'Île-de-Montréal and Centre-Ouest-de-l'Île-de-Montréal. The only regions with more English-speaking seniors are, in addition to the two previously mentioned, Nord-de-l'Île-de-Montréal.
- **22.5% of Laval's seniors are English speakers.** This is an important number to keep in mind when reading the following, given that, when looking at proportional numbers, anything above 22.5% will represent a disproportionate proportion.

#### Immigrants and visible minorities:

- The first of such numbers is the proportion of immigrants. Indeed, **the English-speaking senior population of Laval has twice the proportion of immigrants than the general population. 68% of English-speaking seniors 55+ are immigrants, and 41.7% of all immigrant Lavallois seniors are English speakers.** This proportion increases with age, with 76.7% of the 70+ age group being immigrants, decreasing to 62% for the 55 to 69 age group.

#### First Nation, Métis, and Inuit:

- There are only 100 First Nation, Métis, and Inuit English-speaking seniors (55+) in Laval, compared to 1,048 French speakers. Note, however, that this number may be inaccurate.

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1 For the purpose of this consultation, English-speakers are defined as individuals who are classified in the census as having a First Official language of English or English and French. The reason for this choice is that it allows us to capture individuals for whom English is not their mother tongue, but who know or use it at home. Given that 80% of Laval's seniors over 70 are immigrants, this offers the best representation, compared to mother tongue, which is restrictive, language spoken most often at home, which does not include newcomers or immigrants who speak another non-official language at home, knowledge of official languages, which does not represent an individual's use of English, and languages used at work, which is non-representative of individuals outside of the workforce. For further information on the methodological considerations, consult [the Canadian Institute of Research on Linguistic Minorities report on statistical enumeration methods](#).

## Education:

- **25% of English-speaking seniors (55+) have less than a high school education.** This is slightly higher than the general population (23%), but still within a similar range.
- In comparison, 27.6% (8,470 individuals) have a high school education or equivalent, and 18.5% (5,680 individuals) have a bachelor's degree or higher. Both are in-line with the general senior population of Laval.
- **Educational attainments have improved drastically over the years, with only 18% of English-speaking seniors 55-69 years not having a high school education, compared to 37% of 70-79 years and 52% of the 80 years and over group.**

## Income:

- **The proportion of English speakers 55+ below the Low Income Cut-Off (LICO) is similar to both the French-speaking seniors and the total senior population of Laval, all situated around 10%.** However, when looking at Median After Tax Income (MATI), some differences start to be seen. MATI represents the usable money an individual has access to. MATI decreases with age, as individuals leave the workforce and become reliant on their pensions or savings.
- **English-speaking seniors earn less than the French-speaking population of Laval. This is particularly impactful to those still in the workforce, with the MATI<sup>2</sup> for 55–69-year-olds being \$39,600 for French speakers, compared to \$35,600 for English-speakers.** The difference stabilizes more as individuals age, leaving the workforce and reducing their income. However, the disparity persists, with French-speaking 70-79 year olds having a MATI of \$29,200, compared to \$24,600, and 80+ year olds having \$26,800 (French) vs \$24,400 (English).
- **Sadly, a significant impact on income was observed in relation to immigrant and visible minority statuses.** The MATI for English-speaking immigrants 55 to 69 years old is 31% lower than non-immigrant English-speakers of the same age group (\$30,600 vs \$42,000). This disparity is further compounded for visible minority immigrants, with the MATI for the 55 to 69 year olds in this group being 42% lower (\$27,400 vs \$42,000) than non-immigrant and non-visible minority English speakers of the same age group.

## Differences by sector:

- **Chomedey (Sector 3) is home to 41.6% (12,755 individuals) of Laval's English-speaking seniors,** while the other 58.4% (17,930 individuals) are distributed near evenly (+/- 1%) across the other five sectors of Laval. Chomedey is also home to **46.3% of all English-speaking senior immigrants, 36.4% of all English-speaking visible minority seniors, and the highest proportion of older seniors, with nearly 15% (1,895 individuals) being 80 and above, and only 59% (7,580 individuals) between 55 and 69. Indeed, 75% of Chomedey's English-speaking seniors are immigrants.** Due to all of these factors, Chomedey is the sector with the lowest MATI, being \$28,000 for those 55+, compared to \$33,700 for all of Laval. This, however, compares rather closely to the \$28,700 for the entire population of Chomedey.

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2 Median After Tax Income

- **Duvernay, St-Francois and St-Vincent-de-Paul (Sector 1), and Vimont and Auteuil (6) were the only two sectors where English-speakers earned more than the general population** of the sector and of Laval as a whole. The major differentiating factors between these two sectors and the other four are the higher education of the residents and the lower proportion of visible minority individuals. **Vimont and Auteuil is also the sector with the youngest seniors, with 81% (2,520 individuals) of the English-speaking senior population in Vimont-Auteuil being between 55 and 69, and only 4% (135 individuals) 80 and above.** This compares to an average of around 70% for the other five sectors.
- **Pont-Viau, Renaud-Coursol and Laval-des-Rapides (Sector 2) has the highest proportion (though not total number) of visible minority English speakers, with 36% of the 55+ being visible minority.** It also follows Chomedey closely in terms of immigrants, with 73% of the English-speaking senior population identifying as such.
- **Ste-Dorothée, Laval-Ouest, Les Îles-Laval, Fabreville-Ouest and Laval-sur-le-lac (Sector 4) and Fabreville-Est and Sainte-Rose (Sector 5) are the sectors with the lowest proportion of English-speaking seniors.** Indeed, around 20% of the English-speaking community in both sectors is 55+, compared to 24% for the entirety of Laval. However, there is still 7,695 English-speaking seniors to be found within both sectors.

**Table 1.** Sociodemographic highlights of Laval’s English-speaking seniors.<sup>a</sup>

	<b>Laval - Total</b>	<b>Sector 1: Est de Laval</b>	<b>Sector 2: Pont-Viau, Laval-des- Rapides</b>	<b>Sector 3: Chomedey</b>	<b>Sector 4: Ouest de Laval</b>	<b>Sector 5: Fabreville- Est, Sainte- Rose</b>	<b>Sector 6: Vimont, Auteuil</b>
<b>ENGLISH-SPEAKERS - ALL AGES (0+)</b>							
Population	126,395	13,435	16,535	44,145	22,885	16,065	13,325
<b>ENGLISH-SPEAKERS - SENIORS 55+</b>							
Population (% of pop/sector)	30,685 (24%)	3,375 (25%)	3,745 (23%)	12,755 (29%)	4,410 (19%)	3,285 (20%)	3,115 (23%)
Immigrant (% of ES seniors/sector)	20,790 (68%)	1,880 (56%)	2,725 (73%)	9,630 (75%)	2,750 (62%)	2,140 (65%)	1,670 (54%)
Visible minority (% of ES seniors/sector)	7,375 (24%)	545 (16%)	1,340 (36%)	2,690 (21%)	1,330 (30%)	965 (29%)	450 (14%)
Below Low-Income cut-off (LICO) (% of ES seniors/sector)	3,283 (11%)	222 (7%)	379 (10%)	1466 (11%)	426 (10%)	297 (9%)	296 (9%)
Median after tax income (MATI) <sup>b</sup>	\$32,100	\$42,500	\$29,300	\$28,000	\$34,900	\$35,400	\$38,400
MATI of visible minority immigrants	\$24,300	\$28,000	\$24,700	\$24,600	\$27,400	\$26,200	\$25,600
Less than high school education (% of ES seniors/sector)	7,800 (25%)	570 (17%)	1,010 (27%)	4,120 (32%)	830 (19%)	695 (21%)	575 (18%)

a The following tables present the sociodemographic highlights of Laval’s English-speaking senior population, based on data from the 2021 Census. Note that, for each row, the sum of the six sectors may not add up to the sum for the “Laval – Total” column, given that Statistic Canada both rounds’ data randomly to the nearest 5 or 10, and suppressed data if the population size is too small. This is to maintain the privacy of Census respondents. Discrepancies may also arise due to the use of both long- and short-form census data.

b Determined by a sum average of median incomes based on population within each sub-group.

**Table 2.** Sociodemographic highlights of Laval’s total senior (55+) population.<sup>a</sup>

	Laval - Total	Sector 1	Sector 2	Sector 3	Sector 4	Sector 5	Sector 6
<b>TOTAL POPULATION – ALL AGES (0+)</b>							
Population	429,555	61,940	78,780	93,920	65,700	74,380	54,825
<b>TOTAL POPULATION – SENIORS (55+)</b>							
Seniors (55+) (% of pop/sector)	136,310 (32%)	19,695 (32%)	24,650 (31%)	33,195 (35%)	18,580 (28%)	22,055 (30%)	18,135 (33%)
Immigrant (% of senior pop/sector)	49,850 (37%)	6,325 (32%)	8,425 (34%)	17,715 (53%)	5,855 (32%)	5,965 (27%)	5,555 (31%)
Visible minority (% of senior pop/sector)	24,330 (18%)	3,370 (17%)	4,900 (20%)	6,610 (20%)	3,165 (17%)	3,335 (15%)	2,950 (16%)
Below Low-Income cut-off (LICO) (% of senior pop/sector)	13,764 (10%)	1822 (9%)	2422 (10%)	3953 (12%)	1870 (10%)	2121 (10%)	1665 (9%)
Median after tax income (MATI) <sup>b</sup>	\$33,700	\$36,500	\$32,200	\$28,700	\$36,100	\$36,900	\$36,500
MATI of visible minority immigrants	\$27,800	\$31,200	\$26,200	\$25,300	\$28,300	\$29,100	\$31,700
Less than high school education (% of senior pop/sector)	31,135 (23%)	4,065 (21%)	6,005 (24%)	9,915 (30%)	3,860 (21%)	3,900 (18%)	3,385 (19%)

a The following tables present the sociodemographic highlights of Laval’s English-speaking senior population, based on data from the 2021 Census. Note that, for each row, the sum of the six sectors may not add up to the sum for the “Laval – Total” column, given that Statistic Canada both rounds’ data randomly to the nearest 5 or 10, and suppressed data if the population size is too small. This is to maintain the privacy of Census respondents. Discrepancies may also arise due to the use of both long- and short-form census data.

b Determined by a sum average of median incomes based on population within each sub-group.

It should be noted that the Laval Total Population reflects only the total number of persons in private households and does not represent the total population of the island of Laval. (438,370)

**Table 3.** Sociodemographic highlights of Laval’s English-speaking seniors between the ages of 55 and 69 years old.<sup>a</sup>

	English-speaking 55–69-year-olds						
	Laval - Total	Sector 1	Sector 2	Sector 3	Sector 4	Sector 5	Sector 6
Population	20,895	2,390	2,670	7,580	3,330	2,410	2,520
Immigrant	13,050 (62%)	1,090 (46%)	1,865 (70%)	5,350 (71%)	2,030 (61%)	1,540 (64%)	1180 (47%)
Visible minority	5,935 (28%)	430 (18%)	1,100 (41%)	2,075 (27%)	1,110 (33%)	800 (33%)	405 (16%)
Below LICO	2,512 (12%)	180 (8%)	340 (13%)	1082 (14%)	375 (11%)	279 (12%)	245 (10%)
MATI <sup>b</sup>	\$35,600	\$46,800	\$30,600	\$31,000	\$38,000	\$38,400	\$42,000
MATI of immigrants	\$30,600	\$40,800	\$27,400	\$28,800	\$34,000	\$32,800	\$36,800
MATI of visible minority immigrants	\$27,400	\$28,000	\$26,200	\$26,600	\$30,000	\$28,600	\$25,600
Less than high school education	3,705 (18%)	185 (8%)	580 (22%)	1,755 (23%)	515 (15%)	360 (15%)	305 (12%)

a The following tables present the sociodemographic highlights of Laval’s English-speaking senior population, based on data from the 2021 Census. Note that, for each row, the sum of the six sectors may not add up to the sum for the “Laval – Total” column, given that Statistic Canada both rounds’ data randomly to the nearest 5 or 10, and suppressed data if the population size is too small. This is to maintain the privacy of Census respondents. Discrepancies may also arise due to the use of both long- and short-form census data.

b Determined by a sum average of median incomes based on population within each sub-group.

**Table 4.** Sociodemographic highlights of Laval’s English-speaking seniors between the ages of 70 and 79 years old.<sup>a</sup>

	English-speaking 70–79-year-olds						
	Laval - Total	Sector 1	Sector 2	Sector 3	Sector 4	Sector 5	Sector 6
Population	6,630	675	765	3,280	830	625	460
Immigrant	5,260 (80%)	550 (81%)	610 (80%)	2,750 (84%)	540 (65%)	420 (67%)	390 (85%)
Visible minority	1,105 (17%)	95 (14%)	165 (22%)	470 (14%)	195 (23%)	130 (21%)	45 (10%)
Below LICO <sup>a</sup>	545 (8%)	42 (6%)	31 (4%)	270 (8%)	44 (5%)	9 (1%)	51 (11%)
MATI <sup>b</sup>	\$24,600	\$34,000	\$26,800	\$23,200	\$25,000	\$28,400	\$22,800
MATI of immigrants	\$23,200	\$32,800	\$25,600	\$22,600	\$22,000	\$25,400	\$24,000
MATI of visible minority immigrants	\$21,800	-	\$23,600	\$23,400	\$21,120	\$21,600	-
Less than high school education	2,460 (37%)	235 (35%)	280 (37%)	1,365 (42%)	220 (27%)	185 (30%)	185 (40%)

a The following tables present the sociodemographic highlights of Laval’s English-speaking senior population, based on data from the 2021 Census. Note that, for each row, the sum of the six sectors may not add up to the sum for the “Laval – Total” column, given that Statistic Canada both rounds’ data randomly to the nearest 5 or 10, and suppressed data if the population size is too small. This is to maintain the privacy of Census respondents. Discrepancies may also arise due to the use of both long- and short-form census data.

b Determined by a sum average of median incomes based on population within each sub-group.

**Table 5.** Sociodemographic highlights of Laval’s English-speaking seniors between the ages of 80+ years old.<sup>a</sup>

	English-speaking 80+-year-olds						
	Laval - Total	Sector 1	Sector 2	Sector 3	Sector 4	Sector 5	Sector 6
Population	3,140	310	310	1,895	250	250	135
Immigrant	2,480 (79%)	240 (77%)	250 (81%)	1,530 (81%)	180 (72%)	180 (72%)	100 (74%)
Visible minority	335 (11%)	20 (6%)	75 (24%)	145 (8%)	25 (10%)	35 (14%)	0 (0%)
Below LICO	181 (6%)	0 (0%)	9 (3%)	115 (6%)	7 (3%)	9 (3%)	0 (0%)
MATI <sup>b</sup>	\$24,400	\$27,600	\$24,000	\$24,200	\$26,000	\$24,200	\$25,400
MATI of immigrants	\$23,600	\$27,600	\$23,200	\$23,400	\$23,400	\$24,000	\$23,200
MATI of visible minority immigrants	\$21,200	-	\$20,800	\$22,600	-	-	-
Less than high school education	1,635 (52%)	150 (48%)	150 (48%)	1,000 (53%)	95 (38%)	150 (60%)	85 (63%)

a The following tables present the sociodemographic highlights of Laval’s English-speaking senior population, based on data from the 2021 Census. Note that, for each row, the sum of the six sectors may not add up to the sum for the “Laval – Total” column, given that Statistic Canada both rounds’ data randomly to the nearest 5 or 10, and suppressed data if the population size is too small. This is to maintain the privacy of Census respondents. Discrepancies may also arise due to the use of both long- and short-form census data.

b Determined by a sum average of median incomes based on population within each sub-group.

## 3.2 Changes since 2019

Since Agape’s last consultation of Laval’s English-speaking seniors in 2019, major societal events have led to significant shifts that have had wide ranging impacts on the health and well-being of Laval’s English-speaking seniors.

### The COVID-19 pandemic (2020-2023)

Not one year after Agape’s last consultation, Quebec was hit by the COVID-19 pandemic. With a province-wide state of public health emergency being declared on March 14th, 2020, we entered into an unparalleled era of isolation for many. March 20th, 2020, saw the banning of indoor gatherings, soon followed by most any form of gatherings. It took until May 22nd, 2020, for outdoor gatherings of at most 10 people to be allowed, with multiple services and businesses being allowed to open shortly after. However, the return to a somewhat normal life did not last long. December 15th, 2020, sees non-essential stores being closed down for the Holiday period, while residents of Laval are prohibited from holding gatherings for Christmas or New Years with anyone outside their household. January 6th, 2021 marks the return of the lockdown, with gradual reopening measures starting on February 8th, 2021. However, Laval being one of the hardest hit regions during this time, measures such as closures of non-essential stores, curfews or limits on gathering would only start easing in June of 2021. It is only a year later, following the implementation of the vaccine passport, three doses of vaccination, further restrictions to non-essential businesses and social gatherings for the Holiday period in December of 2021, and much controversy during the winter of 2022 that, 809 days after being declared on March 14th, 2020, the provincial state of emergency is lifted on June 1st, 2022, marking the end of the pandemic, for many. The mandate for wearing masks in healthcare settings was dropped by the Quebec government on April 7th, 2023. Though no longer seen as a major societal threat, COVID-19 remains persistent. At the time of writing this, the Institut National de Santé Publique du Québec (INSPQ) counts 7 waves of the pandemic, from February 2020 to September of 2022, with the COVID-19 virus being declared endemic to Quebec during 2022<sup>3</sup>.

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3 <https://www.inspq.qc.ca/covid-19/donnees>

Sadly, seniors found themselves particularly impacted by the pandemic, with their physical and mental health and well-being suffering drastically. Across Quebec, more than 95% of COVID-19 deaths were seniors of 50 years or older, with more than 90% being over 60 years old<sup>4</sup>. This led to widespread stress throughout the senior population, with nearly half of the seniors surveyed in Canada claiming to be very or extremely concerned with their health during the pandemic, while a third were also very or extremely concerned about maintaining their social ties<sup>5</sup>. The most impacted of these seniors were those who lived in long-term care facilities, which saw the brunt of the pandemic, followed by newcomers and racialized seniors, who tend to be at higher economic risk<sup>6</sup>. As noted by the House of Commons' standing committee on the subject, the pandemic has led to an increase in experiences of ageism, particularly from healthcare workers<sup>3</sup>. Recent research has corroborated this, finding that seniors have been experiencing more ageism, which is driving greater loneliness and social isolation, harming overall well-being<sup>7,8,9</sup>. Additionally, Quebec's English-speaking population was disproportionately impacted by the pandemic. As concluded by the Government of Canada's Inequalities in the mental health of adults before and during the COVID-19 pandemic study, "before the pandemic, average life satisfaction was lower among Anglophones than Francophones. This difference increased during the pandemic"<sup>10</sup>. This was not experienced by the French-speaking minority outside of Quebec.

### **Law 14/Bill 96 - Amendment to the Quebec Charter of the French Language (2021 – present)**

Bill 96 was announced by the CAQ government on May 12<sup>th</sup>, 2021, as a plan to strengthen the Charter of the French Language (Bill 101). At the time of its proposal, Bill 96 proposed to reinforce regulations on commercial signage, the removal the bilingual status of municipalities with less than 50% of the population identifying English as their first language, to create the French Language Ministry and an associated position of French Language Commissioner, similarly to the Official Language Commission of Canada, and increasing the role and powers of the Office québécoise de la langue française, and applying and enforcing the Charter of the French Language to smaller businesses and organizations.

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4 <https://www.inspq.qc.ca/covid-19/donnees/age-sexe/evolution>

5 <https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00008-eng.htm>

6 <https://www.ourcommons.ca/Content/Committee/441/HUMA/Reports/RP11867690/humarp03/humarp03-e.pdf>

7 Donizzetti, A.R. and Capone, V., 2023. Ageism and the pandemic: risk and protective factors of well-being in older people. *Geriatrics*, 8(1), p.14. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9844376/#:~:text=The%20COVID%2D19%20pandemic%20has,loneliness%2C%20and%20victims%20of%20ageism>.

8 Lara, E., Matovic, S., Vasiliadis, H.M., Grenier, S., Berbiche, D., de la Torre-Luque, A. and Gouin, J.P., 2023. Correlates and trajectories of loneliness among community-dwelling older adults during the COVID-19 pandemic: A Canadian longitudinal study. *Archives of Gerontology and Geriatrics*, 115, p.105133. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S016749432300211X>

9 Ooi, L.L., Liu, L., Roberts, K.C., Garipy, G. and Capaldi, C.A., 2023. Original quantitative research-Social isolation, loneliness and positive mental health among older adults in Canada during the COVID-19 pandemic. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 43(4), p.171. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10111573/>

10 <https://health-infobase.canada.ca/covid-19/mental-health-inequalities/summary.html>

Bill 96 was officially adopted on May 24th, 2022, and received royal assent on June 1st, 2022, becoming law 14. The law is set to enter into effect in three phases, the first having started on June 1st, 2022, the second on June 1st, 2023, and the third coming into effect on June 1st, 2025. By this third phase, the following is intended to be in effect. Regardless of the interpretation of the law, which has been changing continuously through directives across multiple ministries, the greatest impact it has had on the English-speaking and allophone communities of Quebec has been to create a pervasive sense of uncertainty and fear for many. The doubt about what services will be impacted, who will be allowed to use what languages, and how things will change, has had a notable impact on the well-being of many English-speakers. Indeed, a 2021 Angus Reid Institute survey of Quebecers found that 71% of English speakers believed bill 96 would have a negative impact on their financial well-being<sup>11</sup>.

As expressed by the Quebec government, here are the facts regarding law 14<sup>12</sup> (translated from French to English):

- All English-speaking citizens will continue to have equal access to health services in their own language
- English-speaking communities will continue to benefit from high-quality English-language schools, colleges, universities and hospitals, at a level unmatched by French-speaking minorities elsewhere in Canada.
- English-speaking Quebecers will continue to enjoy the same constitutional guarantees of access to justice in their own language.

However, despite the Quebec government maintaining the rights of English-speakers to access healthcare services in English, the fear and uncertainty of many services providers about the consequences of serving individuals in a language other than French has been felt widely throughout Quebec's English-speaking community.

### **Bill 15 - An Act to make the health and social services system more effective (2023 – present)**

A proposal to make sweeping changes to the health and social services system was presented to the Quebec National Assembly at the end of March 2023. Aimed at improving access to the health and social service system, both public and private, the proposal, bill 15, would see the CISSSs and CIUSSSs across the province merge into one entity, a state-owned enterprise known as Santé Québec, who would become the sole employer for all healthcare workers. Bill 15 was adopted by the Quebec government on December 9<sup>th</sup>, 2023. Based on the timeline set out by the government, December 1<sup>st</sup>, 2024, "CISSSs, CIUSSSs and institutions retain their identities and are integrated into Santé Québec, which will coordinate the network's activities", "At that point, Santé Québec will become the sole employer of health and social services network personnel"<sup>13</sup> (translated from French to English).

With the modifications just having come into effect, future consultations will be the ones to investigate whether the bill has achieved its objective of improving access to health and social services, and improve the quality of services offered to Quebecers.

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11 <https://angusreid.org/bilingualism-french-bill-96/>

12 <https://www.quebec.ca/gouvernement/politiques-orientations/langue-francaise/pl96>

13 <https://www.quebec.ca/sante/systeme-et-services-de-sante/organisation-des-services/systeme-quebecois-de-sante-et-de-services-sociaux/transformation-systeme-sante/reseau-sante-efficace-personnel>

## 4. Approach

This consultation was approached through a multifaceted methodology, seeking to provide as clear a picture as possible about the lived-experiences of Laval’s English-speaking seniors, the wider English-speaking population, and how this all compares to the French-majority population.

### 4.1 Surveys

#### 4.1.1 Survey of Laval English-speaking seniors

Throughout May and June, 2024, Laval’s English-speaking seniors were surveyed, both online or in-person with the help of staff to fill out the forms, to better understand their realities, with a particular focus on access to health services, alongside seeking to identify their needs as caregivers and for their overall well-being. The survey, which had between 11 and 20 questions, depending on branching pathways, collected basic demographic information (age, gender identity, how long they have lived in Laval) and asked respondents: to rank the importance of accessing various healthcare services in English, if they had requested to access services in English and, if so, if they were ever denied, enquired about experiences during hospital stays, asked about caregiver status and the support they were receiving as caregivers, and finally, asked respondents to rate their health, access and quality of services, and the impact on their well-being. Postal codes were also requested, to allow for geolocation of respondents into the six sectors of Laval.

By the end of the consultation period, 86 seniors had responded to the survey, with **84 of them (98%) providing their informed consent.**

#### 4.1.2 Survey of Laval’s senior-serving organizations (Members of the Table Régionale de Concertation des Aînés de Laval (TRCAL))

In parallel, a survey was done with Laval’s senior-serving organizations. The organizations targeted by the survey were the 48 members of the Table Régionale de Concertation des Aînés de Laval (TRCAL), “a regional body dedicated exclusively to seniors” and whose mission is to “bring together organizations offering services and activities to seniors in the region”. The purpose of the survey was to consult organizations on their comfort with and ability to deliver services to Lavallois seniors in languages other than French. The short, 10-question, survey asked respondents to identify what districts in Laval they operate in, the services they offer and their costs, the frequency at which they get requests in the languages used by more than 3% of Laval’s population (French, English, Arabic, Spanish, Italian), their ability to serve seniors in these languages, and their ability to reference seniors to groups that can serve them in these languages, if they use interpretation services, and whether they are aware of Agape’s various services. The survey was conducted online and by phone by members of the Walling Consulting team, in the aim of increasing participation. While contacting the organizations, the surveyors took note of whether the organizations websites were accessible in English or languages other than French.

By the end of the consultation period, **35 organizations had responded to the survey, representing a 76% response rate, with 80% (n = 28) providing their informed consent.**

## 4.2 Focus groups

In person focus groups were held at Agape’s Senior Wellness Center on the morning of June 7<sup>th</sup>, 2024. Invitations to participate were sent to Agape’s senior membership in the weeks prior, and resulted in a strong turnout. Indeed, **around 70 seniors took part in the focus groups**. The starting number, which was tracked, was 66 participants. However, some unplanned and untracked arrivals likely raised that number to 70. During the sessions, participants were divided into three focus groups: two with around 20 participants and one with around 30 participants. The focus groups were designed to both validate the information that had been gathered through the survey of seniors, which at that point had approximately 40 to 50 respondents, while also delving much deeper into areas and experiences surrounding access to health and community services, and their well-being. Each group included two facilitators, one leading the discussion and the other taking notes. A facilitator’s guide was prepared by Walling Consulting to aid facilitators in gathering similar information. The notes from each table were collected and transcribed by Eric Walling, who proceeded to the qualitative analysis of the information, through thematic analysis. Though mainly a qualitative process, six quick quantitative questions were asked to the groups, asking participants to show their position by raise of hands. The questions asked to the groups included the following: note that, for accessibility reasons, well-being was worded as “health, happiness, and quality of life”, as it resounded more with the participants:

- (Show of hands) How many of you get most of your health and social services (HSSs) in English in Montréal?/ Some of your HSS in Montréal? How many would like to get your HSSs in Laval?
- What words would you use to describe the English-speaking community of Laval?
- How do you think the French-speaking community of Laval sees the English-speaking community?
- What are the major contributors to your health, happiness, and quality of life?
- What role, if any, does Agape play in your health, happiness, and quality of life?
- (Show of hands) Who feels that their access to health and community services in Laval and in English has improved over the past 5 years?/Who feels that their access to health and community services in Laval and in English has decreased over the past 5 years?/Who participates in/uses community services other than Agape?
- How has access to health and community services in English changed over the past 5 years, in Laval?
- How has the quality of health and community services in English changed over the past 5 years, in Laval?
- How has Agape helped you in accessing health and community services?
- As you age, are you worried about being able to access the health and community services that you think you will need?
- How important is access to and quality of health and community services compared to all aspects of your lives? Follow-up: What is more important to you, health or community services?

### 4.3 Sociodemographic data collection

In addition to the surveys and focus groups, sociodemographic data for the entirety of Laval’s English- and French-speaking populations was obtained from a variety of sources, to provide context and understanding to the situations faced by English-speaking seniors in Laval. These sources of data include:

- A specifically requested cross-referenced dataset from the 2021 Canadian Census, following these guidelines:
  - Geography: the six districts of Laval
  - Universe: Population in private households
  - Intersecting variables:
    - First official language spoken (5)
    - Age: 0-5/6-14/15-24/25-44/45-64/55-69/70-79/80 and over/65 and over
    - Total income groups (13)
    - Highest certificate, diploma or degree (9)
    - Immigrant status (4)
    - Aboriginal identity (9)
    - Visible minority (15)
- Census-derived data from the Community Health and Social Services Network:
  - CHSSN’s Socio-demographic profile of the population aged 55 and over – Province of Québec
  - CHSSN’s Dashboards:
    - RTS de Laval – Population Aged 55 Years and Over, 2021
    - RTS de Laval – Total Population, 2021
    - Québec – Total Population, 2021
- And the Provincial Employment Roundtable’s (PERT) report *A Snapshot of Poverty Among Québec’s English-speaking communities*

Data specific to 2019, unless mentioned otherwise, was sourced from Agape’s previous senior consultation, *Report on the Consultation with the English-speaking Seniors of Laval*. The documents listed in this section are available at the following links, with the exception of the cross-referenced dataset:

<https://agapeassociationinc.com/uploads/>

<https://chssn.org/documents/>

[https://pertquebec.ca/wp-content/uploads/2023/08/Snapshot of Poverty Among Quebecs English Speaking Communities-1.pdf](https://pertquebec.ca/wp-content/uploads/2023/08/Snapshot_of_Poverty_Among_Quebecs_English_Speaking_Communities-1.pdf)

## 5. Results and Findings

### 5.1 Community surveys

#### 5.1.1 Profile of respondents (gender, age, location and length of residence in Laval)



In total, 86 Lavallois seniors responded to the survey, with 84 of them (98%) providing informed consent to have their responses analyzed. 84% of respondents (n = 71) identified as women, 16% identified as men (n = 13), and nobody identified as nonbinary or other. The low number of representation of men and gender diverse individuals is a shortfall of this survey, despite there being a potentially larger pool of men who could have been sampled in this investigation. The focus groups, which were used to validate some survey findings, were more equitable between men and women.

However, there was better representation of age diversity. Of the 84 respondents whose information was assessed, 7% were between 55 and 60 (n = 6), 13% were between 61 and 70 (n = 11), 51% were between 71 and 80 (n = 43), and 29% were 81 and over (n = 24). More representation from those aged 55 to 70 would have been interesting, though the current sample is very representative of the seniors who participate in Agape's Senior Wellness Centre.

There was good diversity as well in the length of time that people have resided in Laval for, and this across all age groups. Overall, the range for all survey respondents was 3 to 69 years of residence. 8 (10%) respondents were newcomers to Laval, residing in the city for five years or less, while the majority had been long-term residents, with 25% of respondents (n = 21) residing between 40 to 49 years, 34% (n = 28) residing between 50 to 59 years, and 14% (n = 12) residing in Laval for more than 60 years. The remaining 17% (n = 14) were near evenly split between 10 to 19, 20 to 29, and 30 to 39 years of residence.

Finally, regarding location of residence, we expected a greater representation of English-speakers from Chomedey and the Ste-Dorothée, Laval Ouest, Les Îles-Laval and Fabreville-Ouest sectors. This was the case, with 53 of the 78 respondents who provided postal codes (68%) living in Chomedey, 14% (n = 11) living in Ste-Dorothée, Laval Ouest, Les Îles-Laval and Fabreville-Ouest, 8% (n = 6) living in Pont-Viau, Renaud-Coursol and Laval-des-Rapides, 4% (n = 3) living in Duvernay, St-François and St-Vincent, 4% (n = 3) living in Fabreville Est and Ste-Rose, and 3% (n = 2) living in Vimont and Auteuil<sup>14</sup>. Given the distribution of population presented in section 3.1, there is an overrepresentation of Chomedey residents and an underrepresentation of all others.

## 5.1.2 General findings

### 5.1.2.1 Access to health and social services<sup>15</sup>

**Being able to access all types of health and social services, in English, is resoundingly important for Laval's English-speaking seniors, especially doctors and hospital emergencies/out-patient clinics.**

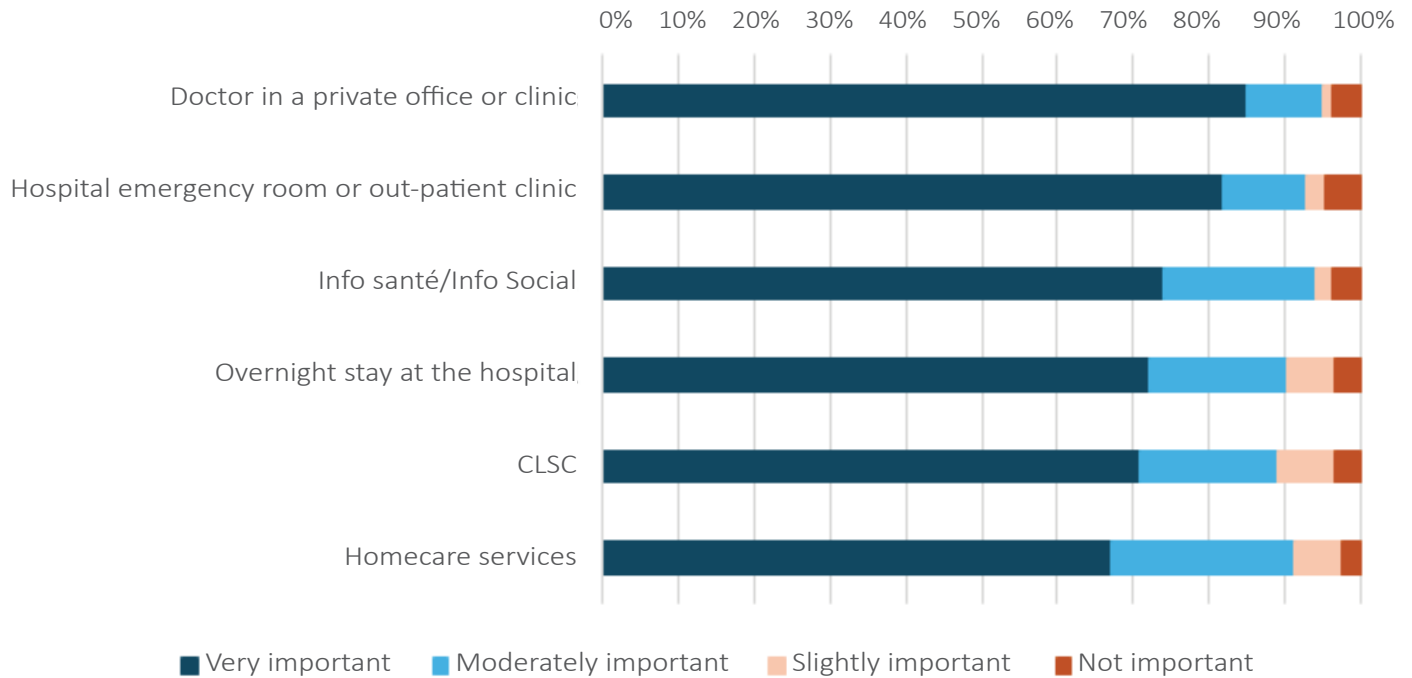
Survey respondents were asked to rank whether they believe that accessing various forms of health and social services is not important, slightly important, moderately important, or very important. The results of this question are highlighted in Figure 1. Regardless of the type of health and social service, respondents ranked them around 90% to 95% as moderately important and very important. When focusing on the “very important” responses, the range varies more, with access to doctors in English being the most important for Laval's English-speaking seniors, at 85%, followed by hospital emergency room or out-patient clinics, at 82%. The other alternatives are closer to 70%, while only homecare services is considered very important by less than 70% of respondents, with 67% selecting it as such. Regarding those that responded that access to health and social services in English were “not important”, there was only ever less than 5% per category, shared rather evenly across all choices.

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14 Percentages have been rounded to the nearest whole number, leading the total to be 101%.

15 Services used by respondents during the past 12 months: Doctors in a private office or clinic (66%), CLSC (51%), Info Santé/Social (47%), hospital ER or out-patient (34%), homecare services (16%), overnight stay at the hospital (13%).

## Importance of being able to access services in English



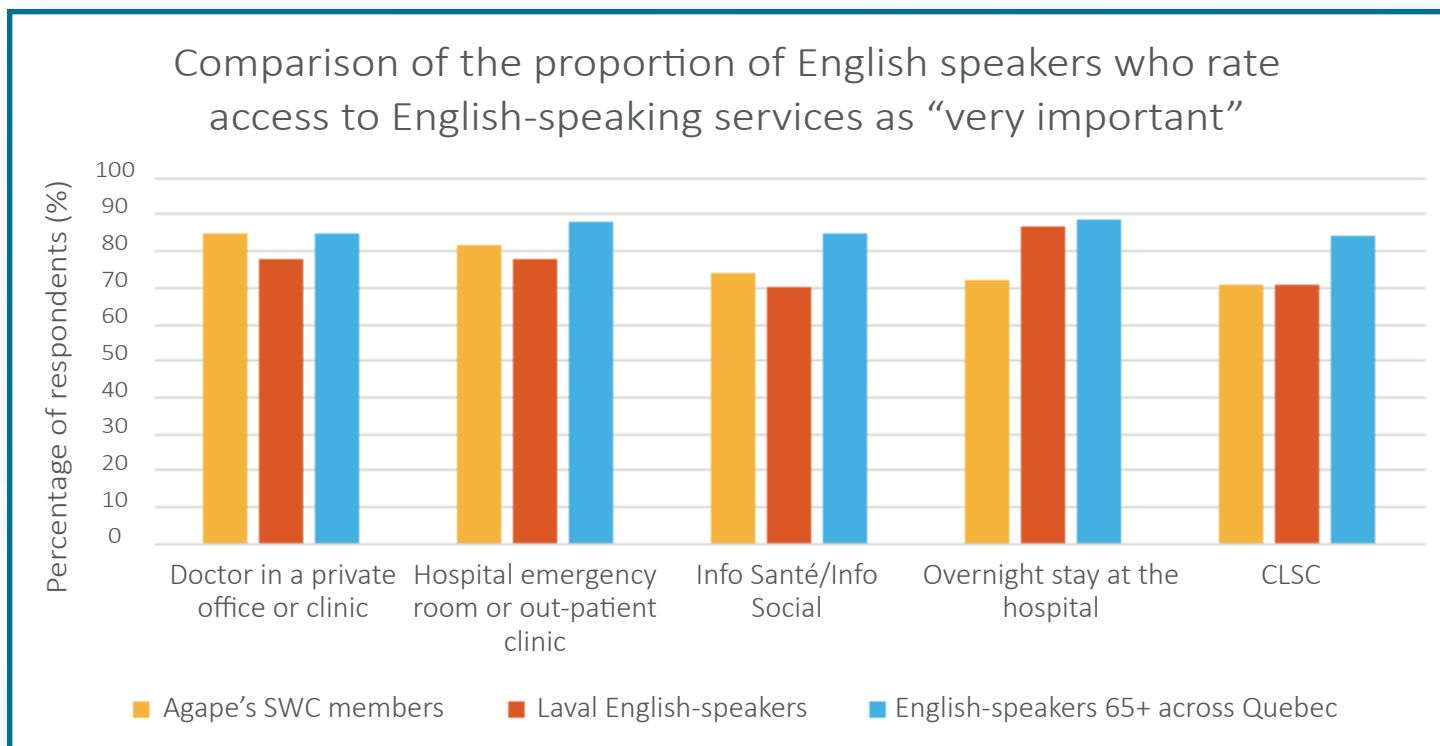
**Figure 1.** Ranking of importance of being able to access services in English, by service type.



**Laval’s English-speaking seniors value accessing health and social services in English at rates higher than the general English-speaking population of Laval, but lower than English-speaking seniors (65+) throughout the province.**

Though not a pure comparison, given that the CHSSN’s CROP survey of 2023<sup>16</sup> (which we will refer to as “the CROP survey” from hereout) asked a different version of the question, it is possible to try and draw some parallels between the results of CHSSN’s survey and this consultation. Indeed, CHSSN asked a specific question, asking respondents if “it was very important to have access to services in English” or if “being served in French would have been acceptable”. Though we cannot relate the responses to both questions one to one, if we assume that those who responded with “very important” to this consultation would have responded with “it was very important to have access to services in English” in the CROP survey, we can attempt some form of comparison. This comparison is presented in Figure 2. Given the way that the CHSSN’s CROP data is presented, we can only compare with the general English-speaking population of Laval, or the general English-speaking senior population of the province of Quebec, but not English-speaking seniors of Laval.

The comparison shows that, in most cases, Laval’s English-speaking seniors value accessing health and social services in English at rates higher than the general English-speaking population of Laval, but lower than English-speaking seniors (65+) throughout the province. The one major exception to this is overnight stays at a hospital, where only 70% of the respondents to this consultation ranked it as very important, compared to 87% of Laval English-speakers and 89% of English-speaking seniors in CROP’s survey. We have no idea why this is the case.



**Figure 2.** Comparison of the proportion of English-speaking seniors who rate access to English services as very important across different service types and English-speaking subgroups.

16 2023 CROP Survey- English language Health and Social Services Access in Québec. Available at: <https://chssn.org/documents/crop-english-language-health-and-social-services-access-in-quebec/>

**Many do not know if they can request, or do not feel comfortable requesting, English-speaking health and social services.**

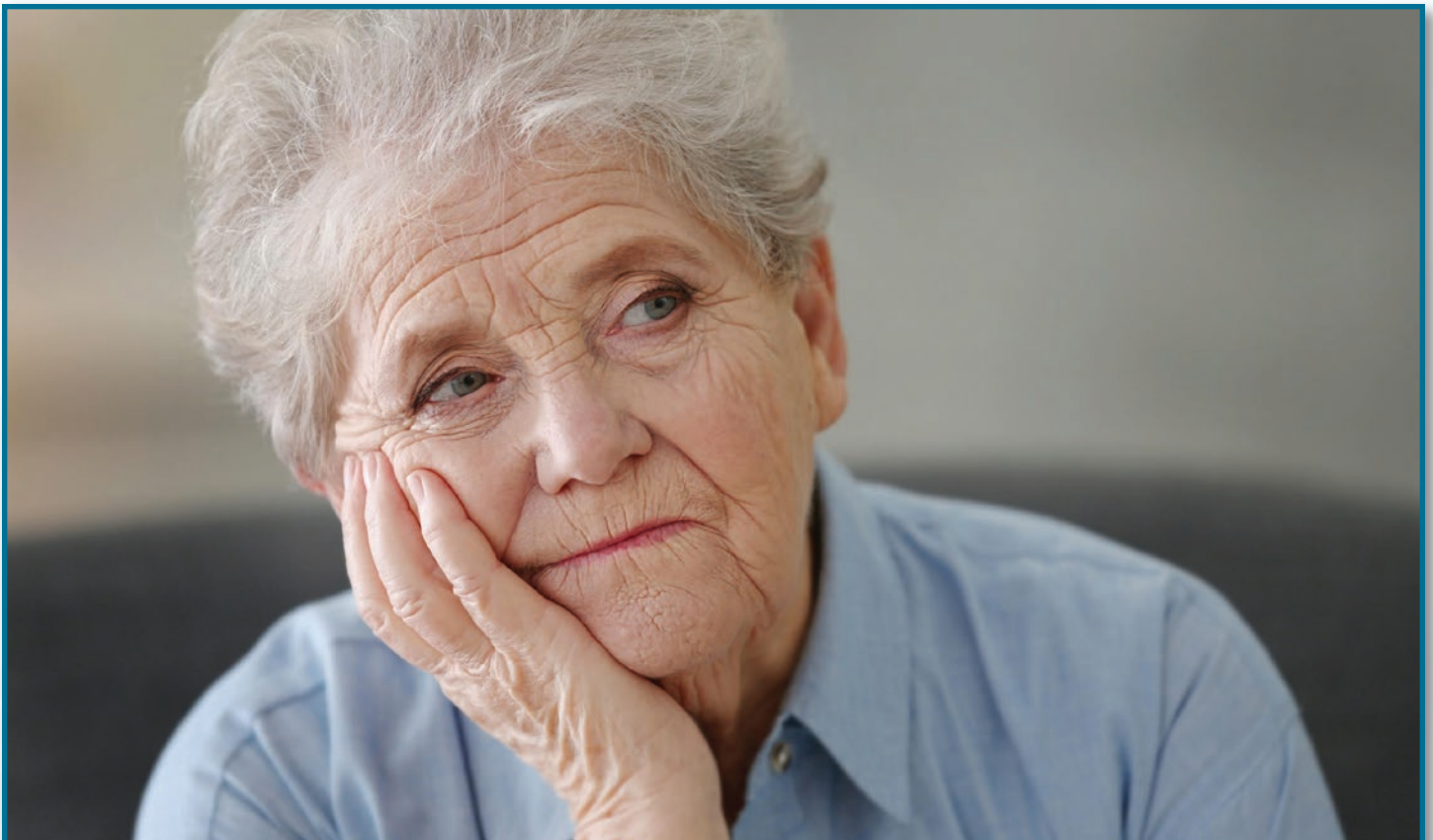
Overall, 29% of the respondents who accessed health and social services within the past 12 months did not request to be served in English, at all. This in spite of 77% of respondents saying that, on average, accessing health and social services in English is very important. This proportion varied by type of services, with hospital emergency room or out-patient clinic having the lowest proportion, at 21% of users (n = 7 of 33) not requesting English, while CLSC services was the highest, at 30% (n = 15 of 50). All other sectors varied around 26% +/- 1%.

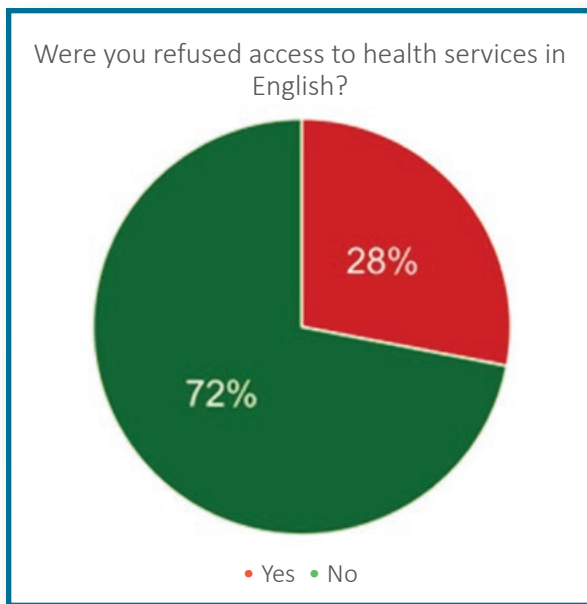
CLSC services in particular appear to be a major issue for Laval’s English-speaking seniors. It was mentioned by respondents throughout the survey as a particularly difficult area to access services in English, while also having poor experiences with staff. Examples of feedback from the survey include:

- “Interview with CLSC for adapted exercise class. Did not speak any English”
- “CLSC workers are unable to speak English”
- “I cannot trust the CLSC staff”
- “CLSC needs bilingual employees”

These numbers match those obtained by the CROP survey, where it was identified that 31% of Laval English-speakers “felt uncomfortable asking for public health or social services in English”. This places Laval as the 3rd highest area where English-speakers are uncomfortable to ask for health and social services in English.

One point that will be discussed in the focus group section (section 5.2.4) is the desire of many of Agape’s Senior Wellness Centre members to be more empowered in requesting for English-speaking services, something which they believe Agape can continue to help them with.





**Figure 3.** Percentage of survey respondents refused access to health and social services in English

### Many seniors have been refused access to English services over the past 12 months

28% of the respondents who requested access to English-speaking health and social services were denied access to these services. Note that this is likely an underestimation, as was realized during the focus groups, were many seniors shared experiences of being passively refused access to services in English, without realizing that it was a refusal. This will be discussed more in detail in section 5.2.4.

Of the respondents that detailed their experiences with being refused services, 39% (n = 7 of 18) were refused by admitting personnel, which appears to be the greatest bottleneck to obtaining English-speaking services. Indeed, the CROP survey found that “of the English-speakers who had used an emergency room or out-patient clinic, more than [37% of Laval English-speakers] reported that the admitting staff had NOT spoken to them in English”. Furthermore, as noted previously, CLSCs in Laval appear to be particularly touched by a lack of English-speaking resources or awareness of how to support English-speaking

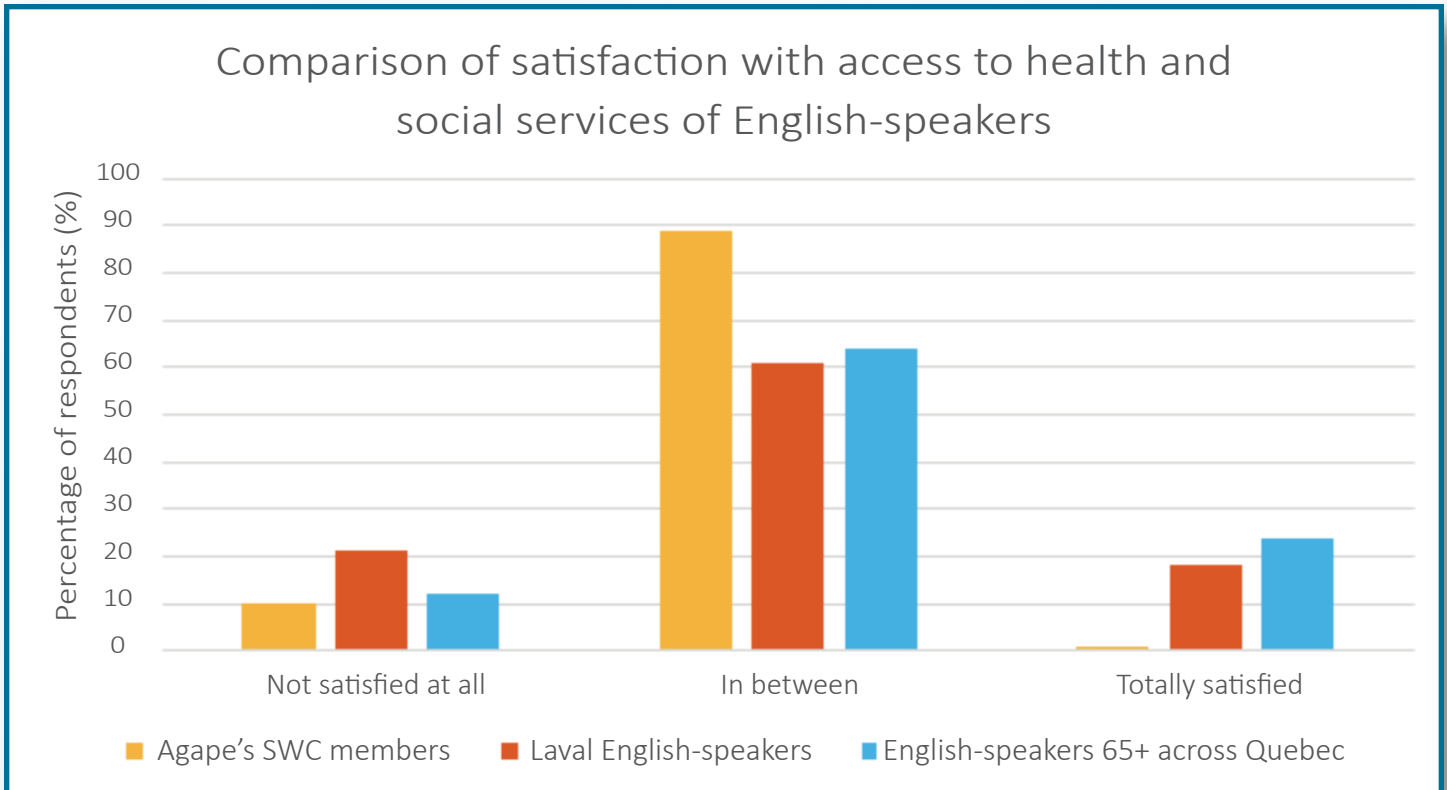
patients. Indeed, 22% of those who reported being denied English services were denied at CLSC’s. This was also the case for the Cité-de-la-Santé hospital, based in Vimont. The other examples provided include triage nurses, twice (11%), doctors, twice as well (11%), and specialized technicians, once (6%).

The notion of phone lines for English-speakers not leading anywhere came up a few times in these responses, and is a major theme that will be explored in the focus groups section (section 5.2.4).

### Laval’s English-speaking seniors are generally displeased with their access to services, with an overall average satisfaction of 48%

When asked to rate their satisfaction of access to health and social services, respondents were rather neutral, avoiding the strong extremes that recent community surveys, such as CHSSN’s English-language Health and Social Services Access in Québec report of May 2023, have identified. Indeed, Figure 4 compares the results of the CROP survey, which was carried out throughout the province and with all age groups, to the responses given in this consultation. Where the general English-speaking population of Laval voiced strong dissatisfaction with access to health and social services, with 21% of respondents being not satisfied at all (the worse possible ranking), only 10% of English-speaking seniors rated access as harshly. This is also lower than the average of English-speaking seniors above 65 years old throughout the province, who had 12% rank their satisfaction with availability of health and social services at the lowest level. It is possible that this improvement, particularly when compared to Laval’s English-speaking population, stems from the increase in access to services that Agape’s Senior Wellness Centre has brought over the years; a conclusion that was noted in the 2019 Senior Consultation and which came up throughout the focus groups, as will be discussed in Section 5.2.5.

However, not everything is positive. Despite not being as harsh as other English-speakers, inside and outside of Laval, Agape’s Senior Wellness Initiative participants were also significantly more critical of the availability of English-speaking services. Indeed, when going to the other side of the spectrum, only 1% (in this case, 1 respondent) was totally satisfied with the availability of and access to health and social services. This compares to a much higher 18% for English-speakers of Laval and an even greater 24% for English-speakers 65 years and over throughout the province.



**Figure 4.** Comparison of the satisfaction of English speakers with access to health and social services across different English-speaking subgroups.

**Satisfaction with the quality of health and social services is split, with improvements still being needed.**

60% of those who had accessed health and social services in the past year rated the quality of the services as good or very good, with the other 40% rating them as poor or very poor. As with the question of access to health and social services, the survey respondents were very focused towards the middle of the spectrum, with only 5% of respondents rating quality of health and social services as very good, and 6% rating it as very poor. Sadly, we do not have data to compare with other groups in Laval or across the province.

**Access to community services is much more appreciated by the seniors of Agape’s Senior Wellness Centre**

Given that 35% of participants identified not using any form of community services, despite many being active members of Agape’s Senior Wellness Initiative, we will not aim to quantify appreciation. There is no doubt that the members of Agape’s Senior Wellness Centre would rate community resources significantly higher, if they realized that Agape is, in fact, a community resource.



### ***5.1.2.2 Hospital stays***

**Access to English information in hospitals remains uncertain, but the seniors that received care were generally pleased with their experiences.**

10% of respondents (n = 8) experienced a hospital stay, either for themselves or accompanying someone else, in the past 12 months. As noted, when discussing refusal of English services, admission, consent forms, pre- and post- op forms, and medical technicians were noted as being equally unavailable by a quarter of these respondents (n = 2). All 8 respondents were provided access to English-speaking doctors. Overall, despite the trouble in accessing services in English for a few, respondents stated that their needs were met. The following are comments from some of these seniors:

“I was well taken care of; had no complaints.”

“Very nice and competent doctor following my stay who spoke English.”

“I received good care and the staff were very nice.”

### 5.1.2.3 Caregivers



**A quarter of respondents identified as caregivers, with nearly a third of the 71 to 80 age group being caregivers.**

23% (n = 19) of respondents identified as caregivers<sup>17</sup>, and nearly half of these caregivers (47%, n = 9) provided care to their partners, while about a fifth (21%, n = 4) cared for their parents, with a few individuals caring for a child (all ages), an in-law, a sibling, or a friend (2 respondents for children, 1 respondent per category for the other three). All caregivers for parents were below 70 years of age, while all caregivers for partners were above 70, two of which were above 81. All but one caregiver identified caring for one individual, with one respondent caring for both a parent and a sibling.

Overall, caregivers were predominantly between the ages of 71 and 80, with 63% (n = 12) being in this age group, representing nearly a third (29%) of all respondents in the 71 to 80 age group. This was followed by 81+, with 16% of caregivers (n = 3), and 55-60 and 61-70 each with 10% of respondents (n = 2 for both).

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<sup>17</sup> A caregiver was defined in the survey as “someone who has responsibility for someone’s physical and/or emotional health. I.e., do you occasionally or on a regular basis help a child, spouse, family member, friend or neighbor who have a disability, health problem, etc.”

## Health and wellbeing of caregivers

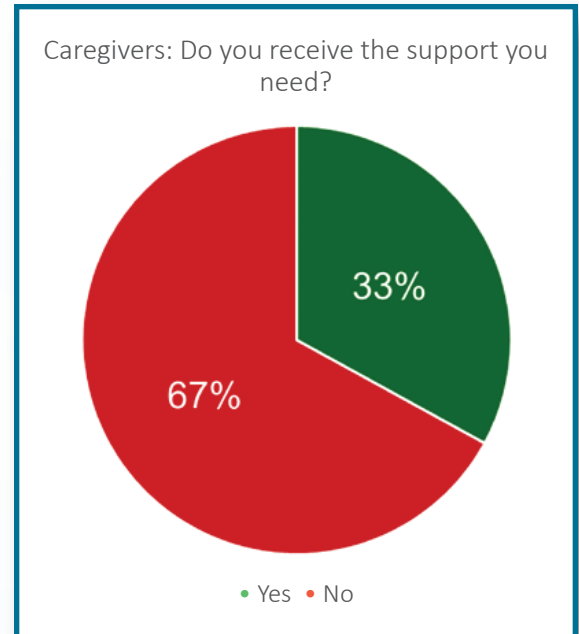
When separating the responses from caregivers and non-caregivers, and looking at their well-being, we find, unsurprisingly, that caregivers have a notably lower well-being than their non-caregiving counterparts. Indeed, non-caregiver survey respondents had an average well-being of 73%, while the average well-being for the caregivers was 63%. As noted, this is not unexpected, given that caregivers, particularly those without proper support, tend to experience significant decline in their health and wellness, when compared to non-caregivers<sup>18</sup>.

### Caregivers lack support

An important contributor to this lower well-being was a perceived lack of support for caregivers. Indeed, when asked, simply, “as a caregiver, do you receive the support you need?”, 67% of caregivers (n = 12) responded with a clear “no”.

One of the primary reasons behind the perceived lack of support and the lower well-being of the caregivers was the lack of services in English. Indeed, when invited to share what they would need to support them, and to provide any additional feedback on their experiences as caregivers in Laval, survey respondents identified the following:

- More help (53%, n = 10). Examples include:
  - “Help to have someone stay with my spouse while I go appointments or to have coffee with a friend/“Qualified people that can provide respite/More companionship for my partner.”
  - Help with care: bathing, exercising, getting dressed.
  - “Support for my own mental health”/ “Someone to talk to when days are really bad.”
  - “Activities in English for people with dementia.”
  - “Help with translation to English.”
  - “People I can turn to for help.”
  - “Adapted transportation.”
  - “List of trustworthy individuals who can help around the home, help with bathing, etc.”



**Figure 5.** Perception of support for caregivers from the caregivers who responded to the survey

18 LaManna, J.B., Unruh, L., Chisholm, L., Pericles, P. and Fotovvat, H., 2020. Perceptions of health and well-being among older adult caregivers: Comparisons of current caregivers with former and never caregivers. *Geriatric Nursing*, 41(4), pp.429-435.

- English services (21%, n = 4). Examples include:
  - “I receive the support at the CHSLD in the people that care for my mother (Nursing staff, Nursing Aids and Prepose), but any extra support or presentations are only offered in French, so I do not partake. Even the extra curricular activities in the CHSLD are all in French. Even the bi-monthly calls are all in French”/ “Offer the courses and information sessions in English.”
  - “More polite bilingual staff”
  - “Not served in English, difficulty navigating the systems for different health needs without proper explanation.”
  - “MOSTLY WE NEED SERVICES IN ENGLISH.”
- While other, more specific, ideas include:
  - “I would like to have some meals sent”
  - “Finding an appropriate residence or apartment in Chomedey”
  - “Information”

The survey’s follow-up section on physical health, mental health, and well-being, which is discussed in section 5.1.2.4, also had many ex-caregivers, oftentimes individuals caring for their partners who have since passed, stating a serious lack of support for caregivers:

“I was a caregiver to my partner, and I did not receive the support that I needed”

“My father passed away at 95 years old in 2021. At the time, we did not receive support from the CLSC”

#### ***5.1.2.4 Physical health, mental health, and well-being***

##### **Laval’s English-speaking seniors are doing well, physically, mentally, and in their overall well-being**

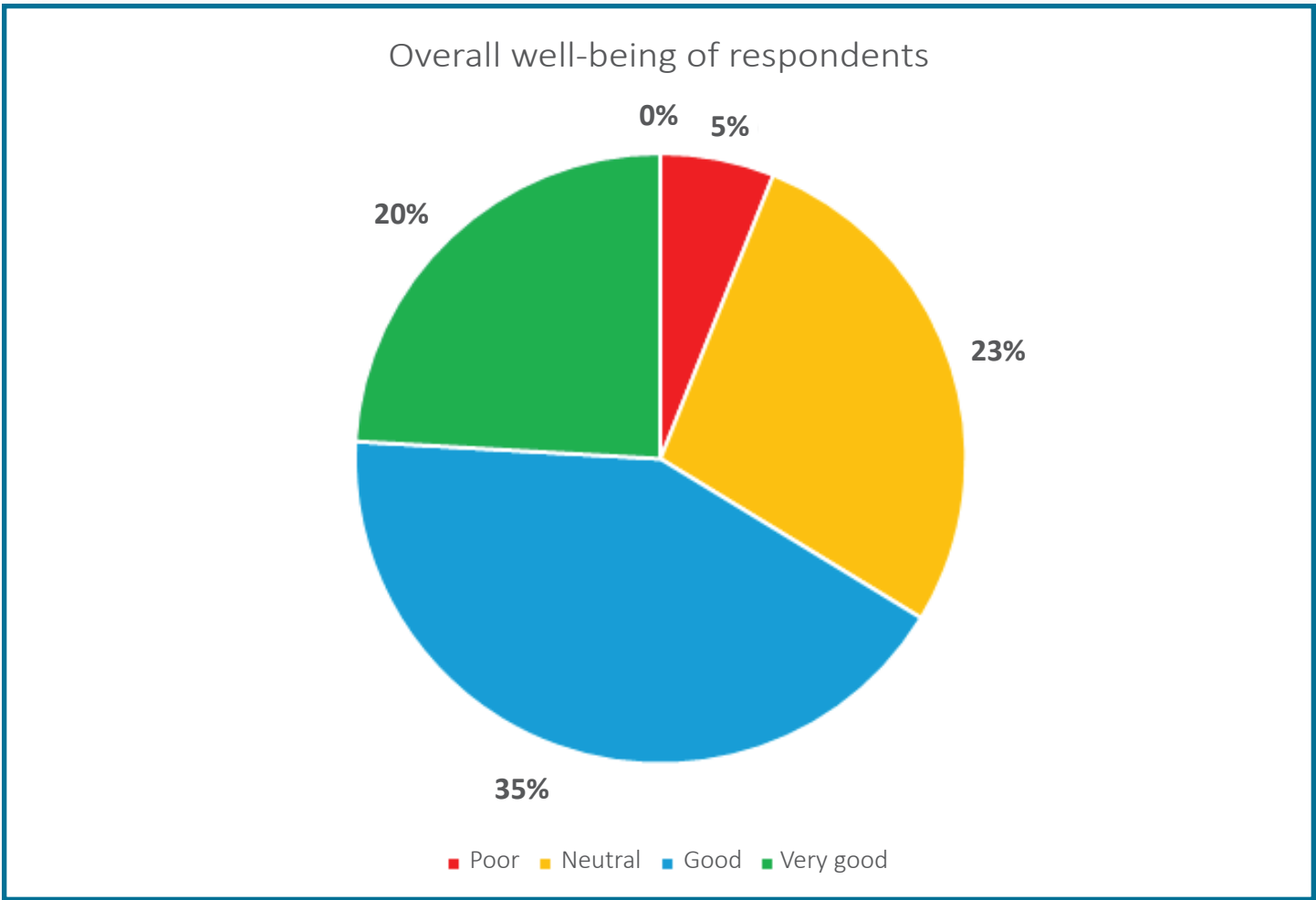
Possibly a testament to the benefits of staying active and engaged in their communities, survey respondents have a surprisingly high level of physical, mental, and overall well-being. 55% of respondents (n = 46) rated their physical health as good or very good, 33% (n = 28) rated it as neutral, and 12% (n = 10) rated it as poor. Nobody rated it as very poor. Regarding their mental health, results were even more positive, with 39% (n = 32) rating it as very good, 36% (n = 30) as good, for a total of 66% good and very good, 20.5% (n = 17) neutral, and 5% (n = 4) as poor, with no very poor as a choice selected as an answers.

Note that, there is a possibility that these results are biased towards more positive responses, particularly regarding mental health. Taboos surrounding mental illness are still being deconstructed and older population groups tend to be less aware or transparent about their experiences with mental health<sup>19</sup>. Indeed, despite many respondents writing about their physical ailments, caregiver needs, medical tests, etc., not a single respondent mentioned depression, anxiety, or any other such issues.

Finally, regarding their overall well-being, which includes health, happiness, and quality of life, respondents were once again mostly positive. 24% (n = 20) rated their overall well-being as very good, 42% (n = 35) rated it as good, for a total of 66% rating it positively, with 28% (n = 23) rating it as neutral, and only 6% (n = 5) rating it as poor. Once again, nobody rated their well-being as very poor.

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<sup>19</sup> Colligan, E.M., Cross-Barnet, C., Lloyd, J.T. and McNeely, J., 2020. Barriers and facilitators to depression screening in older adults: a qualitative study. *Aging & mental health*, 24(2), pp.341-348.



**Figure 6.** Distribution of the self-rating of overall well-being of the survey respondents



**Access to English-speaking family doctors is the key to feeling well for many seniors, with at least 23% of respondents not having one.**

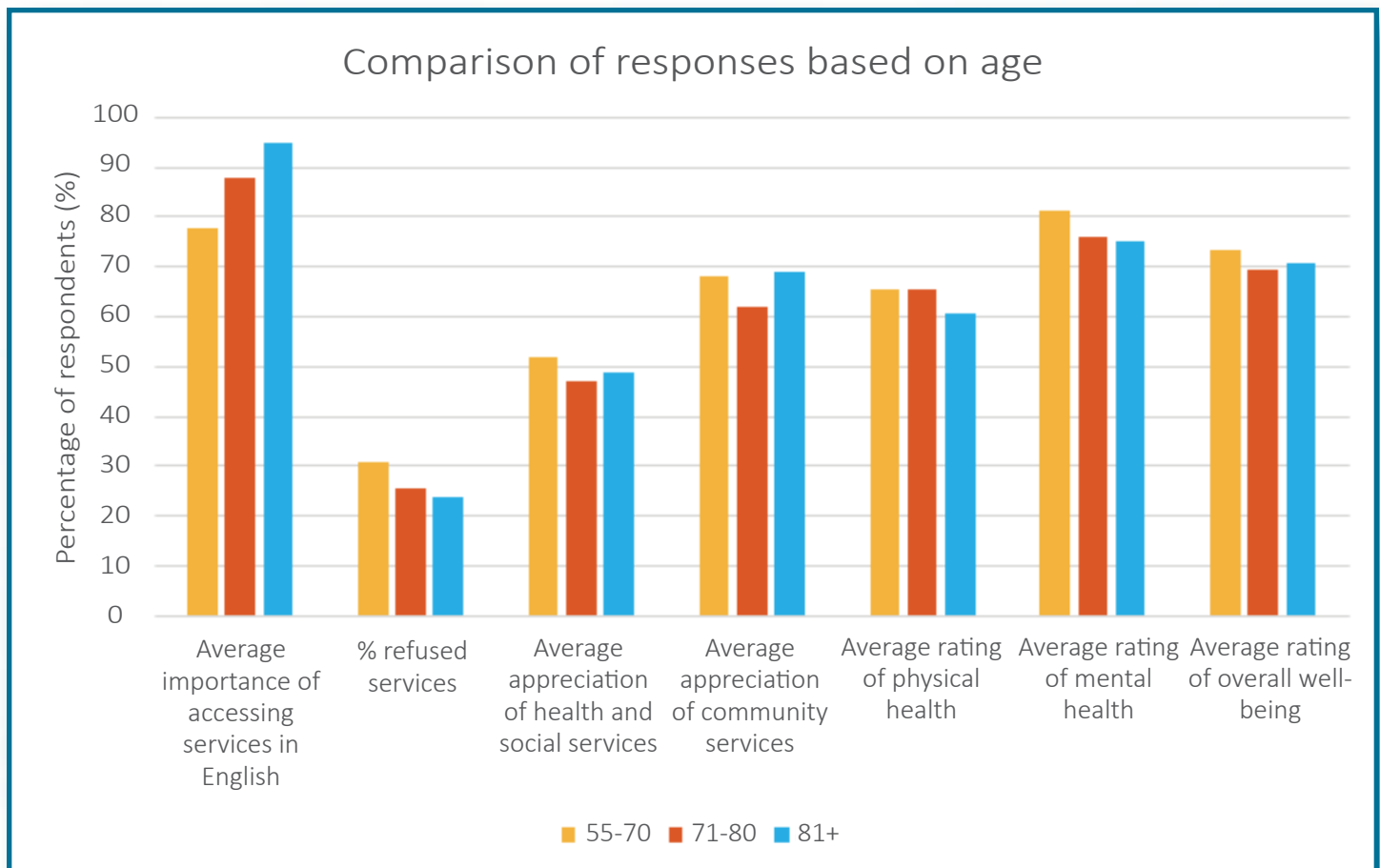
When asked what could improve their well-being, 55 of the 84 survey respondents provided a mix of feedback. Overall, the most prominent overarching theme was access to family doctors. Indeed, 42% of those who provided feedback (n = 19) mentioned not having a family doctor and placed it as the most important factor to improve their health and well-being. Though we cannot be sure if more participants without family doctors did not explicitly state it in the survey, given that it was not a direct question, at a minimum, the 19 who stated not having access to a family doctor would represent 23% of our sample, which matches exactly with the rate reported in CHSSN’s English-language Health and Social Services Access in Québec report of May 2023. As such, it would appear that, at a minimum, a significant group of highly vulnerable members of the population are without a family doctor.

No other point came even close of being brought up as much as access to family doctors. The second most mentioned aspect that could improve well-being is having access to more services in English, being brought up by 15% of those who provided feedback (n = 8), or 10% of all respondents. 11% (n = 6) of those who provided feedback, or 7% of all respondents, said that everything was going fine and that they would “continue to attend Agape wellness center for different activities”.

### 5.1.3 Differences based on age

Though the term senior is widely used to identify and assemble individuals above 55 years of age into a same sociodemographic group, it is far from a unifying term. With Statistics Canada expecting the number of Canadians aged 85 and older to triple over the next 22 years (by 2046), and the centenarian population to explode from 0.03% into the single digits (1-2%), the term “seniors” encompasses an age range of more than 40 to 50 years in some cases. Indeed, it was not too long ago that Laval was possibly home to one of the world’s oldest living people<sup>20</sup>, who passed away in 2016 at a claimed age of 120 years.

As such, we were interested in examining how respondents to the questions presented above varied based on the age group of the respondents. Figure 7 provides a highlight of these differences, with the major conclusions being the follow:



**Figure 7.** Comparison of the responses to various survey questions, separated by age group.

#### **The importance of accessing health and social service in English increases drastically with age.**

As shown in Figure 7, the average importance for accessing services in English was ranked at 78% for the 55 to 70 age group, 88% for the 71 to 80 age group, and 95% for the 81+ age group. This may be due to the preference for many to return to their most comfortable language as they age, which arose throughout the focus groups.

20 <https://lavalnews.ca/cicilia-laurent-120-year-old-haitian-woman-in-laval-que-could-be-worlds-oldest-person-alive/>

### **Younger seniors are refused access to services in English at a higher rate.**

The second set of bars on Figure 7 show the rate of refusal to any type of health and social services in English. There is a notable decrease in the rate of refusal as the population ages. The CROP survey data also highlights a similar trend, though their distinction of age groups stop at 65+. The CROP survey showed that, on average, the 45 to 64 age group experienced 14% more refusals than the 65+ age group for services as important as ER or outpatient clinics. Our data corroborates this, while adding a new layer of depth with the extended age breakdown. Though we did not investigate the reasons why this phenomenon takes place, one possible explanation is that the older someone is, the more likely society will view them as weak and vulnerable, generating sympathy and pity for them, compared to their younger counterparts. Chances are that a 60-year-old asking for services in English will be seen as entitled, whereas an 80-year-old asking for services in English will be seen as frail and vulnerable, regardless of the realities<sup>21</sup>.

### **Physical health decreases with age, while mental health and well-being remain strong amongst English-speaking seniors.**

Though not surprising, the survey confirms that physical health remains one of the characteristics that time has a strong hold on. However, English-speaking seniors demonstrate very strong mental health throughout all age groups. As will be discussed when presenting the findings of the focus groups, the impacts of continued socializing, a welcoming and caring environment, and improved access to services, all achieved through Agape's Senior Wellness Initiative, is fostering the mental health and well-being of its clientele.

### **71- to 80-year-olds have the worst well-being, potentially due to being caregivers and needing more support.**

As highlighted by the 7th set of bars of Figure 7, despite a general decrease in physical and mental health as one ages, something interesting popped up in the results. Despite an average physical and mental health slightly higher than the 81+ age group, the 71 to 80 age group expressed marginally worse overall well-being than the older group. Firstly, we note that there can be a million different reasons for this, and that, given the sample sizes, a difference of 1.25% is marginal and falls well within statistical noise, i.e., there may not be a difference worth discussing. However, given the feedback provided by the community members in this survey, we believe that the realities of caregivers play an important role in this finding. Indeed, as mentioned when discussing caregivers, 29% of the 71 to 80 age group are caregivers, compared to 13% of 81+ respondents.

Given the impact of caregiving on the well-being of an individual<sup>22,23</sup> and the lack of support raised by Laval's English-speaking caregivers in this consultation, it seems plausible that the diminished well-being of the 71 to 80 age group is due to the high proportion of caregivers, most of whom lack support. Furthermore, caregivers often have trouble identifying themselves as caregivers, not seeing that label in themselves, despite holding this role, further increasing their isolation and the time it takes for them to reach out for support. This then becomes compounded by long wait times and poor access to services, as highlighted throughout this report.

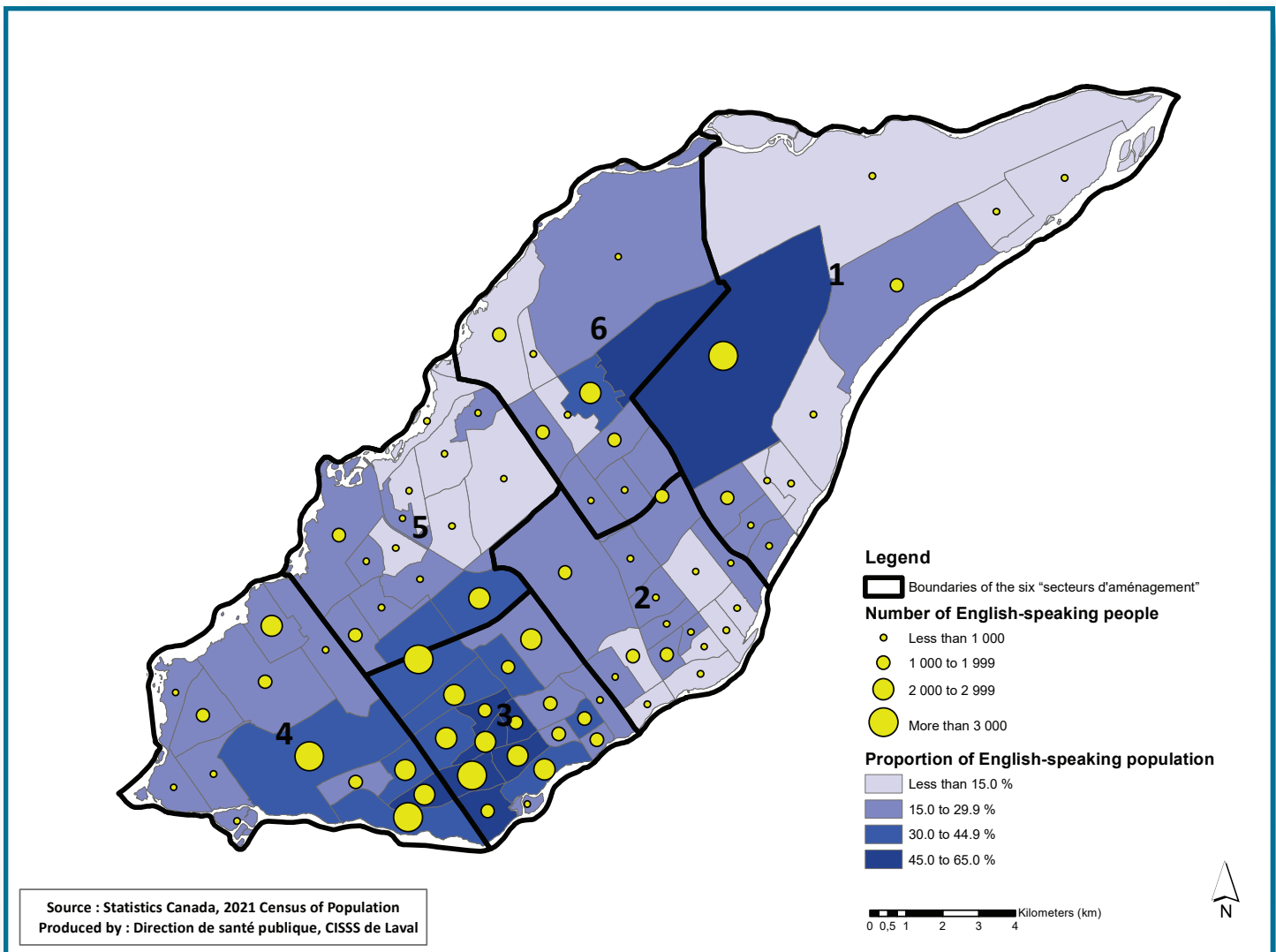
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21 Langmann, E., 2023. Vulnerability, ageism, and health: is it helpful to label older adults as a vulnerable group in health care? *Medicine, Health Care and Philosophy*, 26(1), pp.133-142.

22 Verbakel, E., 2014. Informal caregiving and well-being in Europe: What can ease the negative consequences for caregivers?. *Journal of European Social Policy*, 24(5), pp.424-441.

23 Ehsan, N., Johar, N., Saleem, T., Khan, M.A. and Ghauri, S., 2018. Negative repercussions of caregiving burden: Poor psychological well-being and depression. *Pakistan Journal of Medical Sciences*, 34(6), p.1452.

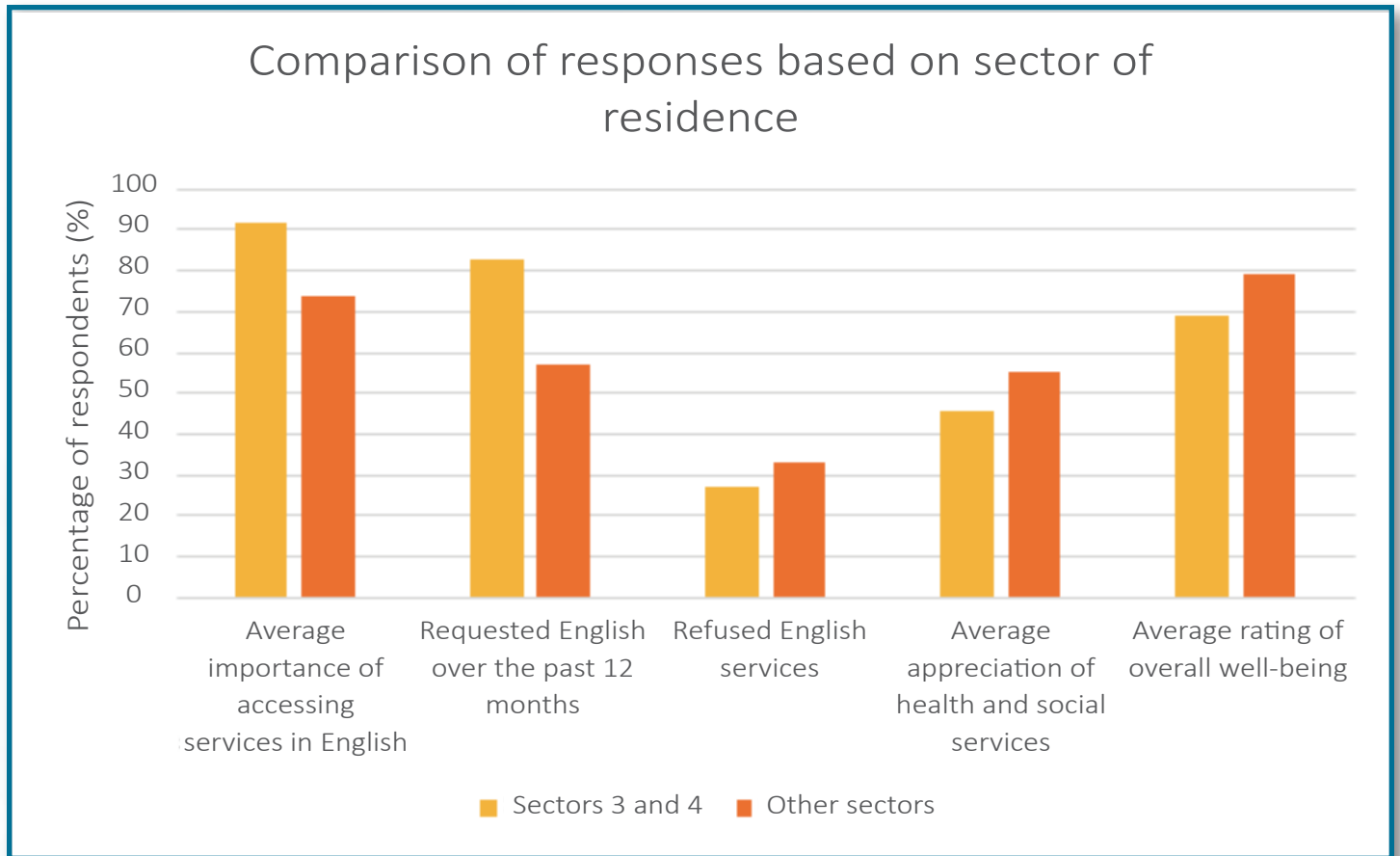
## 5.1.4 Differences based on sector of residence



As shown in section 3, there exists significant sociodemographic differences between the six sectors of Laval. Chomedey (sector 3) has the highest senior population, while also having the oldest seniors and the greatest diversity (immigrants and visible minorities), while sectors 1 (Duvernay, St-Francois and St-Vincent-de-Paul) and 6 (Vimont and Auteuil) have much higher median incomes and are significantly less diverse. As such, to respect the diversity of the various sectors of Laval, we felt it important to undertake an analysis based on the location of residence of the respondents.

Firstly, it is important to note that a strong majority (81%) of respondents were from Chomedey (sector 3) or Ste-Dorothée, Laval Ouest, Les Îles-Laval and Fabreville-Ouest (sector 4), which are the two sectors of the City with the highest English-speaking population, with only 19% of respondents from the other four sectors. As such in the following results, we should consider this uneven distribution of English-speakers. Hopefully, future investigations we will be able to have a more representative collection of responses from these underrepresented sectors to have a fuller assessment of Laval's English-speaking seniors.

The differences in the results from sectors 3 and 4 and the other, central and eastern, sectors of Laval are different enough to warrant discussion. The major differences that were identified are highlighted in Figure 8. Indeed, through the survey of community members, when taking geography into account, the following came about:



**Figure 8.** Comparison of the responses to various survey questions, separated by area of residence.

**The importance of accessing services in English was significantly more important for residents of Sectors 3 and 4 than for the rest of the sectors of Laval.**

This was further reflected by the lower proportion of requests for English services from the residents of the other sectors, despite, proportionally, accessing more health and social services than their neighbours of Sectors 3 and 4.

**This translates to requests for English services, with residents outside of sectors 3 and 4 requesting services in English nearly 40% less than their neighbours within sectors 3 and 4.**

Furthering the trend of geographic differences, when looking at the average percentage of requests for English services, we see a major difference in overall requests for English-speaking health and social services. This is reflected across all types of HSS asked about in the survey, with requests for services in English being the following, presented as sectors 3 and 4 outside parentheses, with the other 4 sectors between parentheses:

- Doctors in clinic: 82% (46%)
- CLSC: 76% (46%)
- Info Santé/Info Social: 79% (50%)
- Hospital emergency room or out-patient clinic: 83% (63%)
- Overnight stay at the hospital: 82% (50%)
- Homecare services: 79% (40%)

**Possibly due to their higher tendency of accessing French-language services, the residents of central and eastern Laval expressed a higher appreciation of both access to and quality of health and social services, as well as an increased overall well-being, when compared to their western neighbours.**

The difference in appreciation of access to and quality of healthcare was sizeable, with residents of other sectors being 20% more appreciative than the residents of sectors 3 and 4, though the overall score remains low, at 55%. Similarly, ratings of overall well-being were notably higher for residents outside of sectors 3 and 4, reporting 79% compared to their neighbours in sectors 3 and 4 who, on average, rated their well-being at 69%.

## 5.2 Focus groups

The focus groups were attended by around 70 seniors from Agape's Senior Wellness Centre. Though sociodemographic information was not collected, respondents were asked how long they've been residing in Laval, as an icebreaker and to allow us to see the range of experiences we would hear from. Each of the three focus groups had participants who had been in Laval from 4 years (the minimum in all cases) to more than 60.

### 5.2.1 How would you describe the English-speaking community of Laval?

**Three core themes emerged: (1) belonging, (2) vulnerable, and (3) feeling disconnected. Though the first and third may seem contradictory, the general sentiment was that the English-speaking community is viewed with apprehension and uncertainty, being considered incohesive, while the English-speaking community brought together through Agape's Senior Wellness Initiative is viewed as a loving and caring family.**

Indeed, a surprising situation which arose across all three focus groups, was that the opinions voiced were generally negative, citing vulnerability, 2nd class status, an intimidating presence, and uncertainty. However, when asked if participants felt these words represented the members of Agape and their social networks, they instantly flipped to praising the loving, caring, and family like nature of the English-speaking community. Figure 9 presents the words used by the seniors, categorized into the three themes. The two major themes, which were shared rather equally, are the sense of belonging the participants feel, achieved through Agape's Senior Wellness Initiative, while the fear of the future and the vulnerability of the English-speaking community remains close to their hearts. However, as a whole and when leaving Agape's bubble, the English-speaking community is seen as being disconnected and incohesive, leading to some of the more negative impressions.

Belonging	Vulnerable	(feeling) Disconnected
Friendly Helpful Supportive Extended family Welcoming Diverse Engaged Happy Trying Caring Perfect Loving Close knit Community Central Does its best	Pushed aside Aging Uncertain 2nd class Embattled Underserved Poor Diminishing Shrinking Ostracized Runaround Fear Sin to speak English Confused about rights Can't flourish Can't get services	Changed Bad attitude Not organized Frustrated Small Not cohesive Difficult Hit or miss Intimidating No longer open (law 14) Getting worse

**Figure 9.** Categorization of words used to describe the English-speaking community of Laval, by Agape’s senior wellness centre members.

## 5.2.2 How do you think the French-speaking community of Laval sees the English-speaking community?

When asked about how they believe the French-speaking community views them, the majority voiced negative impressions. The three themes that arose here were that English speakers are viewed: (1) with contempt, (2) as welcoming, and (3) as an unknown. However, participants were quick to distinguish between the general French community and the government, with the latter being viewed as the driver of the negativity.

Figure 10 presents the words used by the seniors, categorized into the three themes. Note that, at this point in the focus groups, law 14 (bill 96) became a major issue for many of the groups. Though some of the words presented in Figure 10, particularly in the “With contempt” and “As an unknown” categories pertain to law 14, many of the responses relating directly to law 14 were not included and are discussed in the following text.

With contempt	As welcoming	As an unknown
2nd class Deterrents Not acceptable Non-existent Privileged Ants Resentment They are insecure They judge They are close minded Do not like difference They are threatened The government doesn't care Speak French or be ignored	Many are very understanding Friendly Accepting Accommodating Feel bad for us Sympathy Normal Friendly Inclusive Fine individually	Immigrants Outsiders  Question why services should be in English;  Not aware that immigrants did not have the choice to learn French in the past and were forced to learn English;

**Figure 10.** Categorization of words used by Agape’s senior wellness centre members to describe their perceptions about how they think the French-speaking community views the English-speaking community.

**Fear about law 14 and further restrictions on the use of English permeate throughout the English-speaking community, particularly seniors who are ill-informed. However, many view this as being a political issue, and not something which represents the entirety of Laval’s French-speaking community.**

Though not a subject brought up by facilitators, each group unavoidably ended up talking about the impacts of law 14 (bill 96). This was particularly the case when asking the focus group participants how they believe the French-speaking community of Laval views the English-speaking community.

For many of the focus group participants, the current sociopolitical climate in the province and in Laval surrounding law 14<sup>24</sup> (which used to be bill 96) is causing stress and harming their well-being. Considering that nearly 70% of Laval’s English-speaking seniors are immigrants, as highlighted in section 3, the impact is significantly compounded across the community. Additionally, we remind readers that the 70+ age group is 80% immigrant.

Many of the participants raised the following points:

- For those who immigrated to Quebec, most were not given a choice to learn French. Being forced by Quebec society to attend English schools, which they or their families had no control over, they now feel that Quebec society has forgotten the past and is blaming them for not learning French.
- Some also feel that law 14 is specifically targeted at English-speakers, while their neighbours from other linguistic groups, such as the Italian, Greeks, and Spanish, face less harsh treatment when trying to use their languages, and that they “can keep their language”.
- Many of the seniors who immigrated to Quebec due to turmoil in their country of origin find that the current climate brings past trauma to the surface. “Why do we have to be categorized, it’s traumatic for many English-speaking immigrants.” In one particular case, a German Jewish resident who has lived in Laval for around 60 years and had survived the holocaust voiced how the growing categorization and division brought back their trauma, stating that “It’s like Nazis are coming” (referring to the Quebec government).

“Are we being punished?”

“Don’t wipe us out”

Nearly all participants noted a significant increase in refusal of services, judgemental comments, and hostility during the discussions around bill 96 and following its implementation as law 14. However, participants were also quick to add that these all stemmed from governmental instances and the municipality of Laval, and not from the general French-speaking population. As noted by participants:

“The issues come from the government, not the people”, and “many [people] are very understanding; we have to separate people from bureaucrats”.

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24 <https://www.assnat.qc.ca/fr/travaux-parlementaires/projets-loi/projet-loi-14-40-1.html?appelant=MC>

### 5.2.3 What would you say are the major contributors to your health, happiness, and quality of life?

The key contributors to health, happiness, and quality of life for the seniors were: (1) being close to family, friends, and pets, (2) good health, and (3) Agape and other community spaces that allow people to gather together.

Across all three focus groups, responses were very similar, with the same themes emerging. Though not requested of facilitators or planned in the guide (or in the process at all), all three focus groups ended up ranking the contributors to their well-being as follows (1 being the most important):

1. Family, friends, and pets,
2. Good health,
3. Agape specifically



“Without family and friends, you don’t have health, and without health, you cannot enjoy Agape” – Amalgamation of similar quotes from various focus group participants

## **5.2.4 How has access to and quality of health and community services in English changed over the past five years, in Laval?**

**A majority get most, if not some, of their health and social services in Montreal, due to the greater availability of services in English.**

59% (n = 39) got most of their health and social services in Montreal, while an additional 18% (n = 12) got some of their health and social services in Montréal. However, when asked if they would like to be able to access health and social services, in English, in Laval, 88% of participants (n = 58) agreed with the statements.

**Many feel that access to health and social services in English and in Laval has decreased over the past five years, but access to English-speaking community services has increased significantly, due to Agape.**

Only around 10% of participants stated that they found access to health and social services in English in Laval had increased over the past five years, while around 50% stated that they felt it decreased. However, on the community side, a near totality (up to 90% in one group) stated that access to English-speaking community services in Laval had improved over the past 5-years, stating Agape as the core reason for this.

**Agape is the sole community resource for around 80% of the seniors attending Agape's Senior Wellness Centre.**

Beyond not attending other organizations programming or using their services, most failed to be able to name other English-speaking organizations in their region. Those that were named include the various churches (English Catholic Church, Pentecostal Church, St-Joseph Church), Laval Woman's group, Shimmering Lights, and Chomedey Seniors.

**The major complaints regarding access to health and social services are that, in no particular order: signage has been removed (nearly everywhere), confirmation emails are only in French, "Hit 2 for English" on phone lines lead nowhere, and ClicSanté is very difficult to access and "promotes" private services.**

Validating much of what was determined during the survey, many of the same complaints arose. The "Hit 2 for English" experience is one that many, if not most, of the participants appear to have experienced recently. Situations varied, but the common stories include either hitting 2 and being disconnected from the call, hitting 2 and being placed on hold indefinitely, and hitting 2 and being directed to French-speaking services. As some participants noted to one-another, this represents a passive form of refusal of services, which many had not considered. As such, it is likely that the number of individuals having been refused services is higher than what was reported during the survey (and possibly in other reports).

ClicSanté was also seen as being a significant barrier to accessing services. This, however, was not due to any language issues, but mainly the difficulty in accessing ClicSanté and getting appointments for desired services (regardless of language). ClicSanté was also seen as the most important reason that more seniors have had to pay for services, with many saying that they would have to scroll "forever" to find locations offering free tests.

**Regarding the quality of health and community services, health services were seen as having suffered due to exhaustion of the system's various workers, with many participants noting the loss of the "human" factor. On the community side, though few use services other than Agape, similar remarks were made.**

Indeed, the greatest "loss" of quality for the health and social services system, and the community sector, appears to be the increasing exhaustion and resulting loss of warmth and humanity of the service providers. As stated by a participant "the people in the system are not happy. They are overworked and underappreciated," which was followed up by another participant with "nobody has time anymore, the human factor is gone. You get the services you need, but nothing more." This description was extended to the community sector, outside of Agape, with participants feeling that the sectors (health and community) have yet to fully recover from the pandemic.

Another remark was made that the use of language (English in particular) is suffering due to growing bureaucracy. The changes to the health system, in addition to law 14, are seen as having added significantly complexity and uncertainty, stopping healthcare workers from being able to act and provide the services they know and want to provide.



**Agape has helped its Senior Wellness Center members access more health and community services.**

Seniors were unanimous in singing Agape’s praises about how it helped them access more services, while also raising a potentially valuable idea for Agape’s future endeavours: Agape should further its work to empower seniors to access services in English. A near unanimous point of praise was Agape’s support for vaccination (flu and COVID), followed by the various information sessions, directly helping by filling out forms, calling resources, and acting as a liaison between systems, in addition to the invaluable work of its social worker. All of this comes in addition to its core role in breaking isolation, knowing its seniors, and being there for them.

## 5.2.5 What is Agape’s role in your health, happiness, and quality of life?

Agape plays a major, central, role in the lives of many if not most of its Senior Wellness Center members.

Before delving into the thematic analysis of what came about in response to this question, we felt it best to share directly the quotes from participants, expressing the role Agape has in their lives:

“It’s a second family”

“Fills a big spot”

“We never belonged anywhere before; they are life savers”

“Agape facilitates forming routines”

“The people who run it are wonderful”

“They know us; they notice when things are bad”

“I didn’t feel welcomed at “Les Aînés”; I do here”

“It’s a place to go and be with (new) friends”

“You can be yourself”

“The services are affordable”

“They helped me when I needed it”

The themes that came out from the focus groups were the following:

**Agape provides a safe space, defined by openness, authenticity, non-judgementalism, it brings community together through socialization, breaking isolation, and being a home, it helps its members, it provides opportunities through activities, learnings, engagements, and networking, it promotes health through a variety of programs and initiatives, from exercising to flu shots to helping individuals access services, its staff is kind and dedicated, it knows and understands its seniors, and all of this in English. However, Agape cannot do this alone. As stated by its members, it needs more support.**

All three groups, unprompted, expressed their gratitude through an ovation (whether before or after answering the question depended on the group).

## **5.2.6 As you age, are you worried about being able to access the health and community services you think you will need?**

Sadly, the most common and impactful fears related to aging are directly related to the use of English. The greatest fear as Agape's SWC members age is losing access to services in English, specifically due to law 14, being followed by not being able to access a local retirement home, due to the lack of homes and services in English. Other, non-language-specific, concerns include loss of health and the privatization of health and pharmacare.

Indeed, accessing services in English was the greatest priority. Various examples were given, including accessing: geriatric services with dementia and needing to speak English, specialist services, emergency services during a hospitalization, their own medical records, admission or consent forms, etc.

Many also feared being forced to move out of their homes and moving into a Senior's residence. A spontaneous question at one of the focus groups found that 50% of the group felt that they would have to go to Montreal if they needed to move into a long-term care facility, given the lack of English services in Laval.

Some also feared that this loss of access to public services would push them into the private sector.

## 5.3 Survey of senior-serving community organizations



Of the 48 members of the Table Régionale de Concertation des Aînés de Laval (TRCAL), all of which were solicited by phone to answer this survey, 35 responded and 28 agreed to participate in the survey. A majority (64%, n = 18) identified themselves as acting regionally, throughout the entire territory of Laval, while the other respondents operate locally, within a single sector.

Of the respondents, based on the details they provided about their services, the distribution of sectors is as follows:

- Social support: 12 (43%)
- Social activities: 6 (21%)
- Referrals and legal rights: 4 (14%)
- Employment: 1 (4%)
- Conferences: 1 (4%)
- Home maintenance: 1 (4%)
- Autonomous residence: 1 (4%)

**A majority of Laval's senior-serving organizations operate in a manner similar to Agape, with 57.2% (n = 16) of respondents using a mixed payment scheme to support their initiatives (some activities free, some with a fee). Nevertheless, 43% (n = 12) of respondents indicated offering their services free of charge.**

### **After French, English is the most requested language of service for seniors in Laval.**

As would be expected from a city with 24% of the population speaking English, all but five (18%) organizations indicated having received requests for information or services in English recently. Of all the organizations that have received requests for English information or services, 59% (n = 16) receive requests at least a few times a month, with 30% (n = 8) receiving requests a few to multiple times a week.

### **Community organizations claim to feel capable of serving Laval's English-speakers, in English. Whether this capability translates to openness and accessibility may differ.**

54% (n = 15) of respondents stated that they feel very capable ("très capable") of "responding to the needs of seniors (55 years and +) in English", with another 43% (n = 12) stating that they feel "capable". With 97% of organizations responding that they are either capable or very capable, only one respondent (3%) claiming to be not very capable ("peu capable"), and nobody being incapable, one would expect Laval's English-speaking seniors to be in good hands. However, the reality may be different.

### **When not capable of serving anglophones themselves, community organizations feel they know who to refer English-speaking clientele to.**

89% (n = 25) of respondents claimed to be capable (21%, n = 6) or very capable (68%, n = 19) of referring to organizations that could serve English-speakers. This compares fairly well to French organizations, with 96% (n = 27) of respondents claiming to be capable/very capable of referring to French-speakers.

### **Despite 89% stating that they are capable or very capable of serving English-speakers, only 25% of the organisations' websites are available in English.**

### **39% of organisations use interpretation services to help seniors access services in their language of choice. Most of the other 61% feel capable enough to refer individuals to other service providers.**

Seeing how 61% of respondents did not use any interpretation services, it raised the question: do they not use interpretation services because they are capable of referring seniors to other service providers? Based on the responses to the survey, it would appear that the answer to the question is yes. The majority of those not using interpretation services (65%, n = 11 of 17) stated to never have received requests for services in languages other than French. The other six that did not use interpretation services included three organizations who felt perfectly capable of referring seniors in all languages, and three that felt incapable of referring in other languages, but still refrained from using interpretation services.

On a positive note, of the fifteen organizations (54%) receiving requests in languages other than French a few or multiple times a month, only one (4%) rated itself as incapable of referring to language-specific service providers and did not use any interpretation services. As noted above, two were comfortable enough in their capacity to refer to other organizations and did not use interpretation services, while nine (60% of the frequently solicited organizations) used translation services, despite rating themselves as capable of helping individuals in various languages. Whether interpretation services are the reason these organizations noted themselves as capable of serving English-speaking seniors is unknown.



## 6. Comparison with 2019 consultation findings

	2019 consultation finding	2024 consultation finding	Change
<b>Regular doctors communicate in English</b>	90% state that it is very important for their regular doctor to communicate in English.	80% state that it is very important for their regular doctor to communicate in English.	↓
<b>Communication around appointments, test procedures and results</b>	Considered very poor. Frequently underlined their difficulty with telephone communication regarding appointments.	Phone lines (other than Info-Santé/Social) and Clic Santé were found to be very problematic. Most participants had negative experiences, including frequent denial of services in English.	↓
<b>CLSC services</b>	Most of those who had used the services of a CLSC either for themselves or to help another person in the previous twelve months had not received service in English.	CLSC are a major issue, with it being particularly difficult to access services in English, while also having poor experiences with staff.	—
<b>Cost of services</b>	The cost of some services (some blood tests, rentals) at the CLSC was mentioned as a barrier to access.	50% of the participants of one of the focus groups had to pay for private services for basic health services over the past year.	—
<b>Info-Santé/Info-Social</b>	Participants rarely used the lines. The majority received service in English upon request.	42% of participants had used one of the phone lines in the past 12 months. Nobody reported not being served in English.	↑
<b>Hospital emergency/ Out-patient/ Overnight stay</b>	Language barriers were experienced in the admittance area of the hospital, where service in English was sometimes refused, as well as communicating with medical technicians in English, and the lack of pre/post-intervention instructions and admission/discharge forms in English.	Doctors were available in English in all of the (8) cases and nurses near universally. Medical technicians were available in English in 5 out of 7 cases, admission in English and pre/post procedure forms were available in 4 out of 6 cases. The major issue remains consent forms, which were often unavailable.	↑
<b>Home Services and Day Centers</b>	Participants expressed concern that there were few living arrangements for English-speaking seniors who need support services in the Chomedey area.	50% of the participants of one focus group felt that they would have to move to Montreal if they need more home services.	—
<b>Access to information</b>	Several consultation participants described the improvement in access to information with the establishment of the Agape Senior Wellness Centre.	The value of Agape’s Senior Wellness Initiative was once again reaffirmed, this time highlighting how central it is to the health and well-being of its senior members.	↑

## 7. Limitations

This consultation faced the following limitations:

1. As with the 2019 consultation, seniors in assisted living and nursing homes were not consulted. The results of this consultation represent the experiences of the active English-speaking seniors and members to Agape’s Senior Wellness Initiative.
2. Survey respondents were overwhelmingly women, with no responses from gender diverse individuals. As such, no gender-based analysis was possible during this consultation.
3. Similarly, despite undertaking an assessment based on the sector of residence, residents from Chomedey (sector 3) and Ste-Dorothée, Laval Ouest, Les Îles-Laval and Fabreville-Ouest (sector 4) were much more prevalent than those from the other sectors. Though this does follow the distribution of Laval’s English-speaking population, it does mean that the assessment based on the location of residence should not be considered as representative of all four other sectors. The purpose of this assessment is to highlight potential differences in lived experiences identified through the surveys, which could be targeted through future consultations.

The final limitation to take into consideration is the social desirability bias, which often leads individuals to underreporting socially “undesirable” behaviours or realities, in favor of presenting themselves as having behaviours and realities that better align with what is considered socially acceptable. Common examples can include underreporting use of substances (alcohol, smoking, drugs) or overreporting charitable actions<sup>25</sup>. In the case of this consultation, social desirability bias can potentially have impacted the survey responses for both seniors, notably regarding their mental and physical health, and the senior-serving community organizations, many of which state that they are open and capable of serving English-speaking seniors, despite a lot of feedback from English-speaking seniors stating the opposite.

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25 Latkin, C.A., Edwards, C., Davey-Rothwell, M.A. and Tobin, K.E., 2017. The relationship between social desirability bias and self-reports of health, substance use, and social network factors among urban substance users in Baltimore, Maryland. *Addictive behaviors*, 73, pp.133-136.

## 8. Recommendations

We can't define based on gender due to a lack of male and gender-diverse participants. Based on the CROP survey, women tend to have a worse access to services than men.

### 1. Continue to empower English-speaking seniors to request for services in English

One of the key points that came out of the focus groups was how Agape, particularly through its social worker, has empowered seniors to seek out health and social services and access them in English. When asked what more could Agape do for them, many of the participants in the focus groups simply wanted more information about their rights to accessing services in English.

### 2. Improve services for caregivers

An important gap in services for seniors identified through this consultation is caregiver support services. With two thirds of the consulted caregivers expressing feeling unsupported, resulting in lower overall well-being than their non-caregiver counterparts, Agape and its partners should explore pathways to better support English-speaking caregivers of Laval. Though, based on our experience and work with caregivers in other regions, we expect this reality to not be limited to the senior population, the increased vulnerability of seniors could potentially worsen the impact of poor support, causing worse outcomes on their well-being. A first good step could be to develop an information base on English-speaking service providers for caregiver related services. Such information could already go a long way in answering many of the needs of the caregivers who responded to the survey. Following this, gaps in service coverage could be identified, allowing Agape and its partners to assess if and how new programming could be developed, if needed, to support these extremely vulnerable individuals.

### 3. Continue working for the vulnerable and underprivileged

As stated in Agape's mission statement, the organization's purpose is to "... enhance the vitality of the underprivileged English-speaking and multicultural people of Laval". The profile of English-speaking seniors presented in section 3, which is based on the 2021 census data, highlights the important disparities still being experienced by multicultural seniors. Being a linguistic minority in Laval already brings a level of vulnerability, one which is further compounded by being an immigrant or a visible minority, or more precariously, both. This latter case is the reality of more than 25% of Laval's English-speaking seniors. We recommend that Agape continue to reach out to these vulnerable individuals, continue to listen to them and support them, and continue to inform its partners of their needs, to ensure that Laval can become a more welcoming place.

#### 4. Investigate well-being in all its dimensions

One important recommendation, which applies as much to the CISSS of Laval, the City of Laval, the CHSSN, the Institut National de Santé Publique du Québec (INSPQ), and community partners across the territory: investigate well-being in all its dimensions, including emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial<sup>26</sup>. Despite not going into the full depth of the eight dimensions of well-being during this consultation, we were not able to find any data to compare our findings about the well-being of Agape’s Senior Wellness Initiative participants. It may be a product of age stereotyping where seniors are reduced to being viewed as disabled and ailing, but the only information we could find on health and wellbeing related to the prevalence of disease in seniors. This lack of knowledge, awareness, and sharing, likely contributes to the isolation being experienced by many seniors.

#### 5. Appreciate and be proud of the work that has been done

Six years ago, during the opening of the Senior Wellness Centre in June of 2018, it would be hard to imagine how deeply rooted this Centre would become to the English-speaking seniors of Laval, as well as how integral it would become to Agape’s identity. What Laval News, at the time, described as “a courageous leap forward”<sup>27</sup>, has now become a pillar of vitality, belonging, and well-being for the English-speaking seniors of Laval. In Agape’s 2019 Consultation with the English-speaking Seniors of Laval, the consultation highlighted the value that Agape had for its senior membership, noting the “improvement in access to information with the establishment of the Agape Senior Wellness Centre”, and this only a year after its establishment, in 2018. Now, five years after the first consultation and six years after the birth of Agape’s Senior Wellness Initiative, Agape has become a central part of the lives of many of its senior members. As noted by community members through the surveys and the focus groups:

“It has added immeasurably to my quality of life physically and mentally, communication and friendship is much easier in my mother tongue of English”

“Agape is a second family”

“We never belonged anywhere before, until we found Agape; they are life savers”

Throughout all of this, it is important for Agape to take pride in what it and its “wonderful team” (as stated by a participant) have achieved in such short time. As we are sure Agape is well aware, the creation of a community is no small task. However, Agape has gone beyond that, as stated by multiple participants, and has created a family over the past six years; six years which included multiple lockdowns due to the COVID-19 pandemic.

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26 Stoewen DL. Dimensions of wellness: Change your habits, change your life. Can Vet J. 2017 Aug;58(8):861-862. PMID: 28761196; PMCID: PMC5508938.

27 <https://lavalnews.ca/agape-opens-new-english-speaking-seniors-wellness-center/>

## 9. Conclusions

The consultation with the English-speaking seniors of Laval, alongside Laval's community organizations who work with seniors, has provided a breadth and depth of information that we could never have expected. We came into this process expecting to obtain some idea of the appreciation of the access to and quality of health and social services, to get an idea of the needs of Laval's English-speaking seniors, and to see how equipped the other community organizations feel in serving these individuals. What we got out of the process was far beyond our hopes. We provided seniors with an opportunity to express their fears, to show their vulnerabilities, and to bond together, as a cohesive English-speaking community. We listened to their uncertainties surrounding law 14, to their frustration with accessing services by phone or online, and to the progress in accessing information since 2019. Through their voices, this profile took shape, and we hope that the seniors that participated in this process feel that this report is representative of what they shared with us.

Through all of our work, the importance of Agape to these seniors shone through. Agape's role in ensuring and promoting the health and well-being of English-speaking seniors by providing them with a safe and accessible environment, caring and respectful staff, diverse programming, and the empowerment to continue to live their lives in English and to access health, social, and community services has become central to the lives and well-being of so many. Having worked with various Senior Wellness Centres/Initiatives across the province, we (Walling Consulting) can say with certainty that Agape has something unique in its approach and delivery which allows it to shine inside and outside of its community. Agape's role in the well-being of its senior members cannot be overstated.

Moving forward, we hope that Agape will continue to maintain its efforts. Given the number of potential seniors the organization can serve, hopefully others will see what we and its community see in it and provide it with the funding necessary to maintain and grow its services to seniors. We also push other community and public organizations in Laval to acknowledge the difficulties faced by English-speaking immigrants and visible minorities, and take the steps to support them. Given their proportion in the English-speaking community, it is essential that multiculturalism and inclusivity be understood and promoted.

For future steps, beyond our recommendations of section 8, we recommend that Agape see this consultation as a foundation to be built upon. So many questions remain to be answered, and, though comprehensive, this consultation could be but the start. What support can Agape offer to caregivers? How are the most vulnerable senior populations fairing? Are Agape's or other organizations' services accessible to those who need them the most? Etc.

Regardless, following our final recommendation, take pride in what was achieved through this process, take pride in what was achieved through Agape's Senior Wellness Centre over the past five years, and look forward to the positive changes that will come, as long as work continues to be done to push ahead.

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