

A COMPLEX PUZZLE: REALITIES OF ENGLISH-SPEAKING SENIORS IN QUEBEC

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Ideally, we would grow old in good health, maintaining physical and mental well-being and enjoy social inclusion and economic security in a respectful and supportive environment.⁵ However, despite strategies⁶ to build toward such an ideal in the face of an aging population, public policy and programs at all levels of government largely continue to be shaped by the needs of younger generations.⁷ This brief looks at challenges that Quebec's English-speaking seniors face. It draws on research and policy efforts aimed at understanding and improving the aging experience in the province.

English-speaking seniors⁸ in Quebec share many of the same challenges as their French-speaking counterparts. Since 1971, the proportion of Quebecers aged 65 and older has steadily increased, reaching 20% of the population by 2021. **By 2031, this age group is projected to comprise more than 25% of the province's population, with an even larger share in many regions outside Montreal.**⁹

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⁵ This is according to the World Health Organization's [Age-Friendly Cities and Communities Framework](#).

⁶ The World Health Organization's [Active Aging Framework](#), Quebec's *Viellir et vivre ensemble*, and its two subsequent action plans, *Un Québec pour tous les âges* and *La fierté de vieillir*, are premised on this policy orientation.

⁷ Joanne Pocock, "Demographic Profiles of Québec's English-Speaking Communities, Québec," Baseline Data Report Series (Community Health and Social Services Network (CHSSN), 2023), 10.

⁸ The term "seniors" varies in age range depending on the source, often referring to people aged 65 and over, but in many cases it includes those as young as 55. Such a broad definition complicates things, since the challenges experienced at 55 vary greatly from those at 65, 80, or 95. For the purposes of this brief, the term refers to ages 65 and over, unless otherwise noted. Also of note: opinions vary on the use of "older adults" versus "seniors." This document uses "seniors" because of its more prominent use in the works cited here.

⁹ Quebec, Institut de la statistique du Québec, "Portrait des personnes âgées au Québec," May 2023, 11, 18, <https://statistique.quebec.ca/en/fichier/portrait-personnes-aiees-quebec.pdf>.

The context of such a rapidly aging population makes it necessary to attend to challenges of accessibility and proximity to services, including healthcare, caregiving, and well-being issues related to aging in place and social isolation, particularly for those outside major urban centres.

Language Barriers in Accessing Health and Social Services

A major area of difficulty facing English-speaking seniors, and perhaps the most widely studied, is linguistic barriers affecting their access to health and social services. **Nearly half of English-speaking seniors cannot speak French. The rate of French-English bilingualism varies by region, with women reporting lower levels of French proficiency than men (Table 1).**¹⁰ Bilingualism also declines with age, with older seniors being the least likely to speak French.¹¹

Table 1:
Proportion of Quebec English speakers aged 65 and over unable to speak French, by administrative region, 2021

Region	Total	Men	Women
Quebec (province)	47.3%	44.3%	50.2%
Saguenay–Lac-Saint-Jean	7.8%	0.0%	8.7%
Capitale-Nationale	10.6%	10.1%	11.5%
Chaudière-Appalaches	10.8%	8.6%	13.3%
Mauricie	12.2%	12.9%	11.6%
Bas-Saint-Laurent	15.2%	20.8%	0.0%
Centre-du-Québec	16.8%	21.7%	13.3%
Lanaudière	20.0%	16.6%	23.9%
Abitibi-Témiscamingue	31.6%	28.0%	34.4%
Laurentides	32.2%	30.9%	33.5%
Estrie	39.3%	37.3%	41.0%
Montréal	44.1%	41.7%	46.2%
Laval	49.2%	45.6%	52.9%
Montréal	49.7%	45.9%	53.1%
Outaouais	59.6%	59.3%	59.8%
Gaspésie–Îles-de-la-Madeleine	60.7%	57.4%	64.0%
Côte-Nord	76.6%	78.6%	75.2%
Nord-du-Québec	89.1%	84.9%	93.4%

Regions in bold have percentages above the provincial average.

Source:
Statistics Canada,
Custom dataset created
for PERT by Statistics
Canada, adapted from
Statistics Canada, Table
a1, CO-2361, 2021,
<https://desq.quescren.ca/dataset/pert-2021-co-2361-tables-1a-1b-1c-1d-1e>. Based on FOLS-E data including 50% redistribution of FOLS English and French.

¹⁰ Statistics Canada, Custom dataset created for PERT by Statistics Canada, adapted from Statistics Canada CO 2361, 2021, <https://desq.quescren.ca/dataset/pert-2021-co-2361-tables-1a-1b-1c-1d-1e>. Based on FOLS-E data including 50% redistribution of FOLS English and French.

¹¹ Québec, Secrétariat aux relations avec les Québécois d'expression anglaise, "Knowledge of the French Language on the Part of English-Speaking Seniors," Infosheet based on Statistics Canada 2021 census data, created January 25, 2024.

There are several issues around language-related barriers. Not all health and social services are available in English; also, English services tend to be most accessible in urban areas such as Montreal, and more difficult to access in rural and remote areas of the province.¹² If services are provided in English by bilingual Francophones, communication barriers between healthcare providers and patients, known as language asymmetry or language discordance, may occur when the healthcare worker's first language differs from that of the patient, and can result in negative healthcare outcomes,¹³ such as medication errors and inappropriate management of medical conditions.¹⁴ Use of interpreters is another option for making services available in English, but a 2016 report noted that actions were needed to ensure access and quality.¹⁵

Many initiatives aimed at improving access to health and social services for English speakers have been rolled out in Quebec, primarily through the [Community Health and Social Services Network](#), its affiliated organizations, and [regional access programs](#). Despite these concerted efforts, many older English-speaking patients continue to view the process of seeking care as difficult or burdensome,¹⁶ and experience anxiety when seeking help,¹⁷ which can negatively impact their ability to obtain appropriate services.

¹² Marie-Michèle Lord et al., "Assessing the Needs of English-Speaking Seniors: Maintaining Health and Well-being (Université du Québec à Trois-Rivières, December 2024), 10-11, https://chssn.org/wp-content/uploads/2025/02/Final-report_need_seniors_UQTR_CHSSN-min.pdf.

¹³ Duncan Sanderson, "Language Related Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec," SAGE Open July-September (2020), 2, <https://doi.org/10.1177/2158244020951261>.

¹⁴ Gillian Bartlett et al., "Impact of Patient Communication Problems on the Risk of Preventable Adverse Events in Acute Care Settings," *Canadian Medical Association Journal* (2008), 1555-62, <https://doi.org/10.1503/cmaj.070690>.

¹⁵ Mylène Kosseim, "English-Language Interpretation Services to Improve Language Access to Health and Social Services for Members of English-Speaking Communities in Quebec: Status Report," Community Health and Social Services Network (CHSSN), March 2016, 5, <https://ckol.quescren.ca/en/lib/ZJ46JCFE/download/PZIGFNPB/kosseim-2016-english-language-interpretation-services-to-improve-language-access-to-health-and-social-services.pdf>.

¹⁶ Alexandra Ethier and Annie Carrier, "Strategies to Access Health and Social Services for English-Speaking Older Adults in Quebec: A Qualitative Case Study," *Canadian Social Work Review / Revue canadienne de service social* 40, no. 1 (June 15, 2023), 10-13, <https://doi.org.lib-ezproxy.concordia.ca/10.7202/1100660ar>.

¹⁷ Yue Zhao et al., "Language Barriers to Healthcare for Linguistic Minorities: The Case of Second Language-Specific Health Communication Anxiety," *Health Communication*, 2021, 334-46, <https://pubmed.ncbi.nlm.nih.gov/31746231/>.

Overlapping Challenges Related to Socioeconomic Vulnerability and Language

Socioeconomic vulnerability among English-speaking seniors in Quebec is an ongoing concern. **English-speaking seniors are a more socioeconomically vulnerable population than French-speaking seniors.** The 2021 census revealed that 13.5% of English-speaking seniors lived below the low-income cut-off (LICO), a proportion higher than that of Francophone seniors (9.5%) and the overall average within the English-speaking community (12.1%).¹⁸ Additionally, 23% of English-speaking seniors lack an educational degree, diploma or certificate. While this is lower than the proportion of Francophone seniors without this level of education (27%), it exceeds the average for the population aged 15 and older (18.2%).¹⁹

Lower education levels can exacerbate vulnerability by limiting access to information, support programs, and resources, since navigating these often requires a certain level of literacy, formal education, or digital skills. The latter has become a bigger barrier in recent years because of the increasing reliance on technology to access health and social services.²⁰

These challenges are compounded by sociocultural factors. English-speaking seniors in Quebec are more likely to identify as a visible minority.²¹ This indicates the need for further research into culturally appropriate services²² and the impacts of intersections between racialization,²³ linguistic minority status, socioeconomic status, and ageism on access to services. Studies have also linked older adult members of linguistic minority groups with a high risk for social exclusion.²⁴

Housing and Aging in Place

A socioeconomically related challenge for Quebec's English-speaking seniors is securing (or maintaining) accessible and affordable living arrangements that allow for an active, independent lifestyle. The options, such as making adaptations to one's home in an effort to "age in place," or moving into a public long-term care facility (*centre d'hébergement et de soins de longue durée - CHSLD*), can be costly and/or carry prohibitive administrative burdens for linguistic minorities.

¹⁸ Pocock, "Demographic Profiles of Québec's English-Speaking Communities, Quebec," 19.

¹⁹ Statistics Canada.

²⁰ Lord et al., "Assessing the needs of English-speaking seniors," 21.

²¹ Community Health and Social Services Network (CHSSN), "A Portrait of Vulnerable English-Speaking Communities in Quebec: Submitted to the Standing Senate Committee on Official Languages," May 2023, 5, 6, https://sencanada.ca/Content/Sen/Committee/441/OLLO/briefs/2023-04-28_OLLO_SS-3_Brief_CHSSN_e.pdf.

²² Quebec Community Groups Network (QCGN), in collaboration with the Quebec English-Speaking Communities Research Network (QUESCREN), "Moving Forward: Building Research Capacity Related to Quebec's English-Speaking Seniors" (Quebec Community Groups Network (QCGN), October 15, 2014), 6, 62, https://www.concordia.ca/content/dam/artsci/scpa/quescren/docs/MOVING_FORWARD_Report.pdf.

²³ The term "racialized" is a sociological concept. In Canada, "racialized minority" usually refers to non-white people. See Takwa Souissi, "Racialized Minority," *The Canadian Encyclopedia*, February 23, 2022, <https://www.thecanadianencyclopedia.ca/en/article/racialized-minorities>.

²⁴ Fredrica Nyqvist et al., "Social Exclusion Among Official Language Minority Older Adults: A Rapid Review of the Literature in Canada, Finland and Wales," *Journal of Cross-Cultural Gerontology*, 2021, <https://pubmed.ncbi.nlm.nih.gov/34101062/>.

Seniors in Quebec, including the 75 years and over age bracket, have expressed a desire for living independently in their current home,²⁵ a concept known as aging in place. This can in some cases require renovations. The Quebec government has implemented several initiatives to adapt housing and services, including financial support for accessibility adjustments to one's home²⁶ and the development of housing aimed at providing accessible and community-integrated environments that feature adapted bathrooms and communal spaces.²⁷ However, the administrative work in applying to such programs may present a barrier, especially for English-speaking seniors. Administrative burdens, which are the laborious experiences of trying to access government benefits and services, reduce older adults' access to policies that promote their health.²⁸ A recent study found that English-speaking seniors struggle to access provincial programs in English, and many are unaware of what is available.²⁹

For many English-speaking seniors—more so than Francophones—public long-term care facilities are the most anticipated choice, yet one that comes with the added consideration of the language of care. A 2019 survey found that 36.0% of English speakers “expected to require a public long-term care institution for seniors in the next five years,” a higher proportion than Francophones (30.8%).³⁰ The majority of English speakers surveyed indicated that being served in English in such institutions was “very important,” especially for those who were unilingual English speakers.³¹ Those living in remote areas are likely experiencing the most difficulty accessing such services in their language of choice, given the low retention of English-speaking healthcare professionals in these areas.³²

²⁵ Quebec Community Groups Network (QCGN), “Moving Forward: Building Research Capacity Related to Quebec’s English-Speaking Seniors,” 74; Maria Lily Shaw, “Spending Your Golden Years at Home: Developing Home Care Services in Quebec,” Montreal Economic Institute, October 2022, 3, <https://www.iedm.org/spending-your-golden-years-at-home-developing-home-care-services-in-quebec/>.

²⁶ “Programme d’adaptation de domicile,” Gouvernement du Québec, accessed January 2025, <https://www.habitation.gouv.qc.ca/programme/programme-programme-dadaptation-de-domicile>.

²⁷ “About Senior and Alternative Housing,” Gouvernement du Québec, May 3, 2023, <https://www.quebec.ca/en/health/health-system-and-services/service-organization/senior-and-alternative-housing/about-senior-alternative-housing>.

²⁸ Pamela Herd, “Improving Older Adults’ Health by Reducing Administrative Burden,” *Milbank Quarterly*, 2023, 507-31, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10126975/>.

²⁹ Quebec Community Groups Network, “Access to Justice in English Project: Senior Care Services in English in Quebec,” February 28, 2023, 9-10. <https://qcg.ca/38382/>.

³⁰ Joanne Pocock, “English-Language Health and Social Services Access in Québec,” Baseline Data Report 2018-2019, Community Health and Social Services Network (CHSSN), October 31, 2019, 179, <https://ckol.quescren.ca/en/lib/SBVS7W88/download/TWSGIIQ7/pocock-2019-baseline-data-report.pdf>.

³¹ *Ibid*, 181-2.

³² Lord et al., “Assessing the needs of English-speaking seniors,” 18.

Caregiving

An important tenet of well-being in older adults is the maintenance of autonomy and independence, primarily achieved by “aging in place.” For this to be realized, older adults need to be able to access the necessary support to continue to live safely and independently at home, thereby maintaining their quality of life. Research points to positive aspects of aging in place, including how autonomy and continuity of lifestyle are linked to mental health.³³

A significant element for “aging in place” to work is the availability of support by caregivers. Caregiving can be formal (professional) or informal (family or friends),³⁴ is the term used for the care of older adults. It can permit people to live at home longer, enhancing their autonomy and independence, which studies have linked to well-being. There is a preference for informal caregiving among English-speaking seniors for various reasons, including the difficulty of accessing public health services.³⁵ However, there is often a lack of available support to tap into, since adult children of English-speaking seniors are more likely to live far away than the adult children of Francophones.³⁶

This lack of a strong support network means that fellow English-speaking seniors are called upon to fill the gaps. **A quarter of English-speaking older adults over 65 are themselves caregivers, a disproportionate amount of them women, creating communities in which seniors are caring for seniors.**³⁷ A 2020 study examined the added stress of being a linguistic minority on top of being in a caregiver role.³⁸ Among English-speaking seniors, 47.9% reported that their caregiving roles limited their opportunities, with women (50.5%) more likely to experience these limitations compared with men (38.9%).³⁹ Research explored the stress experienced by informal caregivers, who often face depression as well as work and financial challenges, such as reduced work hours and decreased social participation.⁴⁰ These findings highlight the need for tailored support services and resources to alleviate the caregiving strain on this demographic.

³³ Sébastien Lord, Paula Negron-Poblete, and Michel Després, “Aging at Home in the Diversity of Urban and Rural Forms in Québec, Canada,” *Retraite et société*, 2024, 70, <https://doi.org/10.3917/rs1.hs1.0056>.

³⁴ Jan Michael Bauer and Alfonso Sousa-Poza, “Impacts of Informal Caregiving on Caregiver Employment, Health, and Family,” *Journal of Population Aging* 8 (February 14, 2015): 115, <https://doi.org/10.1007/s12062-015-9116-0>.

³⁵ Ethier and Carrier, “Strategies to Access Health and Social Services for English-Speaking Older Adults in Quebec: A Qualitative Case Study,” 14.

³⁶ Seniors Action Quebec, “Brief for Consultations With the Secrétariat aux relations avec les Québécois d’expression anglaise,” January 22, 2024, 4, https://www.seniorsactionquebec.ca/documents/briefs/SROEA_brief-January2024.pdf; Ethier and Carrier, “Strategies to Access Health and Social Services for English-Speaking Older Adults in Quebec: A Qualitative Case Study,” 14.

³⁷ Community Health and Social Services Network (CHSSN), “A Portrait of Vulnerable English-Speaking Communities in Quebec: Submitted to the Standing Senate Committee on Official Languages,” 6.

³⁸ Sanderson, “Language Related Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec,” 2-8.

³⁹ Quebec Community Groups Network (QCGN), “Moving Forward: Building Research Capacity Related to Quebec’s English-Speaking Seniors,” 90-1.

⁴⁰ James Carter and Joanne Pocock, “Report on the Health and Social Services Priorities of English-Speaking Communities in Quebec” (Community Health and Social Services Network (CHSSN), November 2017), 7, <https://chssn.org/wp-content/uploads/2022/10/HC-Priorities-Report-Feb-2022-FINAL.pdf>.

Proposed solutions include improving access to translated resources and professional interpretation services. A 2024 survey of English-speaking seniors noted an inconsistent availability of translated provincial government documentation, including web pages and automated telephone tools.⁴¹ Other suggestions point to expanding existing programs such as respite care services, which allow temporary relief for caregivers.⁴²

Community-Led Initiatives, Advocacy and Research

A number of efforts have been made by community actors and research units to improve the social well-being of English-speaking seniors and understanding of their unique challenges. The Quebec government provides funding through the Community Health and Social Services Network (CHSSN) for senior wellness initiatives, which are activities and programs administered by community organizations to promote the well-being and vitality of this population. A recent program evaluation, commissioned by the CHSSN and funded through its program budget, flagged a need for further funding to reach unmet targets and expand programming to better include isolated and marginalized groups of English-speaking seniors.⁴³

Advocacy and research is conducted, commissioned and/or organized by non-profit groups such as [Seniors Action Quebec](#) and the [Quebec Community Groups Network \(QCGN\)](#). Academic research on seniors, and sometimes English-speaking and minority seniors, is conducted by the [engAGE Centre for Research on Aging](#) and the [Quebec English-Speaking Communities Research Network \(QUESCREN\)](#), both at Concordia University, the [Research Centre on Aging](#) housed at Université de Sherbrooke, and the [Centre for Research and Expertise in Social Gerontology \(CREGÉS\)](#). In addition to addressing systemic challenges, much of the research emerging from these institutions aims to improve the social well-being of older adults while challenging and reshaping preconceived cultural notions about aging.

⁴¹ Lord et al., "Assessing the needs of English-speaking seniors," 14.

⁴² Marie-Ève Samson et al., "Les expériences de personnes appartenant à un groupe ethnoculturel minoritaire qui prennent soin d'un.e proche au Québec" (Institut universitaire SHERPA, 2024), 58, 174, 178, 193, <https://sherpa-recherche.com/wp-content/uploads/2024/09/experiences-personnes-groupe-ethnoculturel-minoritaire-soin-proche-quebec.pdf>.

⁴³ Vanessa Anastasopoulos, "Evaluation of the Community Health and Social Services Network's Senior Wellness Centre Program 2023," March 14, 2024, 2, https://chssn.org/wp-content/uploads/2024/03/SWC-Evaluation-Report_2023-12-22-min.pdf.

Conclusion

It is clear that **with nearly half of English-speaking seniors unable to speak French, an extra access barrier exists for this population.** Quebecers aged 65 and older experience socioeconomic challenges in addition to difficulties accessing affordable age-friendly housing, and recent research points to added layers of difficulty for English speakers when seeking to access healthcare, autonomy support and caregiving services. Creating community support groups and enhancing and expanding respite services for caregivers are recommended to alleviate caregiving stress. For English speakers, the provincial government-sponsored Senior Wellness Initiative has shown potential but needs further funding to reach isolated and marginalized older adults for whom there are fewer informal caregivers.⁴⁴ Several research institutes and community organizations are developing research on the topic, operating under a fundamental yet often overlooked truth: today's youth are tomorrow's seniors, and developing services and communities that support the aging population is an intergenerational common interest.

⁴⁴ The Quebec government's 2024-2029 action plan for aging, "*La fierté de vieillir*," for the first time includes initiatives to support English-speaking seniors.

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