

**Portfolio Committee on Social Development Report on the Study Tour Visit to Canada Date: 16<sup>th</sup> – 26<sup>th</sup> June 2023**

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**1. HISTORY OF CANADA**

John Cabot, an Italian immigrant to England, was the first to map Canada’s Atlantic shore, setting foot on Newfoundland or Cape Breton Island in 1497 and claiming the *New Founder Land* for England. English settlement did not begin until 1610.

Jacques Cartier was the first European to explore the St. Lawrence River and to set eyes on present-day Québec City and Montreal. It was only between 1534 and 1542, Jacques Cartier made three voyages across the Atlantic, claiming the land for King Francis I of France. Cartier heard two captured guides speak the Iroquoian word *kanata*, meaning “village.” By the 1550s, the name of *Canada* began appearing on maps. The passage of the Official Languages Act makes Canada an officially bilingual country with French and English as its two official languages. Queen Elizabeth II signs the Canadian Constitution Act, transferring control of the former British North America Act — Canada's constitution — to Canada, thereby ending any remaining British political power over Canada. The revised version contains a new Canadian Charter of Rights and Freedoms. The Maple Leaf becomes Canada's official flag.

**2. INTRODUCTION AND BACKGROUND**

The Older Persons Act, 2006 (Act No. 13 of 2006) governs the provision of services to Older Persons. This legislative framework seeks to provide protection to *older persons* to maintain and promote their status, well-being, safety, and security and to combat their *abuse*.

Whilst the Older Persons’ Act 13 of 2006 seeks to address the safety and wellbeing of older persons, the findings of the Implementation Evaluation study conducted by the DSD in partnership with the DPME revealed some systemic and operational issues that defeat the intention and intended effective implementation of the Older Persons’ Act No 13 of 2006.

It was projected that by 2015, the proportion of older persons in South Africa will have increased to 9.5% of the population, that is, 4.24 million. As at July 2020, Statistics South Africa (StatsSA) Mid-Year Population Estimate shows that there was approximately 4.24 million older persons in South Africa, which made up 9.0% of the South African Population. This is an increase from 7.3% reported in the Census 2011 and is expected to increase to about 6.8 million or 9.3% of the population by 2030. Currently there are 5,43 million Older Persons in South Africa. South Africa has not evaded this significant growth.

The provision of services to older persons and general issues pertaining to the protection and well-being of this cohort of the SA population cuts across several government departments, including at national to local levels. The increase in the older person's population heightens the concern about elder abuse and neglect.

These increasing trends, are in line with some international comparisons, including Canada, which is making significant strides in ensuring its readiness to respond to the alarming growing number of Older Persons. Rapid population ageing is one of the defining megatrends of our time. By the year 2050, it is estimated that there will be 1.5 billion people aged 65 and above, constituting one sixth of the world's population.

The increasing longevity is a manifestation of the progress achieved in human development and health over the last decades. But the rapid demographic shift has also shed light on the lack of adequate protection mechanisms, policies and programmes to address the situation of older persons.

Ageing in itself does not necessarily make individuals vulnerable. However, a number of physical, political, economic and social factors that accompany older age contribute to the challenges that older persons face in the enjoyment of their human rights, as has been evidenced during the coronavirus disease (COVID-19) pandemic.

The Department of Social Development embarked on the development of a Draft Bill for Older Persons to ensure the country's readiness and response to the needs of Older Persons.

To this effect, the Draft Bill 2022 was tabled before the National Assembly and is now with the Portfolio Committee on Social Development for Public Hearings. The Portfolio Committee deemed it necessary to broaden their scope and depth of comprehension of some of the issues confronting Older Persons in South Africa and to ensure the relevance of the Bill for the benefit of South Africa through a visit to Canada for benchmarking engagements and drawing of lessons for the improvement of the Draft Bill 2022 prior to its approval and enactment.

## **2. PURPOSE**

The visit was intended to cover the following objectives:

- Meeting with Parliamentary counterparts to learn from their oversight work how they hold the executive accountable in implementing laws, policies, programmes and services for older persons.
- Meeting with the central authorities (relevant government departments) to engage with them on legislative provisions, policies and programmes put in place to protect the rights of older persons.
- Meeting with government agencies that deliver advisory service to the state on older persons.
- To conduct site visits to government programmes for older persons, such as, old age homes, community programmes, organizations and projects that are accredited to work with older persons.

## **2. MEMBERS OF THE DELEGATION**

### **3.1 MEMBERS OF PARLIAMENT**

Delegate(s)	Ranks
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Ms Nonkosi Mvana	Head of Delegation and Member of Parliament: Chairperson of the Portfolio Committee on Social Development
Mr Dikgang Stock	Member of Parliament
Ms Jane Manganye	Member of Parliament
Ms Bridgette Masango	Member of Parliament
Ms Paulnita Marais	Member of Parliament

### 3.2 PARLIAMENT OFFICIAL

Delegate(s)	Ranks
Ms Yolisa Khanye	Member of Delegation Content Advisor: Portfolio Committee on Social Development

### 3.3 NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT (NDSD) OFFICIAL

Delegate(s)	Ranks
Ms Civil Legodu	Member of Delegation: Chief Director: Prof Social Services & Older Persons

## 4. QUEBEC PROVINCE

### 4.1. MEET AND GREET SESSION: SA HIGH COMMISSION

The South African delegation accompanied by the National Department of Social Development was led by the Head of Delegation and Member of Parliament:

Chairperson of the Portfolio Committee on Social Development, Ms Nonkosi Mvana. The entire delegation was welcomed at the South African Mission to Canada on 19th June 2023 by the High Commissioner of South Africa to Canada, Mr. Rieaz Shaik, Deputy High Commissioner, Ms Shirley Hoyana, and Mr Tendani Munyai the Admin Attaché.

The meet and greet meeting took place at the SA Embassy, Number 15 Sussex Drive. During the welcome, which also served as a briefing session to the Mission on the planned activities scheduled for the delegation, and the rationale behind the identification of related stakeholders for benchmarking. The High Commissioner provided an overview of Social Development of Canadian and information of the country.

He advised the delegation on the key issues confronting Canada, mainly social ills and elaborated on the country's response to the key humanitarian challenges at paly. Additionally other areas of concern, including socio-political issues were shared with the delegation and the High Commissioner committed support from the mission to the delegation for scheduled meetings of the delegation's entire stay.

He highlighted some challenges the Mission faced when he took office. The offices had to be renovated, both the interior and exterior. Also, the Mission's budget was cut by 15% and so it was operating within extreme budget constraints. That was the reason Mr Munyai would not escort the delegation to Quebec.

He explained that the Mission identified Quebec as the second province for the delegation to visit because it has indigenous population, and it has good programmes for older persons. He underscored the intergovernmental set of Canada in which provinces have enormous authority over how they spend their allocated budgets, policy formulation and law making. Thus, there is a distinct separation of powers between the federal government and provincial government when it comes to certain competencies. For instance, social development, health, education are provincial competencies. It was therefore important for the

delegation to enquire in its engagements with provinces how the interface between federal government and provincial governments is managed.

He then provided a briefly overview of the challenges faced by the Canadian government. The current Prime Minister, Mr Justin Trudeau has been in office for eight (8) years as a result there is some kind of fatigue from the public. There is also a lot of infighting within the Liberal Party and that stalls progress in some areas. The Liberal Party established a working relationship with the New Democratic Party (NDP) with the condition that the former delivers on some demands. In turn the NDP will not enter into any agreement for a vote of no confidence against the Prime Minister. This working relationship was working well until there were media leaks that the Liberal Party was aware of alleged foreign interference by China on the appointment of a new Prime Minister. The Prime Minister appointed an independent investigator to investigate the media leaks and advise if there should be a need for an enquiry. The investigator subsequently advised that they would not be a need for an enquiry. This caused a lot of outcry both from the public and from Parliament, resulting in the investigator resigning. The Prime Minister then requested Parliament to decide on how this matter should be dealt with, define what foreign interference means as well as classified information.

On the issue of Russia and Ukraine, the High Commissioner explained that Ukraine has a large population in Canada, and this has implications on the Canadian stand on the matter. There is this a historical relationship between Canada and Ukraine. He then cautioned the delegation that the South African stand of non-alignment may be raised in the discussions the Committee will have with the people it was scheduled to meet with. In that instance, the delegation was advised to focus on the South African goal of peace keeping in line with the United Nations. There have been calls for South African products to be boycotted.

Regarding older persons, the High Commissioner explained that Canada has a high population of elderly people as a result it has one of the best Pension Fund in the whole world with a budget of \$1.3 trillion. This fund is strictly monitored and managed. The implication of the aging population has been that Canada has been importing a lot of immigrants, about 450 000 per year. By 2031, it is considered that Canada will have a high population of foreign-born nationals. By 2050, 40% of the Canadian population will be brown skinned because of the Asian immigrants. Immigrants in Canada are respected and treated as citizens as soon as they have citizenship status.

He also highlighted that Canada has high level of safety and security because communities are involved in maintaining law and order. Also, Canada has a liberal approach to the use of drugs as a result drug users are generally not aggressive. Drug dealing is not criminalised instead community organisations provide shelter and meals for people using drugs. Mainly drug abuse and subsequently gender based violence and suicide are high among the indigenous people. With this liberal approach it may be perceived that some kind of genocide is inflicted on indigenous people.

He also explained that police are at the forefront in making sure that victims of crime receive counselling.

This visit was an extremely important session as it was the first visit of the SA Parliament and the National Department of Social Development to Canada for engagements on Canada and Quebec's provision of services for older persons. The engagements were also learn from Canada and Quebec's management systems currently in place and those under consideration, which are enabling Canada to strengthen and continue ensuring its effective response to the needs of the growing population of Older Persons.

#### **4.2. MEETING WITH THE GOVERNMENT OF CANADA EMPLOYMENT AND SOCIAL DEVELOPMENT (ESDC)**

The first meeting held between the SA delegation and the government of Canada was with the Employment and Social Development (ESDC). Mr Uros Maksimovic was the leader of the Canada delegation, and he welcomed the SA delegation and led the introductions.

The Chairperson of the Portfolio Committee, Ms Nonkosi Mvana led the introductions of the SA delegation, appreciating the warm welcome and the acceptance of the visit and the related preparatory coordination and support by the government of Canada. A presentation was shared on the Quebec Revenue, followed by a discussion on the history thereof.

The meeting was officially declared open by Ms Elisha Ram, followed by two presentations, the first delivered by Ms Kristen Underwood, the Director General. On Seniors and Pension Policy in Canada,

### **Opening remarks**

Ms Elisha Ram gave opening remarks. She explained that Employment and Social Development Canada (ESDC) is the biggest federal government with staff complement of 2 500. It also has the largest budget. It works closely with other federal departments, provincial departments, and non-profit organisations (NPOs) as older persons function is a joint responsibility. Its main responsibility is to develop policies for older persons. She pointed out that Canadians have longer and healthy life expectancy and so it was important for the Canadian government to have right policies for old age. ESDC developed two (2) largest programmes for old age, that is, Canada Old Age Security and Voluntary Social Security Programme.

The following presentations were then made:

- **Federal/Provincial/Territorial (FPT) Seniors Forum**
  - **Background**

The FPT Forum comprises of the Ministers Responsible for Seniors from all 14 jurisdictions, who meet to advance seniors issues, either in person or via videoconference. They identify priorities for future work of the Forum and approve deliverables completed to address those priorities. The Ministers meeting is led by a Federal Co-chair and a Provincial/Territorial (PT) Co-chair, who co-develop the agenda. Forum decisions are made by consensus. The PT Co-chairs rotate every 18 to 24 months. Ontario is currently PT co-chair of the Forum.

Most Ministers Responsible for Seniors hold multiple portfolios, usually related to health, housing, disability/accessibility, community and/or social services. FPT Ministers identify priorities for future work of the Forum and approve the deliverables completed to address those priorities. Along with the PT Co-chair, the Federal Co-chair co-develops the agenda for the Ministers' meetings and videoconferences. When consensus cannot be reached, options may be developed by the Deputy Minister co-chairs to clarify and give direction. Also, the Federal Co-chair co-leads the media event with the PT Co-chair, following the Ministers' meeting. The Forum Secretariat resides in Employment and Social Development Canada.

- **Mandate**

The Forum of FPT Ministers Responsible for Seniors was established in 1992 to discuss issues of importance to seniors, share information on seniors' well-being, and undertake initiatives to advance issues of common concern, including, where possible, in collaboration with other FPT fora.

### **Structure of the FPT Seniors Forum**

#### **Forum of FPT Ministers Responsible for Seniors:**

- meets every 12-18 months (most recently, videoconferences every 6 months);
- identifies priorities for future work;
- reviews the work completed by the Committee of FPT Officials; and
- exchanges information on innovative practices.

#### **Committee of FPT Deputy Ministers:**

- holds semi-annual teleconferences/videoconferences;
- reviews all material to be presented to Ministers at their meeting;
- reviews the work plan developed by the Committee of Officials; and
- reviews the annual Forum budget.

#### **Committee of FPT Officials:**

- holds monthly videoconferences; and
- develops and implements a work plan pursuant to ministerial priorities.

Since 2017, the Forum has focused on priorities and products more useful to government policy and program development. The Forum has adopted a multi-year approach for its work plan to provide more flexibility to implement both short-term projects and long-term projects that take place in phases and build upon earlier work. The Ministers also approved the continuation of any outstanding carry-over work on the Aging in Community and Ageism files. They also approved detailed work plans for Ageism and all new priorities at a meeting held on February 24, 2022.

In order to address the Socio-Economic Impact of Ageism, the FPT Seniors Forum launched a consultation on August 15, 2022, to better understand and address the negative impacts of ageism towards older adults in Canada. An email was sent to over 3,500 stakeholders across Canada to invite them to complete an online survey. The Forum received 2,920 questionnaires and 62 stories. Between September and October 2022, 17 stakeholder-led discussions and eight regional roundtables took place (one in-person and the others virtual). A total of 194 individuals participated in the stakeholder-led sessions, and 108 participated in the regional roundtables.

The feedback was summarized in a What We Heard Report which was approved by Ministers in April 2023. Work was underway on a final report on policy options to support seniors' organisations, researchers, and all levels of governments to consider how they may address ageism.

### **Priority Setting for 2022-2025**

The FPT Ministers responsible for seniors met on June 9, 2021, and approved the following priorities for the 2022-2025 work cycle:

- ***Priority 1: The role of technology to enhance aging in place***

Under this priority, the Forum aims to explore policies that encourage the use of technologies available to seniors, caregivers and supporting organizations and identify how they can be used to facilitate aging in community, including in remote and rural communities. Three deliverables are expected at the completion of this priority, namely, 1) a report on the impact of internet connectivity and technological tools on reducing seniors' social isolation and loneliness during the pandemic and beyond, 2) policy options for assistive

technologies designed to support seniors and 3) social media and seniors and senior-serving organizations. The working group sought advice from with AGE-WELL, Canada's technology and aging network, to fine-tune the parameters of each deliverable.

- **Priority 2: Senior abuse: during the pandemic and beyond**

This priority aims to inform FPT programming and policies that address senior abuse by taking lessons learned from the pandemic and considering options to apply them going forward. Three deliverables have been identified in the work plan under this priority, namely, 1) analysis of gaps and challenges in addressing senior abuse exposed during the pandemic, 2) policy and programme options to prevent and address the financial abuse of seniors, 3) policy and programme options to address gaps in current practices to inform and protect seniors from non-financial abuse.

The analysis of gaps and challenges included both a literature review and a survey of stakeholders. The report was approved by Minister in April 2023 and will be released publicly towards the end of 2023. Subsequent deliverables will build upon this first analysis.

A 2015 national survey on the mistreatment of older Canadians found that 8.2% of community dwelling Canadians aged 55 or over had experienced abuse (physical, psychological, sexual or financial) or neglect in the previous year. The Canadian Network for the Prevention of Elder Abuse (CNPEA) noted that elder abuse is one of the most unreported crimes in the country and estimated that up to 10% of seniors experience one or more forms of abuse. The abuse of seniors is an ongoing concern of FPT governments, which was particularly relevant during the pandemic. COVID-19 disproportionately affected older adults and created social conditions that enabled senior abuse to flourish largely undetected.

Thus, the objective of this work is to inform FPT programming and policies directed at addressing senior abuse to support seniors' safety and security. The proposed starting point is to identify gaps and challenges in current approaches that were exposed and/or exacerbated by the pandemic. This work will then explore policy and programme options as well as best practices that would prevent the abuse of older adults, considering cultural considerations and other specificities of populations at greater risk.

According to the World Health Organization (WHO), elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

Examining the impact that the pandemic had on senior abuse demonstrates the FPT Seniors Forum's ongoing support for the protection of older adults in Canada. Additionally, the Forum will also focus on taking the lessons learned from the pandemic and explore options on how to apply them to combat senior abuse going forward in the post-pandemic world.

- **Priority 3: Supportive housing for a diverse seniors population.**

FPT governments are committed to helping seniors to stay in their homes for as long as possible, to age in place. Available housing does not always meet their requirements given their diversity and evolving needs as they age. Two deliverables are expected from the work under this priority. The first is "*A matrix of profiles for older adults and a report on gaps, challenges and barriers in providing housing options for a diverse population of seniors in Canada*", and the second is "*A report on existing national and international housing legislation and regulations, policies, frameworks and best practices for seniors in the Canadian context and innovative housing models to support diverse populations of seniors to age in their home and community*". Work on this priority began in 2023/2024 financial year.

- **Canada's Retirement Income System**

Canada is made up of vast distances with a total territory of 9,984,670 km<sup>2</sup>. It is a federal state with 10 provinces and 3 territories. It has a population of 38 million people. Eighteen percent (18%) of the population is aged 65 or older. Per the Chief Actuary of Canada, life expectancy for Canadians born in 2022 is estimated to be 88 years of age (87 years for men and 90 years for women). Life expectancy for individuals

reaching 65 in 2025 is projected to be 21.5 for males (86.5) and 24.0 for females (89.0). Federal and provincial/territorial governments both have constitutional authority for pensions.

The Canada's Retirement Income System (RIS) has three objectives, namely, 1) to prevent poverty among seniors, 2) to provide adequate income replacement in retirement; and 3) to achieve financial sustainability and economic efficiency. It is comprised of three pillars that work together to meet these objectives. The three-pillar structure of the RIS is more than 50 years old, dating back to the inception of the Canada Pension Plan in 1966. It is jointly managed between the provinces and the federal government. The provinces, along with the federal government, have constitutional authority for pensions. However, only Quebec has undertaken to implement a separate public pension plan, the Quebec Pension Plan (QPP).

A three-pillar system		
Public		Private
Pillar 1 Old Age Security Programme Tax-financed	Pillar 2 Canada Pension Plan/Quebec Pension Plan Mandatory Contributions	Pillar 3 Workplace Pension Plans (RPPs), RRSPs, PRPPs Mandatory/ Voluntary Contributions

Major changes to the Plan require the approval of two-thirds of provinces containing two-thirds of the population. Contributory social insurance plan is financed entirely by contributions paid by employers, employees and self-employed persons, and investment earnings of the CPP Investment Fund.

The objective of the CPP is to provide partial earnings replacement in the event of the retirement, disability or death of a contributor. It is designed to replace up to 25% of lifetime average wage at retirement. This is gradually increasing to 33.33% due to the CPP enhancement that began on January 1, 2019. Contributions towards the CPP are collected by Canada Revenue Agency and the benefits are administered by the Employment and Social Development Canada/ Service Canada. Roughly 14.4 million workers contribute annually. In 2021-22 contributions totalled \$64.6 billion. A total of 6.2 million beneficiaries received \$52.9 billion in benefits in 2021–22.

All employed and self-employed persons in Canada with sufficient earnings contribute to and are covered by the CPP, except in Québec where employed and self-employed persons contribute toward the QPP. Contributions begin at age 18, and end when the contributor starts collecting their retirement pension, reaches age 70, or dies. Contributions paid on any annual earnings above \$3,500 (basic exemption), up to the annual limit (the Yearly Maximum Pensionable Earnings or YMPE). The YMPE approximates the average full-time wage in Canada is \$66,600 in 2023.

In 2023, the contribution rate is 11.9% of pensionable earnings, that is, earnings up to the YMPE. This rate is shared equally by employers and employees, while self-employed pay the entire amount. The rate of 11.9% is the sum of the legislated rate of 9.9% for the Base CPP, and 2.0% from the First Additional band of the CPP enhancement. The Second Additional band of the CPP enhancement will begin in 2024 and will protect earnings above YMPE, up to a new threshold that will be 14% above that amount. The contribution rate for this band is set at 8.0%. Each contribution rate applies only to one range of earnings, they are not added together.

The CPP provides partial income replacement in the event of retirement, disability, or death of a CPP contributor. It provides three types of benefits:

- **CPP retirement benefits:** retirement pension; post-retirement benefit.
- **CPP disability benefits:** disability pension; post-retirement disability benefit; children's benefit.
- **CPP survivor benefits:** survivor's pension; children's benefit; death benefit.



Benefits are paid monthly and adjusted every January with increases to the Consumer Price Index. Benefits are fully exportable anywhere in the world; no citizenship or nationality-based restrictions.

- **CPP Retirement Pension**

The Plan's primary benefit, retirement pensions are more than three-quarters of the Plan's annual expenditures. It requires only one valid contribution to the Plan to qualify. Originally, the retirement pension replaced one-quarter (25%) of the individual's average pensionable earnings over the course of the person's contributory period. This is now called the 'base' component of the pension. This is gradually increasing to one-third (33.33%) due the CPP enhancement that began in 2019. The standard pension payable is at age 65 but can be taken as early as 60 (with a permanent reduction of 0.6% per month, to a maximum reduction of 36% at age 60). The pension payout can be deferred in exchange for a permanent increase of 0.7% per month (up to a maximum increase of 42% at age 70). Maximum monthly pension in January 2023 was \$1,306.57.

The CPP retirement pensions are based on the individual's average career earnings, from age 18 until the start of the pension (or age 70, whichever comes first). To boost the average, one-sixth (17%) of the contributory period with the individual's lowest lifetime earnings (after being adjusted to current-year dollars) are automatically excluded from the calculation. Periods spent raising children under age 7 can also be excluded from calculation if it is advantageous to do so. Periods in receipt of a CPP disability pension are also excluded from the calculation. Individuals under age 70 who work while receiving their pension can continue to contribute and increase their retirement income via the Post-Retirement Benefit.

- **CPP Enhancement**

The CPP enhancement began in 2019, with increased contributions being phased-in over 7 years. It works as a "top-up" to the retirement, survivor's and disability pensions (and the post-retirement benefit) provided by the base CPP. It will increase the CPP replacement rate from one quarter (25%) to one third (33.33%) via the first additional component and the band of earnings protected by the Plan by 14% via the second additional component. Together, this will increase the maximum CPP retirement pension by more than 50% when the enhancement is fully mature. Due to full-funding design principles, CPP enhancement benefits will accrue over time. Full benefits will be realized 40 years after phase-in, in 2065. The enhancement was designed with a greater focus on income replacement. Its design is more like that of a workplace pension plan, with a stronger link between contribution and benefits and less of a social insurance focus. Reflecting this, all enhancement benefits are calculated based on a 40-year average, with no additional drop-outs, however, credits will be dropped-in to periods with low earnings due to disability or providing care for a young child.

- **Disability Pension**

To be considered disabled, a person must have a physical or mental disability which is:

- **Severe** – the person cannot regularly pursue any substantially gainful occupation, and,
- **Prolonged** – the disability is likely to be long continued and of indefinite duration or is likely to result in death.

There are no benefits granted for temporary or partial disability. The contributor must be less than age 65 when applying and must have a minimum of contributions in 4 of the last 6 years before the start of the disability. For individuals with long work histories (25 or more contributory years), this is reduced to a minimum of contributions in 3 of the last 6 years. As of 2019, retirement pension recipients between the under the age of 65 who become disabled (i.e. - meet the same criteria) may receive the new Post-Retirement Disability benefit. This benefit is equal to the disability pension flat rate and is added to their retirement pension.

To leave behind CPP survivor benefits (which include the life-long survivor's pension, the lump-sum death benefit and the children's benefit), the deceased contributor must have made contributions for either 10 years; or at least 1/3rd of the years in his/her contributory period (with a minimum of 3 years).

- **Survivor's Pension**

A monthly benefit is paid to the legal spouse or common-law partner (opposite sex or same sex) of the deceased contributor. The benefit continues even if the surviving spouse/common-law partner remarries or enters into a new common-law relationship. For survivors over age 65, the benefit amount is 60% of the deceased person's retirement pension. For survivors under age 65, the benefit amount consists of an earnings-related portion equal to 37.5% of deceased person's retirement pension plus a flat rate portion (\$217.99 in 2023). Survivor's pensions in pay are recalculated at age 65. The maximum monthly survivor pension in 2023 is \$707.95 for a survivor under 65 and \$783.94 for a survivor 65 or older.

- **Death Benefit**

It is a lump-sum benefit paid to help offset funeral costs. It is payable to the estate of a deceased contributor or the person/agency responsible for paying funeral costs. As of 2019, the CPP death benefit is a flat-rate of \$2,500. Prior to 2019, the amount of Death Benefit was equal to 6 times the deceased contributor's monthly retirement pension (without actuarial adjustments), subject to maximum of \$2,500.

- **Children's Benefits**

It is a monthly benefit payable to the dependent children of a contributor that is deceased or disabled (i.e. - receiving either the disability pension or the post-retirement disability benefit). It is payable on the child's behalf to parent or guardian of children under age 18. It payable directly to students under age 25 if they attend school or university full-time. Monthly amount of benefit is \$281.72 per month (2023) for each child. A child can receive a maximum of 2 children's benefits.

- **CPP Funding**

While it began as a Pay-As-You-Go program, the CPP adopted a steady-state funding model in 1997, which sought to create a stable contribution rate over the long term. Steady-state funding is a partially funded model. When this was adopted, the contribution rate was increased to allow for the creation of a reserve of funds (of approximately 25% the Plan's liabilities – just over 5 year's worth of benefits). This reserve would be actively and professionally invested to generate income. In the future, when total benefits payable is higher than the contributions collected in that year, the income generated by the reserve fund will be used to fill this gap. The monies in the reserve fund itself should not need to be accessed. At the same time, the CPP legislation implemented incremental full funding, meaning any new or increased benefit, must be fully funded as not to increase the Plan's unfunded liability. This ensure the Plan remains stable over the long-run and ensures intergenerational equity, as any new benefit must be paid for by the generation that will receive it. For this reason, the CPP enhancement that began in 2019 is fully funded, such that its benefits will grow slowly over time until the enhancement matures in 2065.

- **Programmes for Seniors – The New Horizon for Seniors Programme and Age Well at Home Initiative**

- **New Horizon for Seniors Programme**

The purpose of the NHSP is to enhance seniors' social inclusion, which is a concept encompassing both combatting seniors' social isolation and being inclusive of a wide array of diverse seniors. It is also to mobilize the voluntary sector, by supporting organizations led or inspired by seniors and encouraging volunteering. Seniors are the primary beneficiaries of funded projects. Seniors' families and other community members often benefit as well.

The NHSP has a broad array of eligible funding recipients, including not-for-profit organizations, municipal governments, Indigenous organizations, coalitions, network or committees, public health and social services institutions, research and educational institutions. The program addresses the needs of vulnerable populations across Canada in meaningful ways, e.g. multicultural, indigenous, 2SLGBTQI+, rural and remote, high-risk of isolation, official language minorities.

Since its introduction in 2004, the Government of Canada has invested over \$882 million and funded over 36,649 local projects and broader-reaching collaborative projects in hundreds of communities across the country, including during the pandemic. It is a grants and contributions program with an annual budget of \$70 million. It is implemented through two streams:

- **Community-based stream** – funds projects approximately one year in duration that help organizations address local issues and enable seniors to make valuable contributions to their communities. It also funds activity-based projects aimed at increasing social participation and inclusion of seniors. It provides capital assistance for new or existing community projects and/or programmes. It has a budget of \$50.04 million (71%). It is implemented regionally through an annual call for proposals. It funds grants of up to \$25 thousand for one-year projects. As part of 2022-23 CFP, 4,713 applications were received (representing \$103.5 million) and 3,077 projects were funded (\$61.1 million investment).
- **Pan-Canadian stream** – funds multi-year projects that use collaborative and innovative approaches to build community capacity and increase seniors' social inclusion. It also funds wider projects using a collective impact model that brings together multiple organizations to achieve shared outcomes. It has a budget of \$13.1 million (19%). Projects address serious challenges such as service delivery in rural areas; the provision of culturally sensitive services; and supporting caregivers of seniors living with dementia. Higher value projects are delivered nationally, primarily through a call for proposals or call for concepts. The last funding call held in 2018-2019 funded collective impact projects for up to five year with a maximum value of \$5 million. Over 200 proposals were received, and twenty-two projects were funded with an average value of \$2.6 million.

The administration budget of the two streams is estimated at \$6.86 million.

#### ○ **Responses to Covid 19 and impacted seniors**

Through the New Horizon for Seniors Programme, the Employment and Social Development Canada (ESDC) in 2020 provided provided both community-based and pan-Canadian funded organizations with flexibilities to adapt their current project activities to support seniors impacted by COVID-19. On March 29, 2020, the Prime Minister announced \$9M in funds for community organizations serving seniors. Funding was delivered by the United Way Centraide Canada. More than 900 projects were supported through this funding.

Also, on May 12, 2020, the Canadian Government announced an additional investment of \$20 million for the community-based stream to support organizations that offer community-based projects that reduce isolation, improve the quality of life of seniors and help them maintain a social support network. Slightly more than 1,000 projects were supported.

The NHSP continues to be a popular program with the number of applications regularly exceeding available funds. Budget for 2022 announced \$20 million over two years, beginning in 2022-23, for an expanded New Horizons for Seniors Program. This additional funding will support more community-based projects that improve the quality of life for seniors and help them continue to fully participate in their communities.

#### ○ **The Age Well at Home Initiative Context**

The pandemic strengthened the resolve of many Canadian seniors to stay at home for as long as possible, but that can become difficult as they age, their income declines and their needs change. They most often turn to informal caregivers such as family and friends for help. They may require access to healthcare and personal care at home (e.g. delivered by a nurse, personal support workers). The demand for these services is high, leaving provinces/territories with limited capacity to offer other in-home services. All provinces/territories provide some light housekeeping and meal preparation, but availability of other services,

such as transportation, yard work varies greatly. The responsibility for home and community care rests with provinces and territories. This initiative focuses on supporting seniors-serving organizations who mobilize volunteers to help seniors age in place. Voluntary sector seniors-serving organizations can play a valuable role in providing access to practical supports, including for vulnerable seniors. These organizations often face challenges in finding funding to hire staff and mobilize volunteers to deliver services.

The 2021 budget committed \$90 million to support seniors in their homes through the Age Well at Home Initiative from 2021/2022 – 2025/2026. It includes \$76.5 million in grants and contributions funding. The ESDC makes contributions to community organizations for projects to help low income and otherwise vulnerable seniors age at home through two funding streams:

- **In Home Support Pilot Projects (Local Pilot Projects)**

Seniors-serving organizations with experience will deliver one or more eligible in-home support services (e.g., housekeeping, meal preparation, snow shoveling, transportation) to seniors, and help seniors navigate and access eligible services provided by other local organizations. To the extent possible, these services will be provided by volunteers. It accounts for \$53.55 million (59.4%) of the \$90 million budget.

- **Scaling Up for Seniors (National/Regional Projects)**

Seniors-serving organizations will expand projects that have already been shown to help seniors age at home. Projects will offer services in more than one province or territory and will lead to services offered to a greater number of Canadians. It accounts for \$22.9 million (25.4%) of the \$90 million budget.

The administration budget amounts to \$13.5 million.

- **National Seniors Council (NSC)**

The Council was Created in 2007 by Order in Council. It advises the Government on matters related to the health, well-being and quality of life of seniors, including opportunities and challenges arising from a rapidly growing and increasingly diverse aging population. It considers the views of seniors, organizations and groups that provide seniors' programs and services, experts, and other relevant stakeholders and interested parties. Since its inception, the Council has provided advice to Ministers on a range of issues, including, elder abuse; low income among seniors; volunteerism; positive and active aging; labour force participation; intergenerational relations; social isolation; housing; financial crimes and harms against seniors; the value of a national seniors' strategy; and issues emerging from the pandemic.

Prior to 2007, the Government had another advisory body, the National Advisory Council on Aging. It worked at arms length with the federal government, being more of a link with stakeholders and Canadians about the government's work relating to seniors. Its role included advising the Government of Canada but also ensuring that the Government was accountable to the older Canadian population.

The establishment of the National Seniors Council in 2007 marked a shift in the advisory body's role. Focusing its activities more on providing advice to the federal government based on evidence gathered through research, expertise and connections with Canadians (seniors, stakeholders, and other Canadians).

- **Structure**

The NSC reports to the both the Minister of Seniors and the Minister of Health. The Employment and Social Development Canada (ESDC) provides secretariat support to the NSC on its work. The Secretariat also provides strategic policy advice to the Minister of Seniors on matters relating to the NSC and Seniors' well-being. The Secretariat works closely with the Public Health Agency of Canada, as the lead organization supporting the Minister of Health, to ensure both Ministers' perspectives are reflected in the direction provided to the Council. Financial support for the NSC's operations and activities is provided through the ESDC operating budget. The Council generally meets on a monthly basis, or more frequently depending on its priorities and occasionally it meets with Ministers.

- **Membership**

The Council has a maximum of 12 members, including the Chairperson. The membership is intended to be diverse and can include seniors, representatives of organizations that serve the needs or interests of seniors, and experts from fields of study related to seniors and aging. Members are appointed and the

Chairperson is designated from within the NSC's membership, by the Governor in Council, on the recommendation of the Minister of Seniors and the Minister of Health.

○ **Work priorities of the Council**

Work priorities of the Council are determined by Ministers based, in part, upon advice provided by NSC members. On October 6, 2022, the Minister of Seniors and the Minister of Health, announced that the Council would serve as an expert panel to provide recommendations on new and/or enhanced measures that could further support seniors aging at home. The NSC is gathering baseline information of existing measures supporting aging at home, identifying gaps and areas of greatest need, and engaging with Canadians and experts to inform their advice. The final report containing advice for ministerial consideration is scheduled to be delivered to the Minister of Seniors and the Minister of Health in September 2023.

The Council's previous work plan (2018-2021) focused on four priorities:

- Reducing financial crimes and harms against seniors,
- Examining potential objectives and elements of a national seniors strategy,
- Providing advice on the development and implementation of existing initiatives using an age-friendly / healthy aging perspective; and
- Counteracting ageism by shifting the public discourse.

In addition to these priorities, the NSC advised Ministers on COVID-19 related matters. Most recently, March 20, 2023, the Council launched an online survey seeking views on how to support older persons at home. On October 6, 2022, it launched an expert panel to provide recommendations on new and/or enhanced measures that could support seniors aging at home.

**4.3. Meeting with the Parliament of Canada (HUMA Committee) - House of Commons Standing Committee.**

The meeting between the SA delegation and the Parliament of Canada (HUMA Committee), was Chaired by Mr Robert Morrissey (MP), from the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. He was the leader of the Canada delegation, and he welcomed the SA delegation and led the introductions.

The Chairperson of the Portfolio Committee, Ms Nonkosi Mvana led the introductions of the SA delegation, appreciating the warm welcome and the acceptance of the visit and the related preparatory coordination and support by the government of Canada. A brief overview was shared on the, Parliament of Canada (HUMA Committee), followed by a discussion on its role.

Chairperson Morrissey reported that Canada is experiencing a shortage of housing. According to 2022 national census Canada exceeded 40 million population due to its aggressive immigration policy. This is to address the critical shortage of labour, for instance, in the health and construction sector. He further reported that the Committee recently considered two Bills – Bill C 22, which introduced permanent disability programme for aged 18 – 65 that will be implemented parallel to the Old Age Pension and Bill C 25. Bill C 25 introduced child care programme that allows maximum income of \$10 per day for child care. This aims to attract young mothers back to the labour force.

He explained that Canada is federal state and so the federal government has no direct jurisdiction in the implementation of some services, such elder care, child care, disability, health care and education. These are all provincial competencies. Social security is however a responsibility of the federal government. Federal government also allocates budgets to the provincial governments. Provincial governments have authority to decide how they will spend it. Provinces also have authority to formulate their own legislation.

Regarding elder abuse, he explained that it is very rare for cases to end up in courts. They are handled by social workers because they have a legislative authority to render services for older persons.

#### **4.4 MEETING WITH JUSTICE CANADA**

The meeting between the SA delegation and Justice Canada was chaired and led by Ms Bonnie Lidstone, of Justice Canada. She welcomed the SA delegation and led the introductions. The Chairperson of the Portfolio Committee, Ms Nonkosi Mvana led the introductions of the SA delegation, appreciating the warm welcome and the acceptance of the visit and the related preparatory coordination and support for engagements by the government of Canada. She articulated the purpose of the visit mainly the overview and referred to the legislative developments in SA and the role of the Portfolio Committee on Social Developments and its intentions to ensure the intensification of the said Draft Bill for Older Persons and its relevance for Older Persons of South Africa.

The following presentations were delivered:

##### **Federal Victim Strategy and Victims Fund**

The Federal Victims Strategy brings together federal efforts to give victims a more effective voice in the criminal justice system. It was created in 2007 and made permanent in 2011. The Department of Justice Canada works in close collaboration with other federal institutions as well as with victims, victims' advocates, provincial and territorial governments, victim services, law enforcement, and others involved in the criminal justice system to implement the Federal Victims Strategy. As lead of the Federal Victim Strategy, the Policy Centre for Victim Issues at the Department of Justice develops policy and criminal law reform, funds various programs to meet the needs of victims of crime, explores best practices to address victims' needs, and raises awareness about victims of crime and their role in the criminal justice system.

Within the Federal Victims Strategy, the Victims Fund is a grants and contributions program administered by the Department of Justice. \$40 million has been made available for this Fund and it is disbursed to provinces, territories and non-governmental organizations whose projects, activities and operations support the objectives of the Federal Victims Strategy.

The Victims Fund provides funding to projects and activities that:

- Enhance victim assistance programs across Canada;
- Promote access to justice and participation in the justice system and the development of laws, policies, and programmes;
- Promote the implementation of principles, guidelines, and laws designed to address the needs of victims of crime in the criminal justice system;
- Contribute to increased knowledge and awareness of the impact of victimization, the needs of victims of crime, available services, assistance and programs, and legislation; and
- Promote, encourage and/or enhance governmental and non-governmental organizations' involvement in the identification of victims' needs and gaps in services, as well as in the development and delivery of programs, services and assistance to victims, including capacity building within non-governmental organizations.

The department introduced Canadian Victims Bill of Rights which also protects the rights of seniors, particularly those residing in rural areas. It builds on existing laws by giving victims the right to:

- have their security and privacy considered by criminal justice personnel;
- be protected from intimidation and retaliation; and
- ask the court that their identity not be released to the public.

Victims have the right to request testimonial services when testifying in court, and it is easier for courts to order testimonial services. These services are available to all the victims, including older persons. Courts consider a number of factors, including the security and protection of witnesses, when deciding whether to

allow victims to give their testimony by closed-circuit television, behind a screen, or with a support person close by. In sexual assault cases, amendments to the *Criminal Code* have changed how third-party records are handled to better protect the safety and privacy of victims.

With the Victims Bill of Rights, victims have been provided with more meaningful participation in the criminal justice system through changes that:

- require judges to include in records of bail proceedings that they have considered the victim's safety and security;
- add the acknowledgement of harm done to victims and the community as a sentencing objective under the *Criminal Code*;
- allow victims to use a testimonial aid when they present their victim impact statement in court;
- allow victims to bring a photo of the victim to court while giving their victim impact statement;
- provide a standard form for victim and community impact statements to ensure consistency in how victims describe to the court the impact the crime had on them, including any physical or emotional harm, property damage, or financial loss; and
- allow victims to include a picture or a drawing in their victim impact statement if this helps them to better express the impact the crime had on them.

The standard form for victim impact statements can also be used by a Review Board when making a decision about an accused person found to be not criminally responsible on account of mental disorder.

Both the Criminal Code and the Victims Bill of Rights are gender and age neutral in that offences are not specified for older persons or children. However, perpetrators of abuse against older persons face heavier sentences.

The department also has a Victim Support Directorate in its website where victims of crime and abuse can access available services. The department was studying as a best practice, the United States of America Adult Advocacy Centre model implemented in Ohio. The centres provide multi-disciplinary support services to victims with disabilities including older persons.

## **5. PROVINCE OF QUEBEC**

### **5.1. MEETING WITH THE MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL SERVICES**

The SA Delegation visited the Province of Quebec and had their first meeting with the Ministry of Social Development and Social Services. The Ministry is housed at Number 1075 Chemin Ste-Foy, Quebec. The delegation from the Ministry was led by Mr Felix Beaudry- Vigneux. The SA delegation was welcomed by Mr Mathieu Sylvester, Advisor and International Relations, and Ms Yannick Sana led the introductions. The Chairperson of the Portfolio Committee led the introductions of the SA delegation.

The following presentations were shared:

- **Background**

The Constitutional jurisdiction of Health in Canada is divided into exclusive powers of the provincial governments and powers of the federal government for Health. The provincial government powers include organization, administration and funding of the health and social services system. The federal government powers include direct delivery for certain groups and certain services and full or partial responsibility for health surveillance.

Quebec has a population of 8.6 million inhabitants (22.3% of Canadian population). More than 78% of the population is French speaking. More than 60% of the population lives in Montréal and surrounding areas. Life expectancy at birth is 83 years and persons aged 65 years or over makes up 20.3 % of the population.

In 2015, Québec went through a major structural reform of its health and social services system modifying the organization and governance of the health and social services network in order to facilitate and simplify public access to services, improve the quality and safety of care and make the network more efficient and effective. Accordingly, it aimed for territorial integration of health and social services through the setting up of territorial health and social services networks designed to ensure the availability and continuity of local services, the creation of institutions with a broader mission and the implementation of a two-tier governance structure. Thus, the regional agencies were abolished.

At the national level, the minister and ministry are supported by organizations and committees. The ministry also works with other partners and associations.

Main responsibilities of the Ministry of Health and Social Services (MSSS):

- Regulate and coordinate the entire health and social services system,
- Determine health and welfare policy directions and standards that apply to service organization and human, material and financial resource management within the network, and ensure their application,
- Fulfill national public health functions (monitoring of population health; promotion of health and well-being; prevention of diseases, psychosocial problems and traumas; and health protection),
- Ensure interregional coordination of services,
- Ensure that inter-institutional service reference and coordination mechanisms are in place and functional,
- Divide financial, human and material resources fairly and monitor their use, and
- Assess, for the entire network, results obtained compared to the goals set in order to improve system performance.

The ministry of health pursues its mission by sharing its responsibilities with the health and social services institutions, spread across the 18 health regions.

Responsibilities assigned to all health and social services institutions:

- Provide quality health and social services that are accessible, ongoing, safe and respectful of individual rights,
- Ensure that users' rights are respected and complaints diligently treated,
- Distribute fairly the human, material and financial resources placed at their disposal, taking into account the characteristics of the population they serve, and ensure their economic and efficient use,
- Conduct teaching, research and assessment of intervention technologies and methods when the institution has a university mission, and
- Take charge of monitoring and accountability to the MSSS, based on the latter's expectations.

The institutions provide the population with basic and specialized services corresponding to the 5 major missions defined by the Health and Social Services Act. An institution can assume more than one mission, thus favoring better integration of services.

#### ○ **Demographic profile of seniors in Quebec**

In 2011, the proportion of seniors aged 85 and over was 70% of whom were women with the increase of 12%, and it is predicted that it will reach 25% by 2061. There were around 3,200 centenarians in Quebec in 2021, 78% of them women. By 2066, this number will have risen to 45,200, an increase of 1,300% (an average of 29% per year). This has created the following contextual issues on aging population:

- Massive influx of seniors with different needs and expectations from previous cohorts.
- Significant increase in the number of people over 85 with special needs.
- Labour shortages in all sectors and need for experienced workers.
- Transformation of volunteering as seniors' interests and availability evolve.
- Inflation and rising prices for basic goods such as rent, food and gas.
- Climate change and an increase in extreme weather events.

Data on seniors in Quebec revealed that:



- Half of all seniors live on less than \$26,000 a year, compared with only 40% of the population as a whole.
- More than one in five people aged 65 to 69 are working or looking for work.
- More than half of seniors aged 65 and over are physically active.
- Despite the rapidly increasing prevalence of chronic diseases in this age group, three-quarters of seniors living at home consider themselves to be in good health.
- The vast majority of seniors live in private homes, which they either own or rent.
- Although the car is the dominant mode of transportation for seniors, as they age, they need active, public and adapted transportation solutions, especially in rural areas.

The demographic ageing has had direct effects on municipalities. Large cities and rural municipalities are seeing an increase in the number of people aged 65 and over. Municipalities with fewer than 1,000 inhabitants (42% of Quebec municipalities) have the highest proportion of seniors (22.8%), while the average number of people aged 65 and over in Quebec was estimated at 18.8% in 2018. Municipal decision-makers have been urged to take action to prepare for the future. Major adaptations are therefore required in multiple sectors, including housing, mobility and transportation, urban planning, employment, taxation, health and social services, to support seniors' participation in Quebec's economic, social and cultural development.

- **MADA Support Programme**

To respond to the effects of ageing in Quebec, the province launched the MADA Support Programme in 2009. It is a flagship measure for active aging, based on an approach developed by the World Health Organization. It aims to adapt policies, services and structures affecting the built and social environments to create conditions that optimize opportunities for active aging. It provides financial assistance to municipalities to plan and implement actions to meet the needs of seniors in 9 fields of action.

MADA is made up of the following role players:

- Government of Quebec - Responsible for managing, coordinating, developing, promoting and implementing the MADA approach and its support program.
- MUNI Space (non-governmental organization) - Responsible for providing technical support to municipalities/RCMs undergoing the MADA process.
- Research Centre on Ageing (CDRV) - responsible for carrying out evaluation and scientific research activities to advance knowledge related to the development and implementation of the MADA approach.
- Conference of regional consultation tables for seniors (CTRCAQ) - supports for the mobilization of groups and associations working on behalf of seniors during the MADA process.

More than 1,000 municipalities in the MADA process or recognized as such. Ninety-three percent (93.5%) of Quebecers live in a MADA environment. MADA programme is affiliated with the WHO Global Network for Age-friendly Cities and Communities.

Implementation of the MADA has had the following positive effects:

- Increased local investment in seniors,
- Development of "thinking and acting seniors" in municipalities,
- Direct involvement of seniors in the implementation of actions in their favor,
- Intensify networking and collaboration between local partners,
- Adapting the living environment to seniors' realities through the implementation of concrete measures.
- Measures are developed "by and for" seniors,
- Multiple sources of financial support,
- Concerted approach that encourages action at national, regional and local levels,
- Key partners with complementary expertise.

## 5.2 MEETING WITH QUEBEC MINISTRY OF HEALTH AND SOCIAL SERVICES – SECRETARIAT FOR SENIORS

### ○ The Anti-Mistreatment Plan for Older Persons in Quebec.

Mistreatment is defined as occurring when an attitude, word, gesture or failure to act appropriately, singularly or repeatedly, occurs in a relationship with a person, community or organization where there should be trust, and intentionally or unintentionally causes harm or distress to an adult person. The plan identifies seven (7) types of mistreatments – psychological mistreatment, physical mistreatment, sexual mistreatment, material and financial mistreatment, organizational mistreatment, ageism and violation of rights.

A survey (Survey on Mistreatment of Older Adults in Quebec) commissioned by the Statistical Institute of Quebec showed that the prevalence of elder abuse among people aged 65 and over during 2019 was 5.9% for the last 12 months preceding the survey, which corresponded to around 78,900 seniors. Depending on the type of mistreatment, this represented a prevalence rate of:

- 4.6% for psychological abuse (61,200 people);
- 0.8% for material or financial abuse (10,900 people);
- 0.8% for physical abuse (10,300 people);
- 0.4% for physical neglect (6,000 people);
- 0.4% for sexual abuse (5,500 people).

The Plan has been in existence since 2017 and was amended in 2022. Its implementation period is from 01 April 2022 – 31 March 2027. The key provisions of amendments included implementation of anti-mistreatment policies in establishments, make reporting mandatory for health and social service providers and certain professionals (recognized by a professional order) for people living in CHSLD- RI-RTF, unfit people, vulnerable people in RPAs, etc. penal sanctions, in particular, for those who commit an act of abuse in certain circumstances and fail to denounce known situations of abuse.

The amended Plan identifies key government collaborators as:

- Commission for Human Rights and Youth Rights (CDPDJ)
- Curateur public du Québec (CPQ)
- Director of Criminal and Penal Prosecutions (DPCP)
- Ministry of Education (MEQ)
- National Institute of Public Health of Quebec (INSPQ)
- Quebec Ministry of Public Security (MSP)
- Office for Persons with Disabilities of Quebec (OPHQ)
- Quebec Housing Corporation (SHQ)
- Ministry of Immigration, Francisation and Integration (MIFI)
- Quebec Ministry of Justice (MJQ)
- Financial Markets Authority (AMF)
- Secretariat for the Status of Women (SCF) (ADS+ Analysis)

The target group is abused seniors, loved ones, witnesses and perpetrators. Stakeholders include caregivers working with seniors, particularly agencies, local service quality and complaints commissioners, police, citizens and scientific community.

The Plan's guiding principles include:

- All seniors are entitled to respect for their physical and psychological integrity, as well as for their choices and autonomy.
- A balance between the elderly person's need for protection and respect for self-determination must be sought in every situation.
- Well-treatment applies to all contexts, all environments and all human relationships. It concerns all individuals, organizations and population groups, including all seniors, whether or not they are in a vulnerable situation.

- Elder abuse is unacceptable and must be condemned and denounced by society.
- The elimination of elder abuse is based on equality and fairness.
- All seniors experiencing abuse, or their representatives, must have access to services and resources enabling them to put an end to the abuse as quickly as possible.
- Access to environments and living environments free of elder abuse is a matter of individual and collective responsibility.

The Plan is implemented through 5 orientations, namely:

- **Orientation 1: prevent abuse by raising public awareness** - roll out awareness-raising activities aimed at the general public to denounce elder abuse and promote well-treatment, raising public and media awareness of ageism and make seniors aware of the risks associated with fraud and financial abuse, particularly when the management of their personal finances is entrusted to another person.
- **Orientation 2: develop, promote and implement practices that foster good treatment** - develop and promote a frame of reference and tools to foster and support good elder care practices in a variety of contexts and settings, support projects aimed at creating environments conducive to the well-being of seniors and helping operators of private residences for the elderly to implement best practices in the area of well-treatment.
- **Orientation 3: raise awareness and provide training on the phenomenon of maltreatment to a variety of stakeholders and communities** - develop tools and training content to counter abuse, adapted to different living environments, support caregivers in detecting signs of abuse towards family/informal caregivers and produce tools and lead training and information sessions on the rights of seniors protected by the Charter of Human Rights and Freedoms, as well as on the role and recourses of the Commission for Human Rights and Youth Rights (CDPDJ in matters of discrimination and exploitation of seniors).
- **Orientation 4 : improve management of abusive situations** - set up local support for CHSLD staff who have to identify and report situations of mistreatment of residents, enhance and consolidate the role of regional coordinators specializing in the fight against elder abuse, in particular by giving them responsibility for implementing well-treatment initiatives, set up a coordination mechanism to promote uniformity in the practices of the Director of Criminal and Penal Prosecutions with regard to elder abuse and implement and maintain the services of a mistreatment assistance, assessment and referral center for seniors and all adults in vulnerable situations.
- **Orientation 5 : develop and disseminate knowledge about maltreatment** - support the University of Sherbrooke Research Chair on Elder Abuse, update relevant data on elder abuse by renewing the Survey on Mistreatment of Older Adults in Quebec (EMPAQ) and conduct research projects to better understand the impact of the pandemic and certain types of mistreatment, particularly psychological and organizational, with a view to identifying the most effective interventions to counter them.

### 5.3 DELEGATION VISITS TO TWO RESIDENTIAL FACILITIES FOR OLDER PERSONS

The SA delegation had the privilege of visiting the two residential facilities for Older Persons in Quebec which were targeted and prioritized for visitation, experiences which were extremely beneficial. The SA delegation was welcome by Ms Suzanne Houle, who is responsible for association.

The SA delegation had the privilege of visiting a privately owned residential facility for older persons, the Humanitae, which was targeted and prioritized for visitation, experiences which were extremely beneficial. The facility is divided into two residences, one for older people with fully diagnosed Alzheimer's and Dementia and the one for elderly people who are in the early stages of these diseases and still have some level of autonomy. The delegation did a walk about at the two residences.

The facility for residents with full blown Alzheimer's was custom made to accommodate older persons with cognitive impairments based on best practices from various countries that were visited by the founders. It provides an environment that stimulates cognitive abilities to "trigger" some memories of the life or daily activities the seniors did before they had Alzheimer's. This is in line with research findings that encouraging older persons to keep busy and involved in daily activities promotes their autonomy and cope better with the

disease. The facility has various small thematic spaces that stimulate or revive special memories such as fireplaces, kitchens, sports area, nursery rooms, shops, gardens/greenery. These spaces are designed based on the family history of residents, what they enjoyed doing. It accommodates seniors who are 78 – 82 years old.

The second residence is designed to accommodate seniors in apartments and promotes unrestricted movement in and out of the residence. The whole facility is privately owned but partially funded by Quebec government. Residents are accommodated on an annual lease that can be renewed based on their needs. They pay monthly rent.

#### 5.4 MEETING WITH REVENUE QUEBEC

The Quebec team was led by Mr Felix Beaudry- Vigneux. The SA delegation was welcomed by Ms Diane Drolet, and Ms Yannick Sana led the introductions. The Chairperson of the Portfolio Committee led the introductions of the SA delegation. A presentation was shared on the Quebec Revenue, followed by a discussion on the history thereof, its general principles and well as the Home Maintenance loan, which were delivered by Ma Marie Claude Routhier, Mr Phillippe Gariepy, Ms Benedicte Retaleau and Mr Alexandre Rheame.

The following presentations were made:

- **Background**

The increase of elderly population in Quebec province resulted in the provincial government needing to develop policies and programmes to meet the needs of seniors. Between 2006 and 2021 the elderly population of Quebec has increased beyond the Canadian elderly population as shown in graph below. This was a result of the changes in fertility rate and low birth rate with average of 2.3 children. The long-term effect of this has been prolonged ageing and increased burden of care for seniors.

In 1991 a Quebec Act respecting health and social services was adopted. It responded to the inputs received from a provincial survey in which seniors expressed the need to remain in their communities, near their natural support network of friends and family. Home support services should no longer be seen as a substitute measure to long-term care centres or hospitalization. The Quebec Budget 1999-2000 then made allowance for refundable tax credit for home support to help older persons to remain in their home environment as long as possible. It also helped to improve quality of life of elderly persons losing their autonomy. This was in line with the Quebec Act health and social services.

The Quebec Budget for 2024 made additional investment of \$2.0 billion available for home support services for a period of five years. The budget also allowed for investments to have housing adapted to the needs of seniors for a high-quality living environment. Housing includes sustainability of private senior's residences and creation of senior's homes and alternative homes. It also allowed for additional government initiatives such as active ageing, fight against elder abuse and free vaccination against shingles.

- **Seniors and taxation**

The common sources of income for seniors are Old Age Security Pension, Net federal supplements paid, Quebec Pension Plan benefits and payments from a pension plan. The main deduction for seniors is from retirement income transferred.

- **Non-refundable tax credit**

The non-refundable tax credit is paid in four categories as shown below:

- **Age amount, amount for a person living alone and amount for retirement income** – an amount can be paid to individuals 65 years or older if they lived alone throughout the year or reported retirement income. The amount is based on family income. It can be shared between the spouses.
- **Amount for a sever and prolonged impairment in mental or physical functions** – the impairment must be certified by a health professional using the *Certificate Respecting an Impairment*. The ability to accomplish basic activities of daily living is also considered if the

person has a chronic disease that requires that they undergo therapy as prescribed by a physician or a specialized nurse practitioner. The therapy should be at least twice a week for a total of at least 14 hours per week.

- **Medical expenses** – only the portion of medical expenses that exceed 3% of the family income qualifies for the tax credit. The expenses must have been incurred for the person or their spouse or dependent. The expenses were paid during a period of 12 consecutive months. Any reimbursement the person received or is entitled to receive must be deducted from the medical expenses used to calculate the credit. Medical expenses claimed under another credit or deduction are not eligible. If a person paid travel, lodging or moving expenses to obtain medical care provided over 200 kilometres from their home can claim another tax credit for those expenses.

- **Tax credit for career extension**

The tax credit is paid to seniors who are residents of Quebec, 60 years or older on December 31. The eligible work income must be over \$5, 000.

- **Refundable tax credit**

Refundable tax credit are paid even if the person has no income tax payable. They are paid in four (4) categories, namely:

- **Tax credit for home support services for seniors and for caregivers** – this credit is granted to seniors 70 years or older who incur certain expenses for services that allow them to remain in their homes. Eligible services include personal care, housekeeping and running of errands. The tax credit is calculated according to the family structure, i.e. independent senior living alone, dependent senior living alone, independent couple, one spouse is dependent or both spouses are dependent. Regarding caregivers, tax credits are paid in two components, 1) for caregivers providing care to a person who is 18 years or older who has a severe and prolonged impairment in mental or physical functions and needs assistance in carrying out a basic activity, 2) for caregivers providing care to and living with a person 70 years or older and the caregiver should not be a spouse.
- **Independent living of seniors tax credit** – this credit is paid to a senior who incurs expenses to continue living independently, is a Quebec resident and is 70 years or older. It is equal to 20% of the expenses incurred for the purchase, lease or installation of eligible equipment or fixtures for use in the senior's main residence. It is also 20% equal to expenses incurred for one or more stays in a functional rehabilitation transition unit.
- **Grants to seniors to offset municipal tax increase** – this grant is intended to help seniors offset an increase in municipal taxes payable on their homes. The person should be 65 years or older and owned their residence for at least 15 consecutive years.
- **Senior assistance tax credit** – this tax credit is automatically paid to assist low-income seniors who are 70 years or older and who file an income tax return.

- **Revenue Quebec Social Programmes**

- **Shelter allowance programme** – this programme is jointly administered by the Quebec Housing Corporation and Revenue Quebec. It benefits owners, tenants, rooming house occupants and people who share dwellings with one or more other occupants. It is provided to low-income households including people 50 years or older who live alone, couples without children where one of the spouses is 50 years or older and to low-income households with at least one dependent child. The allowance is a fixed amount determined according to the housing affordability index. It is paid monthly.
- **Solidarity tax credit** – the tax credit is paid to a person who is a resident in Quebec, is 18 years or older or to a person whose spouse is a Canadian citizen or a permanent resident or a protected person, or a temporary resident or a holder of a temporary resident permit who has been living in Canada for 18 months.
- **Income Tax Assistance Programme** – this programme is made available to community organisations and to their volunteers to help people who need assistance in completing their income

tax returns and who cannot afford the services of a professional. The programme is jointly administered by the Canada Revenue Agency and Revenue Quebec. Seniors who are 65 years and older make up nearly 40% of the programme's clientele.

## 5.5 MEETING WITH RETRAITE QUEBEC

The SA delegation was welcome by Ms Sonia Potvin, Vice President of policies and Programmes. Mr Thomas Landry, Actuary delivered the presentation on the rent system in Quebec.

The following presentations was made:

- **Background**

Retraite Québec legislates and regulates all types of savings plans in Quebec to help workers save and prepare for their retirement. It also manages the Quebec Pension Plan and the pension plan for State employees and public servants. It promotes financial planning for retirement and supports families and disabled people with other plans and programs. It works in collaboration with other agencies in and outside of Quebec, in social security and other related sectors.

- **Quebec Pension Plan (QPP)**

Quebec Pension Plan is the second tier of the Canadian government pension system. The first tier is Old Age Security administered by the federal government and it is universal for all Canadians. The third tier is made up of private savings and private pension plans. The Old Age Security aims to cover 15% of the average earnings during the contributory period (from 18 years until retirement). The QPP aims to cover 25% and the private savings and private pension savings aims to cover 30%. With the recently implemented Additional Plan, the QPP coverage will increase from 25% to 33% (with 8.33% enhancement). The Additional Plan or Enhancement aims to expand the coverage and the level of income replacement rate for the members from 119% average income (with 25%) to 136% average income (with additional 8.33%).

The QPP covers all workers from Quebec. It is funded by contributions from both workers and employers in equal parts (50/50). It was started in 1966 and it is a mandatory public pension plan for all workers in Quebec. It has a membership of 4.2 million out of the 8.8 million population of Quebec. Actuarial projects show that life expectancy at age 65 will be 90 years for women and 88 years for men. The fertility rate will decrease from 1.57 to 1.55 in the next 30 years.

## 6. LESSONS LEARNT AND RECOMMENDATIONS

The lessons learnt and recommendations must speak to the challenges that South Africa is facing regarding care of older persons. They also must speak to the policy direction of the country. Similarly, to Canada, South Africa's aging population is projected to increase over the coming years. According to Statistics South Africa, the country has an estimated population of 5.59 million of persons over 60 years out of an estimated 60.60 million population. *"The proportion of elderly persons aged 60 years and older is increasing over time and as such policies and programmes to care for the needs of this growing population should be prioritised."* The population of older people in SA grew from 6.6% in 2002 to 9.2% in 2022. This is a 2.6% growth in 2 decades. The increase in the population necessitates the development of age friendly environments to ensure that older people can continue to thrive as they age.

However, the concerning challenge is the lack of comprehensive protection of older persons in the country. South Africa has a high prevalence of abuse, neglect and violence against older persons. They also face financial abuse from their family members. Approximately 70% of the population of older people receive the Old Age Grant (OAG) (3.7 million people). In many instances this state intervention provides the only household income. This places the older people at risk as they very often seek to meet the needs of the larger family at the expense of their needs. The OAG also places older people at risk of exploitation and harm from people who try to scam them out of their money.

Sadly, South Africa has no official national statistics to indicate the actual extent of violence against older persons. Even though the Older Persons Act (No. 13 of 2006) makes provision for elder abuse register, in terms of empowering a clerk of the court or registrar to provide the Minister with the details of an offender,

conviction and sentence for the purposes of adding such information to the register upon conviction and sentence. Also, service providers are not aware of how to access the register for perpetrators of abuse against older persons.

The Older Persons Amendment Bill [B11 – 2022], before the Committee aims to address the aforementioned challenges. The Bill seeks to address a number of challenges that hinder the full realisation of the protection of the rights of older persons. Amongst these challenges, is the lack of co-ordination between governments to deliver services for older persons as the Older Persons Act in its current status does not outline the roles of various organs of State. The Older Persons as a function is located within the Department of Social Development as a sub-programme. Even though the needs of older persons cut across various departments.

The following section provides lessons that can be learnt and recommendations:

- 1) **Dedicated ministry for older persons:** Canada has a dedicated Ministry of Seniors led by a Minister. South African adopting this model would address the challenge of lack of co-ordination and planning between departments. A dedicated ministry will also ensure that there are resources (budget and human resource) allocated for older persons through a Budget Vote that will be approved by Parliament. There will also be a dedicated Committee of Parliament to conduct oversight over the department. South Africa already has a Department of Women, Youth and Persons with Disabilities (DWYPWD). In the Presidency, there is also a dedicated Office on the Rights of Children. A similar governmental structure should be considered for older persons as they are the only vulnerable group that has been left behind.

The Older Persons Amendment Bill seeks to address the lack of co-ordination between the various departments by introducing an “inter-departmental structure” at national and at Offices of the Premier to integrate, coordinate and monitor the effective implementation of the Act. However, a dedicated department will have political authority and enjoy the same legal status as the DWYPWD or the Office on the Rights of Children in the Presidency.

- 2) **Federal/provincial/territorial (FPT) forums:** as reported on earlier in the report these forums provide a critical platform most Ministers Responsible for Seniors to engage and make decisions to advance the needs of older persons and identify priority areas. The Bill as indicated above seeks to introduce similar structures and lessons can be learned from this Canadian model. Most importantly, these forums are co-chaired by political heads, which give them more authority to make decisions. This has been found to be a challenge with similar structures in South Africa. For instance, as it was reported during the workshop between the Portfolio Committee and the social development portfolio held in March 2023, even though the Department of Social Development is governed by the Inter-Governmental Fiscal Relations Act in its collaboration with other spheres of government, there is no overarching legislation that govern concurrency between the national government and provincial governments as well as other government departments, such as Department of Health and the Department of Education. Also, decision taken at MINMEC (Minister and Members of the Executive Council) are not enforceable because it does not have decision making powers.
- 3) **National Council of Seniors:** as also reported on earlier in the report the Council is an advisory body that advises the Minister for Responsible for Seniors on matters related to the health, well-being and quality of life of seniors, including opportunities and challenges arising from a rapidly growing and increasingly diverse aging population. A similar Council should be considered in South Africa.
- 4) **Official statistics and national/provincial surveys:** as shown in the various presentations to the delegation, Canadian government both federal and provincial, have dedicated research resources to study the trends in different aging population cohort that guide policy formulation, programmes and budgeting. South Africa

- 5) **New Horizons for Seniors Programme:** this programme provides a best practice for South Africa as it demonstrates Canada's aggressive investment policy towards protection of older persons and ensuring their well-being. One of the challenges faced by older persons is social exclusion which makes them more vulnerable to various social ills. Establishing a similar programme in South Africa that will be funded by government to fund organisations and institutions that run community and wider projects that address challenges faced by older persons in rural, peri-urban and urban areas, will address the challenge of isolation and exclusion of older persons.
- 6) **Age Well at Home Initiative:** as reported earlier in the report, this Initiative aims to fund community organizations that deliver one or more eligible in-home support services such as housekeeping, meal preparation, snow shoveling, transportation to seniors and help seniors navigate and access eligible services provided by other local organizations. The Department of Social Development already through the Extended Public Works Programme provides care givers to assist older persons with their daily living needs. There is a great need for care givers and funding for their remuneration as it emerged during the public hearings on the Older Persons Amendment Bill. Thus, the Department can learn from the funding model of this Initiative as a response to the call of older persons for more care givers and increase in grant-in-aid.
- 7) **MADA Support Programme:** as reported earlier this programme provides financial assistance to municipalities to plan and implement actions to meet the needs of seniors. Municipalities are an important stakeholder in the provision of infrastructure, facilities, basic services, social environments, and transport. The Older Persons Amendment Bill also recognizes municipalities as one of the stakeholders. However, in South Africa municipalities, particularly smaller municipalities are struggling to provide these services. Thus, a programme such as this one can be a best practice South Africa or the Department of Social Development can learn from.

## 7. CONCLUSION

The overall purpose of the visit was achieved and thus successful. All key stakeholders were engaged, and clarity was provided on all matters related to the targeted areas of engagement. The delegation also came back with a clear understanding of the areas and activities that were requested for prioritized engagements between the Parliament of Canada, the province of Quebec, both the departments of Justice and Social Development and Social Services in Canada and the Parliament of South Africa and the Department of Social Development in SA.

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Report to be noted