



Senior Housing – The Magdalen Island Experience

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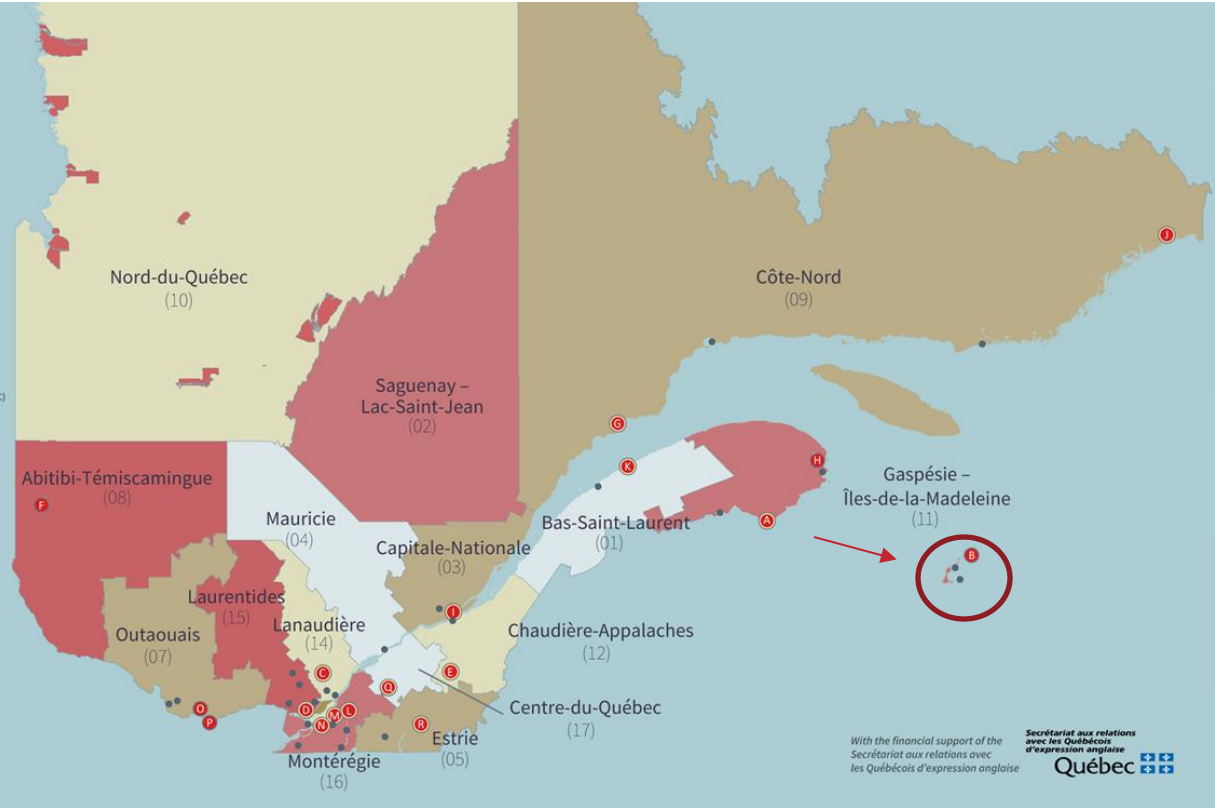


RDN

Regional
Development
Network

Réseau de
Développement
Régional

- A** Committee for Anglophone Social Action (CASA) Gaspésie
- B** Council for Anglophone Magdalen Islanders (CAMI) Îles-de-la-Madeleine
- C** English Community Organization of Lanaudière (ECOL) Lanaudière
- D** 4Korners Laurentides
- E** Megantic English-speaking Community Development Corporation (MCDC) Chaudière-Appalaches
- F** Neighbours Regional Association of Rouyn-Noranda Abitibi-Témiscamingue
- G** North Shore Community Association (NSCA) Côte-Nord
- H** Vision Gaspé-Percé Now Gaspésie
- I** Voice of English-speaking Québec (VEQ) Capitale Nationale
- J** Coasters Association Côte-Nord
- K** Heritage Lower Saint Lawrence (HLSL) Bas-Saint-Laurent
- L** Montérégie East Partnership for the English-speaking Community (MEPEC) Montérégie Est
- M** Assistance and Referral Centre (ARC) Montérégie Centre
- N** Montérégie West Community Network (MWCN) Montérégie Ouest
- O** Regional Association of West Quebecers (RAWQ) Outaouais
- P** Connexions Resource Centre Outaouais
- Q** Centre for Access to Services in English (CASE) Mauricie / Centre-du-Québec
- R** Townshippers' Association Estrie
- ERCC: Enhancing Regional Community Capacity
- ES: Employment Strategy
- Satellite offices

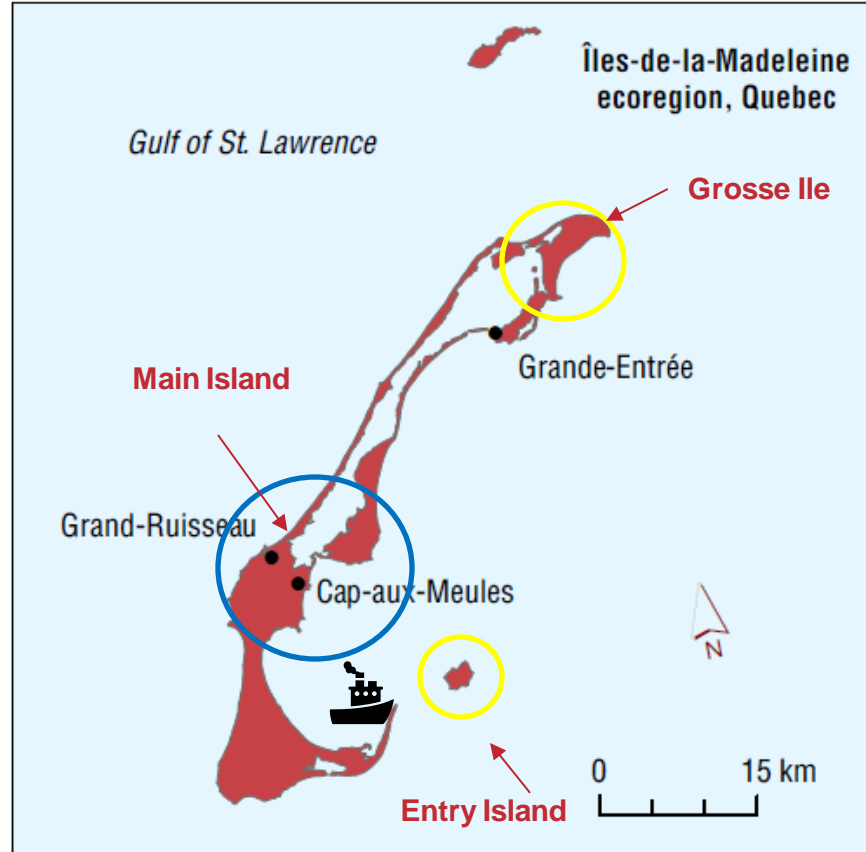


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English-speaking Community



Magdalen Islands' ES Seniors

- ESC makes up 5% of the Islands' total population (app. 700 / 12,500)
- 25% of the total English population is aged 65+ (2016 stats)
- Majority are concentrated in Grosse Ile, the rest on Entry Island (extremities that are almost 100% English-speaking)
- Deeply rooted - unilingual English-speakers
- Traditionally had big families and cared for elderly at home
- Want to stay at home as long as possible



Access to Health & Social Services

- One CLSC service point in Grosse Ile and in Entry Island (24-hour nursing service)
- Homecare services provided by the SAPA (soutien à l'autonomie des personnes âgées) nurse
- Support for personal care services (Equivalent to Cooperative de Services a Domicile de la Region de Thetford)



Access to Health & Social Services

- Support for domestic services (Equivalent to Cooperative de Services a Domicile de la Region de Thetford)
- Palliative care at home (CISSS)
- Community Outreach and support, Meals on Wheels, Wellness Centers, etc. (CAMI – equivalent to MCDC)

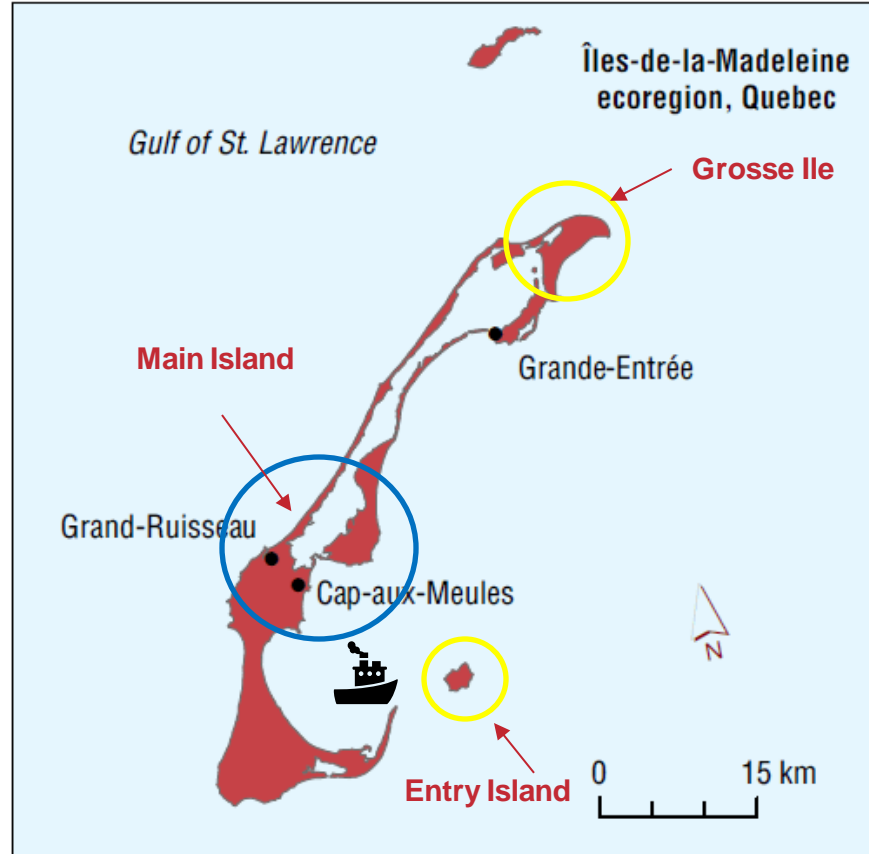


Challenges to Accessing Services

- Language barriers with home care team
- Lack of human resources to provide the homecare & domestic services within proximity (outside of nursing services being provided by the CISSS)
- Residences and CHSLDs are located on the main island (French community)
- Staff at these facilities are often, not bilingual
- Distance from their own community makes it difficult or often inconvenient for family to visit, resulting in increased isolation



English-speaking Community



What is an FTR Residence?

A Family-type resource (FTR) is a service in which one or two people take in a maximum of nine residents with physical or cognitive loss or in need of protection. Their condition does not require supervision and assistance at night.



What is an FTR Residence?

The services generally provided by the promoters of these services are accommodation, assistance with daily activities, continuous supervision and accompaniment. Professional services are provided by the CISSS/CIUSSS, when required.



Family Type Resource Residence - Early 90s - 2009

- A network of FTR seniors' residences were established across the islands' territory, including Grosse Ile (English community)
- Financed by the CMHC, SHQ and owned by a non-profit organization
- 7 bedrooms (5 single, 2 double), eventually became 8 single rooms
- Common Area (Livingroom, kitchen, dining-room)
- 4 bathrooms
- Laundry room
- Basement apartment
- Foster Family (couple who took care of the residents)



Challenges to staying open

- The seniors who still had enough autonomy to live in FTR facilities stayed at home with family support
- Resulted in high vacancy rates, with an average occupancy of 3-5 seniors, 90% English-speaking
- Resulted in financial deficit and the CSSS and the Regional Agency pushing for closure



Innovative Project for ESC Introduced - 2009

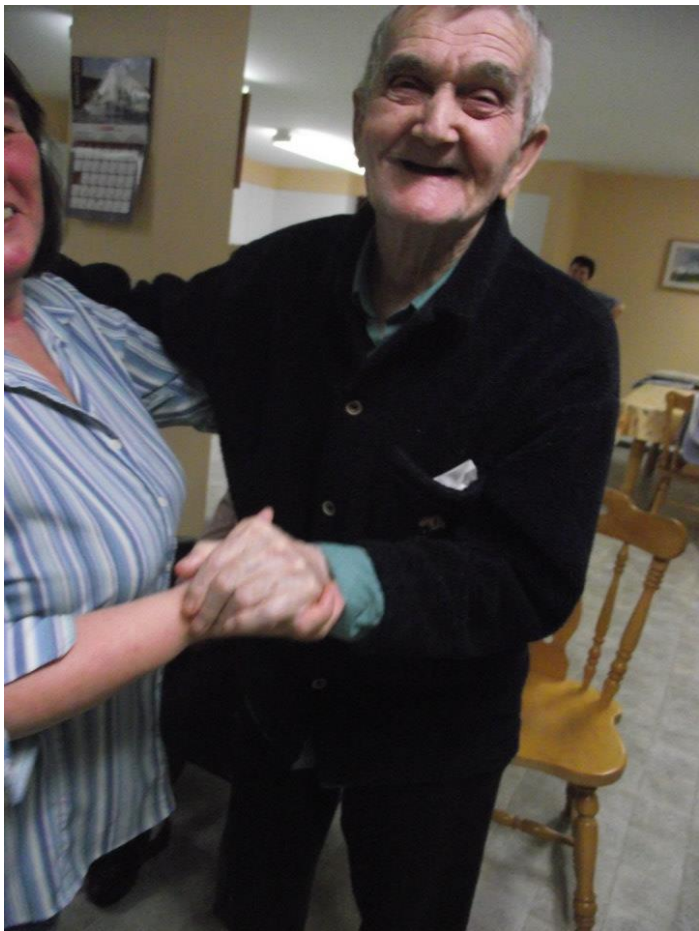
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- A new innovative project was proposed and implemented by the CSSS in 2011 to support the English-speaking community
 - The innovative project sought to house three levels of care under the same roof: FTR, Intermediate Care Resource (RI) and Long-term care resource (CHSLD) - only one of its kind in the MI region



Innovative Project for ESC introduced - 2009

- With it came a budget to staff the facility with a foster family (couple) and a 24 hour resident care support
- Foster couple took care of the domestic & maintenance duties (cooking, cleaning, shoveling, lawn maintenance, etc...), care workers took care of the residents' personal needs (bathing, feeding, etc...)
- Operating at full capacity (8 residents)







Until One Day...

- The Regional Agency and CSSS call a meeting with community stakeholders to discuss the residence and a re-evaluation of services
- Resulted in the Regional Agency pushing to close the facility
- The Agency agreed to maintain financial support for 18 additional months
- If the community wanted to maintain the service, they had to find a solution



Community Steps Up

- The foster couple resigned
- The community organization (CAMI) took on the contract – equivalent of MCDC
- The model went from being an “innovative project” to becoming a private residence (3 RI beds rented by the CSSS and 5 private beds)
- Supported with additional funds from the Cheque Emploi Service from the CSSS



Community Steps Up

- At this point the facility was full and finally meeting community needs, as most of the residents required higher levels of care
- But it was still carrying a deficit....higher levels of care increased operational costs
- The community created an official non-profit organization and started to look at ways to raise funds to finance the service



Sad Conclusion :(

- This model was not sustainable
- The level of care required exceeded the capacity of the revenues being received
- In December 2014, doors closed, and the remaining residents were transferred to other residences on the main island



Lessons Learned

- **Make sure the need is validated** – the FTR project was not properly evaluated, nor was the Innovative project, which resulted in failure both times, creating false hope and disappointment for the community
- **Make sure the community fully buys into the project**, especially the targeted clientele, in this case, seniors!
- **Don't take the responsibility of providing health care services away from the government** – that's why we pay taxes!
- **Use the resources available to you** – there are so many, like your local POLE, CISSS/CIUSSS community organizers, SEEnet, etc...)



Questions??

I am available to answer your questions by email at helena@regdevnet.ca or by telephone at (418) 937-6085
Helena Burke, Manager of Regional Development
Regional Development Network (RDN)



Thank you!

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