The Living Conditions of Older Latin American Immigrants in Montréal

Carmen Puga-Peña

A Thesis

in

The Special Individualized Program

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
Concordia University
Montréal, Québec, Canada

April 2006

© Carmen Puga-Peña, 2006

Library and Archives Canada

Published Heritage Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et Archives Canada

Direction du Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 978-0-494-16263-7
Our file Notre référence
ISBN: 978-0-494-16263-7

NOTICE:
The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:
L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

ABSTRACT

The Living Conditions of Older Latin American Immigrants in Montréal

Carmen Puga-Peña

During the 1970s and 1980s, a large number of South Americans and Central Americans immigrated to Québec escaping from dictatorships and civil wars. Many aged here, while others, older, came later or are still coming today to join their family linked to their own cultural background, under special acceptance programs. Their reality in Canada is different to that of other older immigrants. Therefore, this study aims to examine the growing need to recognize and acknowledge Latin American cultures in the development of policies and services related to older people in Canada.

In this thesis, the living conditions of older Latin American people in Montréal will be summarized and issues of intercultural communication specific to the Latin American context will be identified. Whether the development and delivery of services for older people living in Montréal support the unique cultural needs of older Latin American people will be discussed. Finally, suggestions for the development of improved services will be provided in order to emphasize the need to recognize and acknowledge Latin American cultures in the development of policies and services related to older people in Montréal.

TABLE OF CONTENTS

1 **INTRODUCTION**

1.1 Historical Background 1

1.2 Statement of the Problem 6

1.3 Methodology 9

2 **INTERCULTURAL COMMUNICATION**

2.1 Introduction 12

2.2 Intercultural Communication: Culture Shock 12

2.3 Latin America vs. North America: Culture Differences 23

2.4 Intercultural Communication: Latin Americans in North America 29

2.5 Summary 30

3 **SITUATION OF OLDER LATIN AMERICANS IN QUÉBEC**

3.1 Introduction 32

3.2 Social Status of Older Latin American People 32

3.3 Financial Status of Older Latin American People 40

3.4 Health Status of Older Latin American People 45

3.5 Summary 47

4 **FINDINGS**

4.1 Introduction 49

4.2 CLSC 49-54

I Interview Data

1. Older Latin American People vs. Older Native-Born Canadian People 50

2. Awareness of their Services and Programs 53

4.3 Older Latin American People Speak Up 54-60

i) A Spanish-Speaking Woman and her Remarkable Life 54

ii) Spanish-Speaking Association: Vida Plena 55

I Interview Data

1. Social, Financial, and Health Status of Older Latin American People 56

2. North America vs. Latin America: Culture Differences 57

3. Awareness of Social Services and Programs for them in Montréal 59

4.4 Centraide 60-61

I Interview Data

1. Centraide and its Role in Montréal 60

4.5 Conclusion 61

5 CONCLUSION

5.1 Summary of Findings 63

5.2 Recommendations 73

REFERENCES 76-82

APPENDICES 83-109

APPENDIX 1

Table 1 - Population of Latin American Immigrants in 1986 – Province of Québec 83

APPENDIX 2

Table 2 - Population of Latin American Immigrants in 2001 – City of Montréal 84

APPENDIX 3

Table 3 - Population according to age groups – City of Montréal, 1986-2001 85

APPENDIX 4

Table 4 - The Québec Pension Plan (QPP) 86

APPENDIX 5

Table 5 - The Surviving Spouse's Pension 87

APPENDIX 6

Interview with CLSC Social Workers 88-99

APPENDIX 7

Interview with President of *Vida Plena* ("Full Life") 100-101

APPENDIX 8

Interview Questionnaire for Members of *Vida Plena* 102-103

Interview with Older Latin American People from the Association *Vida Plena* 104-109

APPENDIX 9

Interview with Mrs. Lyne Poitras from Centraide 110-113

1 INTRODUCTION

1.1 Historical Background

During the 1970's and 1980's, the people of Chile, Colombia, El Salvador, and Guatemala were living one of the worst socio-economic and corrupt political periods in Latin America due to atrocious dictatorships and civil wars. Many were victims of social injustice, abuse, and violation to their most basic human rights. It is during this period that Canada and Québec opened their doors to a large number of those who, escaping their native-countries, found refuge here and started to rebuild their lives one step at a time.

According to the population census of 1986, there were 24, 230 people of Latin American origin in Québec, of which 16, 925 were from South America and 7, 310 from Central America (See Appendix 1). The majority of Latin Americans who migrated during the 1970's and 1980's were from Chile, El Salvador, Peru, Colombia, Guatemala, and Argentina (Barrette, Gaudet, and Lemay, 1993). Barrette, Gaudet and Lemay (1993) distinguish two main migration waves from Latin America. The first one, in the 1970's, was mainly composed of Chileans, but also included Colombians, Argentineans, and Peruvians, (i.e. mainly South Americans). The second wave in the 1980's, included mainly Salvadorians and Guatemalans, (i.e. Central Americans). What were the major reasons for these South and Central Americans to migrate to Québec? For the purposes of this thesis, because Chileans and Salvadorians today represent the majority of Latin American older people living in Montréal, they will be used as an example and the reasons why they left their country will be discussed.

On September 11th 1973, a coup d'état led by General Pinochet overthrew the government of Salvador Allende and replaced it by a military regime. After the coup, the military junta abolished civil liberties, dissolved the national congress, banned union activities, suspended dissident labour and peasant leaders and clergymen, and prohibited strikes and collective bargaining (Keen, 1996). The military regime also set up six concentration camps; jailed, tortured; and killed thousands of Chileans in Chile and even abroad. By, 1975, wages had fallen to 47.9% of their 1970 level. Unemployment stood at 20% to 30% between 1982 and 1986 (Ibid).

The number of assassinations, tortures, political prisoners, and attacks against civil rights multiplied throughout the years that followed this coup d'état (Barrette *et al.*, 1993). The list of *detenidos-desaparecidos*[1] continued to increase during the many years of dictatorship (Pérez, 2003). According to Barrette *et al.* (1993), it is since 1973, and especially between 1974 and 1978, that the majority of Chileans came to Québec. Between 1971 and 1980, 78.7% of Chileans currently living in Montréal immigrated there. The majority of these immigrants came because of political and economic reasons. They were highly educated refugees aged between 25 and 45 years old who came from urban areas in Chile. They were opposed to the military dictatorship, they didn't benefit from civil liberties, and they were constant victims of violations to their human rights. There were also labour union leaders, artists or writers who couldn't express themselves freely, employees of the public sector that were unemployed or had ludicrously low

[1]Citizens whose freedom was deprived, regardless of its nature, by agents of the State or by people or groups of people that were acting with the authorization, the support, and the consent of the State, followed by the lack of information or the denial to recognize such freedom deprivation or the denial to declare the whereabouts of the person, which impeded the practice of trials and the guarantee of pertinent lawsuits. (Comisión Inter-Americana de Derechos Humanos - OEA, 1996)

salaries, as well as people who took advantage of the panic. In contrast, after 1978, very few Chileans came to Montréal. Those who did were admitted under "family reunification"[2] legislations (Barrette *et al.*, 1993). This new category of Chilean immigrants only represents 17.5% of the Chilean population in Québec (Barrette *et al.*, 1993). Therefore, it is evident that a large number of Chileans living in Montréal today are middle aged or older.

Salvadorians came to live in Québec at the beginning of the 1970's, and more specifically between 1973 and 1979. Immigrants from this first wave (21.3% of the Salvadorian immigration population in Québec) were young and held a basic level of education. They were admitted under the "independent"[3] category and under the "family reunification" framework (Barrette *et al.*, 1993). However, it is mainly between 1980 and 1986, while El Salvador was experiencing a fierce civil war and its population's human rights were being threatened, that a large number of refugees were admitted to Québec under special acceptance programs.[4] This wave of immigration from El Salvador was the

---

[2] If you are a Canadian citizen or a landed immigrant residing in Québec, who is at least of legal age wishing to sponsor a near relative, you may sponsor the family member provided he or she belongs to the family class and that you satisfy the prerequisites (Immigration et Communautés Culturelles, Families, 2002a).

[3] To be selected as an immigrant worker or as an independent, you must have received training and possess occupational skills that will facilitate your integration into the labor market. You must satisfy the prerequisites for one of the three following immigration programs: 'Assured Job Program,' 'Occupations in Demand Program' or 'Employability and Occupational Mobility Program' (Immigration et Communautés Culturelles, Permanent Workers, 2002b).

[4] This program allows a group of five people or a non-profit organization to undertake a moral and financial commitment on behalf of a refugee or a person of similar situation and members of his/her family. To be considered in this class, your country of citizenship or of habitual residence must be Colombia, Guatemala, or El Salvador, which are included on the **source country** list. You must sustain serious, personal consequences resulting from a civil war or an armed conflict **AND** be or have been detained or imprisoned in this country **OR** be subject to or have been subject to some other form of periodical penal control directly as a result of acts which, in Canada, would be deemed a legitimate expression of freedom of thought or as the legitimate exercising of civil rights in respect of union activities or dissidence **OR** satisfy the definition of a refugee in the *Geneva Convention*, notwithstanding the fact that you reside in your country of citizenship or of habitual country of residence **AND** you must be in a situation where no durable solution can be found within a reasonable time. Other 'Group Sponsorship' programs are targeted towards refugees as defined by the following categories: 'Convention Refugees Abroad,' 'Persons from a Country

largest; it included 77% of the total number of Salvadorians that immigrated to Québec (Ibid). Salvadorians belonging to this wave of immigration were a mix of poorly educated people, peasants, and highly qualified immigrants. El Salvador was among the first ten countries of birth for Québec's immigrant population during 1987-1991, numbering 5, 270 people (Ibid).

There were multiple economic, political, and social issues in the El Salvador war, which persisted from 1980 until 1992. Certainly the repressive regime of decades of military rule precipitated the coup in 1979 (Howard, 1996). The *Derechización* or inclination of the military towards right-wing doctrines, the greed of the oligarchy, the Marxist forces, and the insistence of the United States government to continually fund the Salvadorian government with military aid all contributed to the El Salvador war (Howard, 1996).

In the report from the Commission for the Defence of Human Rights in Central America (CODEHUCA) as well as from the Truth Commission Report of the United Nations, a litany of atrocities related to the 12-year war in El Salvador is recorded (Ecumenical Program on Central America and the Caribbean, 1990). The perpetrators listed are the Salvadorian Treasury Police, the Army and Security Forces, the National Guard, the Air Force, and groups of unidentified soldiers. These reports record not battles *per se* but massacres, executions, and group killings. Most often, the victims were civilians and unarmed (Howard, 1996).

This situation explains why the majority of El Salvador's population, who lived in constant fear, is still suspicious of authorities and chooses terrorism as a solution to the

---

of Asylum,' and a 'Person covered by section 18c) iii) of the Regulation respecting the selection of foreign nationals' (Immigration et Communautés Culturelles, Sponsored Refugees, 2002c).

government's oppression and corruption. Furthermore, the implication of the United States government and of its military troops generated a feeling of resentment and even of hatred against United States imperialism among the Salvadorian citizens. All of this pushed many frightened and frustrated Salvadorians to leave their country and establish themselves in Montréal.

According to a 2001 census, 11% of the 1.8 million people that immigrated to Canada between 1991 and 2001 are from the Caribbean and Latin America. In the province of Québec, 59, 500 of 498, 000 visible minority people are Latin Americans (Léger, 2003). Montréal has the third highest number of immigrants in Canada, after Toronto and Vancouver. In 2001, Montréal had 88% of the total immigration to Québec (Léger, 2003). In Montréal in 2001, there were 7, 985 Salvadorian immigrants, 4, 855 Chileans, 4, 070 Peruvians, 3, 370 Guatemalans, 2, 105 Dominicans (Institut de la Statistique-Québec, 2001). These represent the largest Latin American groups in Montréal, a community which also includes 1, 730 Mexicans, 1, 690 Colombians, 1, 630 Argentineans, 1, 225 Hondurans, 1, 210 Nicaraguans, 1, 200 Venezuelans, 870 Bolivians, 860 Cubans, 790 Panamanians, 745 Uruguayans, 425 Ecuadorians, and 255 Costa Ricans (Institut de la Statistique-Québec, 2001). In total, there are 35, 015 Latin American immigrants in Montréal (See Appendix 2).

The most significant event in the recent demographic evolution of Montréal is the aging of its population. The proportion of the population over 65 (12.8%, in 1986) is higher in Montréal than in the rest of Québec and Canada (12% each) (Statistics Canada, 2001). By 2001, people aged 65 years and older in Montréal accounted for 15.3%. In other words, there was an increase of 2.5% in the population of older citizens between

1986 and 2001. In 1986, there were 224, 350 people 65 years and older while 15 years later, an increase of 23.2% raised this number to 276, 455 people (Langelier and Van de Walle, 2001) (See Appendix 3). Unfortunately, there are no statistics on the number of older Latin American people living in Montréal. Nonetheless, one can argue that if those who came here between 1971 and 1980 were aged between 25 and 45, there must be a considerable number of them who are now aged 65 years old and over. In addition, and as mentioned before, many family members including parents and grandparents came afterwards under the "family reunification" immigration category. Therefore, even if no statistics exist on older Latin American immigrant people in Montréal, taking all these factors into consideration, it makes sense to state that Montréal is the home of a large number of Latin American seniors.

1.2 Statement of the Problem

In Montréal, as well as in other cities of Canada, the trend is moving towards reassessing social policies developed in the past, particularly education and health policies, due to changes in Canadian demographic characteristics such as age and ethnicity (Ujimoto, 2000). Today, Canadian society is characterized by the continued growth of its multicultural diversity and the changing nature of its aging population. As a consequence, the recognition and the acknowledgement of distinct ethnic minority cultures, such as the ones of Latin America, in the development of policies and services related to older people in Canada has been placed on the public policy agenda.

Despite the growing number of older people of ethnic minority groups in Montréal, "the study of ethnicity and aging in Canada has been relatively

underdeveloped" (Ujimoto, 2001, p.239). Gerontology research in Canada has been dominated by false assumptions that the needs of the elderly are similar. Consequently, gerontology research up to now has been conducted employing theoretical perspectives and methodological techniques that do not consider the cultural and inter-generational diversity of Canadian society (Ibid). However, researchers such as Holzberg (1981) underline the importance of cultural beliefs, religion, and symbolism to account for differential aspects of human behaviour. Moreover, the failure to distinguish cultural factors from situational or socio-environmental factors often leads to incorrect assumptions about the aging process (Ujimoto, 2001, p.241). In this opinion, stereotyping ethnic groups into a simple common category fails to acknowledge their identity, and address their unique cultural needs. In fact, according to Ujimoto (2001), "factors such as the impact of immigrant life histories and degree of racial discrimination encountered not only during the initial immigrant adjustment, but continued denial of access to improving one's economic and social position have considerable bearing on one's well-being in later life" (p.241) and should be examined when developing policies and services related to older people. Therefore, as Gerber (1983) has observed, "many ethnic groups are experiencing old age in different ways" (p.65). As a result, more ethnic minority faculty associated with gerontology research and teaching at Canadian universities are needed as well as more ethnic minority gerontology-related research is needed to document the diverse ways in which members of minority ethnic groups are ageing in Canada.

The skills and the knowledge acquired and further developed through the master SIP in social science, an exclusive program at Concordia University, helped document in this thesis the living conditions of older Latin American people in Montréal.

Therefore, the objectives of the present study are to gather information and describe the socio-economic and health status of older Latin American people in Montréal, identify intercultural communication unique to older Latin American people, and determine whether or not the development and delivery of services for older people living in Montréal support the unique cultural aspects of older Latin American people. Finally, and based on this research, suggestions will be provided for the development of services that recognize and acknowledge Latin American cultural traits. These objectives were further specified as five topics:

1. To define intercultural communication
2. To identify intercultural communication unique to Latin American older persons.
3. To determine if the development and delivery of services for older people living in Montréal support the unique cultural aspects of Latin American older persons.
4. To describe the social status, the financial status, and the state of health of Latin American older persons in Montréal
5. To identify services and resources available to all older people and specifically for Latin American older people in Montréal

1.3 Methodology

The study was undertaken in three stages, corresponding to the five topics: **Stage I:** Define Latin American intercultural communication as it relates to older persons in Québec. **Stage II:** Describe the socio-economic and health status of Latin American older persons in Québec. **Stage III:** Identify the services and resources available for older persons in Montréal and describe older people and their family awareness and level of satisfaction of these services and resources.

A general literature review was conducted followed by targeted desk research related to the five objectives. The sources used are: GERMAIN (catalogue from the “Bibliothèque de gériatrie et de gérontologie” of the “Institut universitaire de gériatrie de Montréal”); web resources related to the social sciences/humanities; Social Services abstracts; Sociological abstracts; the Cambridge University Press; the governments of Canada and of Québec official websites; the city of Montréal website; “Statistiques Canada;” as well as other library resources.

Stage I: Define intercultural communication as it relates to older persons in Québec

---

A literature review was conducted pertaining to intercultural communication, and more specifically intercultural communication patterns and trends specific to Latin Americans as well as to native-born Canadians on intra-community communication between generations and between older people. Based on these results, the type of services Latin Americans expect from service providers was identified and whether the development and delivery of services for older people living in Québec support the unique cultural aspects of Latin American older people was determined.

Following the literature review, key people from the community and older Latin American people were interviewed to determine whether the development and delivery of services for older Latin American people living in Montréal respond to their cultural expectations.

Stage II: Describe the socio-economic and health status of Latin American older people in Québec

A review of the literature was undertaken specifically as relating to living arrangements and social support systems. This review aimed to determine whether older Latin American people are financially independent or dependent on family members, friends, and/or the government. In addition, it was meant as an aid to determine what is the general state of health of older Latin Americans in Québec. The main sources of literature were government websites and the statistics that exist on this type of information, as well as studies previously conducted by scholars in this field.

Following the review of literature, in-depth interviews were conducted with representatives and members from community centers for Latin American immigrants, CLSCs, and Centraide to acquire further information on the living conditions, the financial status, and the state of health of Latin American older people in Montréal. The interviews were open-ended question surveys (See Appendix 6).

Stage III: Identify the services and resources available for older people in Montréal

This stage was accomplished by conducting a literature review to identify funds, services, and resources available to all older people in Montréal. In addition, specific services and resources for Latin American older people in Montréal were identified. The main sources for this information were the Canadian and the Québec government

websites, the city of Montréal website, and studies performed by previous researchers in the field.

In-depth interviews: Separate semi-formal scheduled interviews were undertaken in order to determine what services and programs CLSCs, Centraide of Greater Montréal, and community centers for immigrants offer to older people. Key people from the community and older people were also interviewed to determine whether or not older people are aware of the available services, programs, and funds. In addition, older people's level of satisfaction was evaluated.

---

2 INTERCULTURAL COMMUNICATION

2.1 Introduction

In this chapter, intercultural communication and terms suggested by researchers in the field of interpersonal communication will be defined in order to better relate this concept to the research in this thesis. The importance of knowing the differences that exist between North American and Latin American cultural systems will be identified and explained as well as their values and their verbal and non-verbal communication forms used to establish effective intercultural relationships. Finally, methods that can be used by service providers to help establish effective intercultural relationships with Latin Americans will be listed.

2.2 Intercultural Communication: Culture Shock

Throughout the years, as countries such as Canada became more culturally diverse, researchers in the interpersonal communication field struggled to come to a consensus on the definition for the term 'intercultural communication.' Gene Aldridge (2002) defines 'intercultural communication' as "the mechanism (the mixing of cultures and languages via speech communication) by which human beings have compared ways of living, economic order, social order, and values from other cultures" (p.4). He adds that these ideas are compared between, within, and among cultural groups. Gina Stoiciu and Odette Brosseau (1989) define 'intercultural communication' as "un dialogue permanent des différences, des codes symboliques particuliers, des identités individuelles distinctes à la recherche d'une identité ou idéologie collective commune, elle-même soumise au dynamisme et à la pression sociale" (p.27). According to Tomás R. Austin

Millán (2000), the terms 'interculturalism' and 'intercultural communication' are interrelated. Millán states that 'interculturalism' refers to situations of encounters, contact or joint actions (or shock) between individuals of different cultures, although many of them are not conscious of these moments. The existence of the interaction or 'intercultural communication' as a phenomenon implies situating oneself directly in a communicational phenomenon because it describes a relationship between cultures, that, good or bad, are communicating with each other as a necessity from either or both parties (Millán, 2000). 'Intercultural communication' is the level of *life community* shared between agents of distinct communities, but that for a reason find themselves communicating with each other at a moment in time (Rodrigo, 2004). Millán (2000) adds that to understand intercultural relations in a practical situation implies understanding the culture of both *worlds* in contact. According to Millán (2000), if we define culture with Geertz (1987) as the network of significances or meanings that give sense to everyday life in the form of computer "programs" that according to Giddens (1993) in practice convert to value systems and norms that govern our action, 'intercultural communication' happens when there is contact between two or more of those networks of significances or meanings. Then, 'interculturalism' occurs when a group starts to understand (in the sense of to adopt) the meaning that things and objects have for the "others" (Ibid).

Gene Aldridge (2002) further adds to Millán's definition of intercultural communication: "language too provides social bonding and predictability because humans have rules for language and these rules lead us to communicate more efficiently and effectively" (p.7). According to Aldridge and other authors such as Canadian Joseph Aoun (2004), "if you want to learn the heart of the people, you must learn the language"

(Aldridge, 2002, p.7). People say this because language helps them understand how to "think" in a particular culture. Language is, therefore, extremely important to the understanding of "core meanings" in each culture. Understanding core meanings and cultural values are key elements in producing effective intercultural communication (Ibid). Furthermore, Joseph Aoun (2004) warns readers in *Gérer les différences culturelles* about not jumping to conclusions when meeting people from different countries that share the same language, "ne supposez pas qu'une même langue signifie une même culture" (p.9). He adds that the same could be said about people from the same country. According to Samovar, Porter, and Jain (1981), authors of *Understanding Intercultural Communication*, "both language acquisition and language meaning are directly related to our experiences, which are unique to each of us not only because of the differences we encountered as individuals while we were growing up and learning to use language, but also because of what our culture has exposed us to" (p.141). Therefore, people of the same country may speak the same language but even if they use the same words, the sentences they use may have different meanings according to the region, class, education, and life experiences. In this case, sharing the same language becomes insufficient to understanding each other better. Different cultures use different tones of voice. Each culture has different cultural innuendos (Aoun, 2004). Therefore, Joseph Aoun (2004) insists that learning the language is important but understanding these differences is primordial for communicating better with people from different cultures. To understand different key styles of communication is to succeed in adapting to other cultures and therefore, succeed in establishing better relationships with them. Thus,

'intercultural communication' is related to a fundamental ethnic dimension: the need to understand the world from multiple perspectives, and therefore different from our own.

In addition, the authors of *Guide de communication interculturelle* (Barrette *et al.*, 1993) believe that the understanding of sociological, biological, and cultural notions is essential in the development of intercultural communication skills. They list a number of sociological notions but for the purpose of this thesis, those that can be specifically applied to the Latin American communities in Montréal such as, 'ethnic community' and 'ethnic minority' will be focused on. An 'ethnic community' is defined as a social group derived from an immigrated population that shares a distinct cultural heredity. Ethnic communities conserve characteristics, which are distinct to those of the ethnicities of the country that has received them, and continue to refer to themselves by their ethnic origin even after they have lost or gained cultural characteristics that have marked them since their departure (Barrette *et al.*, 1993). Wsevolod W. Isajiw (1999) agrees with these definitions but in order to better explain the term 'ethnic groups,' classifies them in categories such as majority vs. minority groups, which are important to mention in relation to this thesis.

According to Isajiw (1999), the distinction between majority and minority groups is based on the power-dominance criterion. In Canada, this is the difference between the British groups such as the English, Scottish, Welsh, and Protestant Irish and all the other ethnic groups. Barrette, Gaudet, and Lemay (1993) define 'ethnic minority groups' as social groups that are in a situation of political, economical, and most often, of demographical inferiority, and may be the object of discrimination. The 1988 Federal Government Commission of Canada introduced the notion of 'visible minority groups.'

According to this document, 'visible minorities' are non-white individuals that do not fully participate in Canada's society. It identified six groups of ethnic minorities, Latin Americans being one of them (Commission des droits de la personne du Québec, 1988). In Montréal, Latin Americans are an ethnic community because of their shared cultural heritage, and they are considered a visible minority group according to Canada's Federal Government Commission documents. Isajiw (1999) further explains that "majority ethnic groups are those who determine the character of the society's basic institutions, especially the political and economic institutions" (p.20). Except for Québec, British culture has historically formed the character of major Canadian social institutions. In the case of Québec, the French culture is more predominant in major social institutions.

Majority groups also determine the norms of society as a whole, including the legal system, and thus their culture becomes the culture of the total society in which the minority ethnic groups inculturate or assimilate (Isajiw, 1999). Isajiw (1999) emphasizes that minority groups may preserve their institutions and culture in larger or smaller degrees, or they may influence the character of the dominant institutions in larger or smaller degrees. Nonetheless, in either case, the outcome of these intergroup processes is much more the result of the minorities adjusting and adapting themselves to the majority group's institutions rather than the reverse (Ibid).

Nowadays, more and more anthropologists are arguing that ethnic minority groups and ethnic majority groups actually merge and converge as well as their cultural values. This phenomenon is referred to "transculturation," a concept first introduced by Fernando Ortiz, a Cuban anthropologist, in 1947 (Wikipedia, 2001). Isajiw (1999) emphasizes that cultural patterns are not learned as a complete and unchanging package.

In general, in fact, the phenomenon of transculturation is usually present in multicultural societies where people from different ethnic groups live together, have an influence on each other, and thus may discard some values and select others from the prevalent culture or from other subcultures (Isajiw, 1999). Older members of ethnic groups, who are more conservative and closely associated to their own "clan," tend to reject cross-cultural associations, and participate in ethnically similar community-oriented activities. Therefore, their culture remains the same because, unlike the second or third generation, they receive no influence from the majority ethnic groups of the country into which they immigrated (The American Heritage Dictionary of the English Language, 2000). Gunther Dietz (2003) argues that second and third generations immigrants, especially the youth, most likely "assimilate" into the culture of the majority ethnic groups not only due to society's influence but also due to the education to which they are exposed at school. According to Dietz (2003), although governments of multicultural countries like Canada encourage ethnic identity and pride, nationalism is still taught at learning institutes through course materials.

Therefore, one can conclude that 'transculturation' or the phenomenon of merging and converging cultures does happen in multicultural countries because of the influence that 'ethnic groups' have on each other. However, older people's culture changes less because of their lack of interaction with people from other ethnic groups or from the majority ethnic groups and also because of their long and strong ties to their homeland. In addition, even though second and third generation people from an ethnic group, like the Latin American communities in Montréal, have influenced the behaviour of the 'majority ethnic group' in Montréal, one can still say that their influence has been minimal

compared to the influence of the culture of the majority ethnic group on them. Therefore, the exchange or merge of culture between 'minority ethnic groups' and 'majority ethnic groups' is unequal. In this opinion, these reasons explain why many older Latin American people still believe that service providers and the institutions they work for are not meeting their needs. As Isajiw (1999) emphasizes, "the majority group in society is the one whose members have the decisive voice in the major institutions of society." He adds, "They are the makers of decisions that will affect the life of all in society" (p.25). Minority group members may have an influence on the process of decision-making, but they are not themselves the makers of the important decisions. As Isajiw (1999) emphasizes, "The majority groups, because of their position of power, are at the top of the ethnic stratification system" (p.25). Their members, therefore, form the societal elite and the status of the other ethnic groups is measured in relation to them.

In this context, to better explain the term 'ethnic groups,' Isajiw (1999) also classifies them according to the following category: 'old ethnic groups' vs. 'young ethnic groups,' which are distinguished by the number of generations in the country and by the date that a larger group of people who can be said to have made up an ethnic community arrived. Hence, contrary to 'old ethnic groups' such as the British, the French, Germans, and Jewish that "are already established in the larger society and have at least a predominant proportion of adult second or adult third or successive generation" (p.27), the Latin American communities in Montréal could be considered a 'young ethnic group' since the greatest wave of immigrants from Latin America to Montréal occurred in the 1980's and most of its population is made up of the first generation that was born outside of the country. This communities also holds second-generation people that are young and,

over the past few years, some third generation people. Isajiw (1999) argues that "by this distinction, it is incorrect to speak of all ethnic groups as if they were immigrants" (p.27), and so, members of the old established ethnic groups usually do not like to be confused with immigrants. The problems that these two types of ethnic groups pose are different. "The problems of the young groups can be characterized as essentially the problems of adjustment to a new society; those of the old group, as problems of persistence in the society" (p.27).

One of the solutions established by the Canadian government to give various cultures in Canada equal respect and merit was to establish 'multiculturalism' policies. As defined by *Canadian Heritage* (2004), "'Multiculturalism' ensures that all citizens can keep their identities, can take pride in their ancestry, and have a sense of belonging" (p.1). In 1971, Canada was the first country in the world to adopt multiculturalism as an official policy. As expressed in the original statement, the policy was aimed at a greater integration of Canadian society by providing the diverse ethnic minority groups with a sense of belonging to Canada (Isajiw, 1999). Its original aim was identity integration, giving ethnic groups "a public recognition of their identity" (p.245). The policy gave ethnic minority groups a chance to reinforce their identity, but within the Canadian context, and with the mainstream recognizing that ethnic diversity is part of Canadian identity (Isajiw, 1999). Lukas Sosoe (2002) mentions that multiculturalism in Canada does favour cultural differences, even if the recognition of ethnic diversity in Québec is dominated by the French language and culture. Because the Québec government considers itself the national government of all Québecois(es), it seeks to have all its citizens participate in a common civic culture. In order to accomplish this, it promotes

French, the language of the majority, as the common public language of all Québecois(es). Therefore, a legitimate question remains whether Québec really favours multiculturalism or structural assimilation or whether, in fact, it should.

There has been much criticism of official multiculturalism. The French in Québec assumed a fairly negative attitude towards it. Many Québec leaders saw it as an attempt by the federal government to deflect attention from more important Québec issues. Some interpreted it as a threat to the future of bilingualism and even the survival of the Francophone community in Québec (Burnet, 1975; Lambert and Curtis, 1983). One of the dangers of pursuing multiculturalism social policies is that social integration and cultural assimilation can be held back. This can potentially encourage economic disparities and an exclusion of minority groups from mainstream politics (Isajiw, 1999). In other words, in this type of environment, multiculturalism may hinder minority groups from becoming a part of the majority groups in countries such as Canada. One could see multiculturalism as condemning minority groups to lower levels of society compared to majority groups and therefore, creating a hierarchical society. According to Isajiw (1999), "Leftist intellectuals have claimed that the policy has been a method used by the establishment to contain, rather than integrate, minority ethnic groups by offering alternative channels that prevent them from moving into the mainstream positions in society" (p.248). As a member of an ethnic minority group, does one have to renounce her or his cultural identity in order to integrate into the mainstream culture?

Let us review. In order to immigrate to Québec and work here, one must speak French and accommodate to this society's rules. Consequently, it is obvious that one must renounce temporarily or partially her or his language and culture. The use of the

word 'temporarily' is emphasized here because nothing or no one can stop someone from speaking her or his mother tongue at home or in public with family members and/or friends, or prevent someone from living according to her or his cultural values at home, during ethnic community gatherings, or with friends of similar cultural identity. Furthermore, if speaking the language and following the rules of the country is going to help one get employment and better living conditions, then why not "renounce" one's culture temporarily? After all, one is never really completely renouncing it. It is part of one's identity and it will always be a part of one's cultural background no matter what. In addition, one should be expected to follow the rules of the country to which one is immigrating just as one would expect a paying tenant in her or his building to respect the owner's rules. One can also implement, to an extent, one's rules in one's own apartment, but one still has to respect the rules of the owner of the apartment building. The same could be said when one goes to another country. One can do whatever one pleases in one's private life with family and friends, but the reality is that one does live in a society and must respect the rules of that society. Therefore, Canada (or Québec) does encourage structural assimilation. As explained before, this is normal. However, the blame shouldn't be put on multiculturalism and ethnic majority groups for condemning ethnic minority groups to lower social and economic levels. The policies can be partially held responsible for this phenomenon, but the immigrants themselves should also be held partially responsible, as controversial as this may seem. There are services and establishments in Canada that provide help to newcomers in such areas as housing, language courses, kindergartens, and career and placement services to newcomers. Unfortunately, many immigrants do not take advantage of these services for various reasons. Some of these

reasons are: illiteracy or lower levels of education, psychological reasons, lack of time, or simply because to feed and clothe one's family in the short term it is just easier and faster to find employment among people of one's ethnic background. These services are also not always well advertised or adequately staffed and financed.

All of these circumstances reduce the immigrant's chances of integrating into the "mainstream" ethnic group and thus, condemn one to lower social and economic levels in society compared to ethnic majority groups. In the case of older people who immigrated to Canada at an older age, they are less likely to learn a new language or to integrate into the mainstream culture. They are more set in their ways and prefer to be surrounded by people who share the same culture and values. However, immigrants who come to Canada and who have the necessary skills to integrate should realize that it is their choice to remain with their own ethnic community. They have the means to ascend to higher social and economic levels. This could also be said of second-generation people in ethnic communities. Most of them were exposed to different opportunities, but if they didn't take advantage of them, then Canada and its policies should not be held responsible for that; people should be held responsible for their own decisions and actions.

To the biological and sociological notions of intercultural communication, we can also add cultural notions. But, what is 'culture?' According to Barrette, Gaudet, and Lemay (1993), 'culture' is the group of elements taught in society by members of that society. These elements are actions, thoughts (reasoning, beliefs, feelings, sensations) and perceptions. Aldridge (2002) adds that humans learn cultural codes for social life, role expectations, common definitions of situations, and social norms in order to provide predictability and survival of the human species. According to Jonas Stier (2004),

"culture describes and makes sense of the state of existence, and also shows us how things *ought* to be in life in general and in the public sector in particular" (p.15). Olivette Soucy (1998) underlines that nobody can exist without a sense of belonging to a culture. 'Culture' is unique and specific to a given group (Ibid). Giddens (1991 cited Stier 2004) explains that "culture provides individuals with an identity, a sense of coherence, roots, belonging, community, and ontological security" (p.15). According to Baker (1991), the concept of 'culture' has four characteristics. He explains that 'culture' is learned, and not transmitted genetically; all members of a same cultural group share it; humans, to help them adapt to their environment, elaborate 'culture'; and finally, 'culture' is dynamic and constantly evolves.

Therefore, to establish a relationship with someone from another culture is sometimes very difficult because each person functions in a different cultural system. This may be particularly true in a caregiver and client relationship. According to Olivette Soucy (1999), humans evolve in different cultural systems, and in a care giving situation, the intervener must make a special effort in recognizing and accepting cultural references that are different from hers/his, and must not fall into ethnocentrism.

2.3 Latin America vs. North America: Culture Differences

In this section, the discussion of the cultural differences that exist between Latin Americans and North Americans regarding values during clinical encounters will be based on the anthropological theory of "ethnology." This is the theoretical aspect of cultural anthropology and involves the identification and explanation of cross-cultural regularities and differences through analysis, comparison, generalization, and hypothesis

formation (Clammer, J; Poirier, S., & E. Schwimmer, 2004). The culture-specific values that will be presented in this section are still generalizations. These will be based on common behavior and attitudes that the majority of Latin Americans and North Americans expect from service providers, as well as the behavior and attitudes they in turn are expected to have with service providers. In most cases, these values differ between the two cultures. My main concern is with those Latin American immigrants that have kept traits or values common to their native culture and that have difficulty in adapting appropriately to life in North America. Furthermore, usually immigrant people that come to Canada in their old age have more difficulties in adapting to a new culture and a new way of life because they are more set in their ways and are more faithful to their culture and traditions. Therefore, the concepts explained in the following section reflect cultural values that the majority of Latin Americans, especially older people, have and situations they have lived because their cultural traits differ from the "mainstream" North American cultures. In addition, the term 'North American' will be used throughout this section to refer to Western majority cultures from Québec or from the United States, even though there are some cultural traits that differ between these cultures. The term 'North American' homogenizes a reality that is extremely complex, but for the purpose of this thesis, the focus will be on commonalities that group these two cultures together and make them different from those of Latin America.

Nilda Chong (2002) points out the following nine Latin American cultural values that have the most impact on the clinical encounter: collectivism, familism, *personalismo* or personalism, gender issues, power distance, respect, religiosity, *simpatía* or empathy, and time orientation. The author only mentions that it is necessary for health care

providers to be aware of these cultural values during clinical encounters. However, given the strength of these values and their great differences with North American customs, anybody in the social services field who encounters Latin American immigrants should not only be very conscious of these values but also understand them thoroughly. For the purpose of this thesis, seven of the cultural values mentioned by Nilda Chong: collectivism, familism, power distance, respect, *simpatia* or empathy, *personalismo* or personalism, and time orientation will be discussed because they most closely affect the behaviour of Latin American older people and their family. These cultural values are also seen as important by Olivette Soucy (1999) who, moreover, underlines the need to better understand certain cultural behaviours to better predict interventions that would be required to respond to these needs.

C. Guanipa, Nolte, and J. Guanipa (2002) mention that for Latin Americans grandparents are considered "an integral and important part of the family" (p.3). They represent wisdom and an advanced degree of spirituality. They are responsible for the education of children and youth. They give advice to adults (Das and Emongo, 2003b). They ensure that their culture will live on through transmission in their native tongue from one generation to the other. According to Aldridge (2002), "there are 'novices' (younger generations) and 'knowing' (older people) generations: only that which is communicated between the 'knowing' and the 'novices' in each culture has the chance for survival of important core meanings that make up the culture" (p.7). Consequently, the dependence that older Latin American people have on their language and culture and the transmission of it is essential to the survival of their Latin American culture. Therefore, Hispanic culture clearly includes the notion that the elderly deserve respect

from the younger generation (Markides and Mindel, 1987; Sotomayor and Applewhite, 1988) as well as social prestige within the family (Das and Emongo, 2003b). Joseph Aoun (2004) adds that this respect is shown through gestures such as, to stretch out one's hand first, to give her or him the most comfortable armchair in the living room, to not allow one to become too familiar with her or him, and to help her or him move around by giving one's arm to support her or himself. In Québec, on the contrary, he insists, "on n'aide pas une personne âgée en l'aidant à se cramponner à nous, à moins qu'elle n'en exprime le besoin par un signe particulier, de peur de l'humilier" (p.77). Olivette Soucy (1999) adds that certain ethnic groups take part in the care giving to older parents, and in a certain way influence their behaviour. Nilda Chong (2002) highlights that "because Latin Americans are highly collectivistic, a sickness affects all family members and not just the individual who is ill" (p.129).

Therefore, patients seeking help often come accompanied by their family. These family members are not only their means of transportation, but also provide moral support, interpretation when patients don't speak the language well or not at all, and contribute valuable information that the patient may be reluctant to provide (Chong, 2002). Olivette Soucy (2002) insists that no matter what the situation is, members of the family should always be consulted. Nurses need to be aware of the beliefs and worries related to the culture of the patient's family. This concern should also be applied to any caregiver or any service provider to Latin American clients.

In addition, Nilda Chong (2002) explains that understanding power distance is very important when communicating with Latin American clients. This concept is even more important when dealing with older Latin American people because they were raised

in a society where values were more conservative. Joseph Aoun (2004) emphasizes that certain cultures like the ones we find in Latin America value 'hierarchy,' while other cultures, such as those in North America, do not. According to Samovar, Porter, and Jain (1981), the reason for this is because, contrary to more static cultures like those of Latin America, "western cultures have less culturally based respect for status or station because of the greater mobility between social levels and the idea that anyone can attain high status" (p.99). Therefore, 'power distance' or 'hierarchy' refers to deferential treatment toward people perceived to be in positions of power or who are better educated or have degrees. This attitude involves obedience on the basis of respect (Chong, 2002).

'Respect' is another important cultural value that Nilda Chong (2002) mentions. She also adds that Latin Americans need to perceive mutual respect in their relationships. In fact, 'insult' can be translated into Spanish as a *falta de respeto* or 'lack of respect.' She emphasizes "initiating a relationship with a stranger, for example a health care provider, is often based on perceived respect" (p.26).

'*Simpatía*' which does not mean "sympathy" but empathy, another Latin American cultural value, implies the ability to develop a harmonious relationship that expresses a warm and caring attitude (Chong, 2002). Latin Americans believe that those people with this ability have people-oriented skills. This term is also closely linked to '*personalismo*' or personalism, which alludes to Latinos' preference for interpersonal relationships characterized by warmth and friendliness, regardless of differing social and economic status. Service providers are sincerely concerned about the person, her/his family and their needs, and show this interest through their actions. Latin Americans

consider that dealing with representatives of official organisms on a personal basis is the only legitimate contact.

For Latin Americans, time management is not a critical issue. Nilda Chong (2002) explains that this is because in their country of origin, people led more relaxed lives where even the bureaucratic systems did not work strictly to a tight schedule. She further explains that Latin Americans in the United States "appear to be relaxed about time and often encounter problems budgeting time and keeping to schedules in accordance with the practices of the mainstream culture" (p.28). Consequently, they are often late for their appointments. This point can also be applied to Latin Americans in Canada because it is a characteristic that is typical of their cultures and in conflict with Canadian practice.

The seven elements just outlined, collectivism, familism, power distance, respect, '*simpatía*,' '*personalismo*,' and time management are connected and work together in the Latin American cultures. Therefore, the establishment of mutual respect between older Latin American people and their service providers as well as the ability to build a warm and caring relationship that takes cultural differences into consideration are very important elements in order to establish effective intercultural communications with Latin Americans and provide them with adequate services.

2.4 Intercultural Communication: Latin Americans in North America

This section outlines some of the specific behavioural manifestations of the seven cultural aspects outlined above. According to Giger and Davidhizar (1991 cited Soucy 1999), communication and culture are closely linked. Culture has an influence on the way

feelings are expressed and on the types of verbal and non-verbal expressions that are accepted. Nilda Chong (2002) states that "a provider with knowledge and understanding of Latino cultural values holds the key to establishing culturally appropriate verbal and non-verbal communication" (p.28). What are Latin American verbal and non-verbal communication skills that health and service providers should be aware of when interacting with them? Nilda Chong (2002) explains that Latin Americans prefer indirect and passive communication styles to direct and active ones. Latin Americans seldom initiate questions. She points out that Latin Americans often delay asking direct questions, and offer indirect responses to questions when dealing with uncomfortable subjects or serious health concerns. She further explains that there are a number of factors that should be considered paramount when greeting a Latin American patient, such as eye contact, gestures, touch, and the use of titles.

According to Chong (2002), "making eye contact with Latin American patients is critical even when using a medical interpreter or when communicating through a relative such as a daughter acting as a translator for her older mother" (p.96). Maintaining eye contact when the patient is settled or when the patient is disclosing personal information or is explaining the symptoms of an illness is important and suggests that the provider is focusing attention exclusively on the patient rather than on any other activity, such as filling out forms (Ibid).

For Latin Americans, gestures are as important as words in a communication situation, and "a provider who stands up to greet a patient while gesturing toward a chair not only conveys a welcoming and warm message, but is also perceived to be showing respect" (Chong, 2002, p.97).

Personal space and touch are also important to Latin Americans. A handshake is expected at the start and at the end of clinical encounters by both men and women patients (Chong, 2002). This too is perceived as a sign of respect by the patient. Furthermore, Nilda Chong (2002) states: "titles are closely related to the issue of respect" (p.98). Joseph Aoun (2004) agrees with this and further emphasizes that certain cultures feel uncomfortable using first names. He therefore advises service providers to address people using "Mr." or "Mrs." accompanied by the use of the formal pronoun for 'you': "usted" (Ibid). Nilda Chong (2002) also underlines this: "The provider should always address her/his clients by using the title Señor (Mr.), Señora (Mrs.), or Señorita (Miss), preceding either the patient's first or last name regardless of their age" (p.98). In addition, the author emphasizes how it is even more important to use titles when addressing women and older people in Latin American cultures.

2.5 Summary

In conclusion, researchers in interpersonal communication have indicated difficulties in establishing an adequate definition of their field. Some believe that understanding sociological notions such as 'ethnic community' and 'ethnic minority,' as well as biological and cultural notions such as the effects of heredity and the environment on us as humans is essential in order to develop intercultural communication skills. In addition, understanding and identifying how people live in different cultural systems, understanding and recognizing their cultural values, and understanding and acknowledging their particular form of verbal and non-verbal communication is also of great importance in order to establish an effective intercultural relationship. In the case of

older Latin American people, cultural values such as: collectivism, familism, time management, power distance, respect, and *simpatía* or empathy are some key elements of their cultures and should be considered by any service or health provider when interacting with them and/or providing them with services. Finally, maintaining eye contact while communicating with any Latin American regardless of her/his age, inviting her/him to have a seat, asking about her/him and her/his family before proceeding to professional questions, and addressing her/him by using Mr., Mrs., Ms., are central verbal and non-verbal communication skills that will not only generate openness, but will also establish trust and respect between both parties.

3 SITUATION OF OLDER LATIN AMERICANS IN QUÉBEC

3.1 Introduction

After immigrating to Canada in the 1970's-1980's, many South Americans and Central Americans managed to rebuild their homes and bring their parents and grandparents to complete their family. Others, who were aged between 35 and 50 at their arrival, have simply aged here and are among the numerous older people living in Québec. Are the living conditions of older Latin American immigrants in Québec similar to those of older people in Latin America? Are their living conditions similar to those of other older immigrants in Québec? Are the living conditions of older Latin American immigrants different from native-born Canadians? Are older Latin Americans in Québec financially and economically independent from family, friends, charity organizations, and the government? How can we define their well-being? What do older Latin American immigrants think of the health and social services in Québec? These and other questions will be addressed in this chapter.

3.2 Social Status of Older Latin American People

According to Das and Emongo (2003a), no matter what country they are from, how older people view immigration is related to family. They also add that how these older people view immigration rests on two opposite poles in their migratory experience. On one side, there are their children and grandchildren and on the other side, their country of origin that was physically left behind (2003b).

To the aged, their children and grandchildren represent the most important gain from immigrating to Québec. These offspring give meaning to being 'here.' When older

people refer to Québec as their new homeland, they see, above all, their children and their grandchildren. They usually think that their grandchildren will have a better future here than what they would have had in their country of origin (Das and Emongo, 2003b). In addition, older immigrant people living in Québec live with their children even after these children get married and have children of their own (Ibid). According to Che-Alford and Hamm (1999), authors of "Under One Roof: Three Generations Living Together," "research found that multigenerational households were more common among the immigration population than Canadian-born people" (p.7). The immigration of older people is called upon, in principle, to reconstruct this family nucleus. Among the participants of this study, which included older people from South Asia, the Antilles, Latin America, and Portugal, only Portuguese older people and older people from the English-speaking Antilles have less of a tendency to live under the same roof as their children after these have reached a certain age (Das and Emongo, 2003b). Therefore, Das and Emongo insist that it is common to see a household with three generations living under the same roof in Latin American cultures (Ibid).

Nonetheless, in the Latin American cultures, there still exist some important changes in a migratory context that intervene in this ideal concept of a family of three generations. According to Das and Emongo (2003b), these families have been able to continue, in Québec, the same family lifestyle they had in their country of origin. In general, older people still play an important decision-making role within the family and an important role in the education of the grandchildren. But, in some cases, certain values, such as helping one another, take on a particular importance, as Das and Emongo (2003b) point out. According to Bryson and Casper (1999), authors of "Coresident

Grandparents and Grandchildren," "although grandparents in parent-maintained households are older, in poorer health, and not as likely to be employed, many of these grandparents are capable of playing an active role in the family, contributing to the family income, and perhaps providing childcare for grandchildren while the parents work" (p.5). As for younger generations of Hispanics, according to Nankee G. Choi (1999), author of "Living Arrangements and Household Compositions of Elderly Couples and Singles: A Comparison of Hispanics and Blacks," "they are apparently a source of economic assistance and care for older people, considering their income and ages" (p.56). In other cases, it is the family nucleus itself that disintegrates, such as, for example, within some Portuguese and Latin American families. Alcoholism and neglect on the part of men are two of the main causes for this situation as well as changes in social gender roles for married couples and the discovery of individual freedom by women. However, Das and Emongo (2003b) emphasize that even despite these difficulties, it is often for their family and thanks to them that older Latin American people accept to stay in Québec.

As to their country of origin, older people dissociate it from political, economic, and religious conditions that many had to flee. Their country of origin always represents for them their cherished native land, irreplaceable family and friends, and the culture they grew up in. In other words, their country of origin is the place that gives meaning to 'there.' Older Latin American immigrant people as well as other older immigrant people suffer greatly from nostalgia. They feel nostalgic about all aspects of their life in the country of origin, including the weather and the social life, which embraces numerous relationships. In Das and Emongo's study, participants underlined not only the

importance but also the need of having good relationships with neighbours (2003b). To them, neighbours are seen as family and may play the same role as family members that are absent (2003a). However, many complained of the relationships they have with neighbours in Québec. They stated that these relationships were limited to simple "hellos" and smiles. This clearly identifies a fundamental difference between neighbourhood life and social relationships in the country of origin of older immigrant people and here in Québec. In the case of older Latin American immigrants, certain cultural-specific factors such as language and space reduce the chances of having relationships with neighbours (Das and Emongo, 2003b).

According to Das and Emongo (2003b), all this explains why many older immigrant people feel that they are torn between two worlds, between their country of origin that has remained intact in their heart and their adopted country where the future of their children and grandchildren lies; between 'there' and 'here,' between two roads. They have become strangers in their country of origin and they are strangers in Québec. Das and Emongo (2003b) clarify that this portrait of older immigrant people differs depending on the older person and depending on their country of origin. They identified three main elements that influence the living conditions of older immigrant people: the reasons for leaving their country of origin and their age at their arrival to Québec, changes in certain social roles between men and women, and the cultural distance or proximity between the country of origin and the host country (Ibid). According to Thomas (2001), author of "Evolving Family Living Arrangements of Canada's Immigrants," "language ability also interacts with economic family arrangements" (p.7). He adds, "those who speak neither of Canada's official languages have the greatest

likelihood of living with immigrants who preceded them to Canada" (Ibid). Das and Emongo (2003b) compare immigration patterns between Portuguese and Latin American older people. They explain that both have lived very distinct immigration conditions when taking into account the elements described above. Older people from Portugal immigrated to Québec at a young age and aged here while older Latin American immigrants came here close to retirement age (Ibid). In this opinion, older Portuguese people were more likely able to learn Canada's official languages than older Latin American people because they came at a younger age. For these reasons, Portuguese older people in Québec are more economically and financially independent and older Latin Americans are more dependent on their children, charity organizations, and public services.

In addition, Das and Emongo (2003b) mention that aging is seen differently in Québec than in Latin America. As discussed in chapter 2.2, in Latin America, old age represents a positive value and a prestige and older people have great influence and authority within the family and within society (Das and Emongo, 2003b). In Québec, the situation is totally different. Here, there is cultural conflict. While living in a multigenerational family can offer many benefits, some ethnic or cultural families may experience a clash in values between the traditional family ideals of an older generation and the Western values that may have been adopted by the children (Francis, R.D.; Jones, R.; & D.B. Smith, 2000). This creates a bigger gap between generations. There is less respect and tolerance towards older people, who in some cases are victims of abuse (Das and Emongo, 2003b). Das and Emongo (2003b) explain that some Latin American older people interviewed complained that their children exploited them, forcing them to take

care of the housekeeping and of their grandchildren. They also mention that many have become financially dependent on their children, who have, paradoxically, less time to take care of them. Older people also have difficulty communicating with their grandchildren when they do not speak the home country language. This increases, even more, the gap between the generations. Many older Latin American people complained in Das and Emongo's study that their grandchildren don't know anything about them and their cultural values (Ibid). Consequently, older people feel isolated within their family (Das and Emongo, 2003a). They may also feel like a burden to their children (Das and Emongo, 2003b). These authors (2003b) mention that the living conditions of older immigrant people in general have deteriorated. They are abandoned in their homes and are sometimes disliked by their own children and grandchildren. Older Latin American people also declared in Das and Emongo's interviews that some of them were placed by their children in retirement homes and were suffering from it in silence (2003b). Therefore, older Latin American immigrants in Québec don't play as important a role as they would in Latin America within the family or within society.

The preceding is what Das and Emongo argue in their study. However, according to a report produced by *HelpAge International* (2002), the situation of older people and the important role that they supposedly play within the family and society does not represent what is happening in Latin America. In this report, it is mentioned that the family in Latin America still provides an important source of support for older people, including financial assistance, resources in kind, and care for sick or disabled older people. A common form of intergenerational solidarity is cohabitation (Zerda, 2000). Economic relations between older people and their families are very complex, involving

financial transfers and labour as well as transfers in kind, such as care (HelpAge International, 2002). According to Guzmán (2001) cited in a *CEPAL* (2000) study on the Latin America social panorama for the years 1999-2000, older people in Latin America are net contributors to their families in the majority of countries, but family poverty limits the support offered to older members. In addition, older family members are viewed as unproductive burdens and the family makes them feel that way even though research shows that they do contribute greatly to the economy of the family (Barreto, 2001). Luz Barreto (2001) emphasizes that the contribution made by older family members in Latin America is important, whether it is through the money they receive from their pension and give to the family or through the chores they do at home that allow other family members to work and contribute to the family financially. Nonetheless, families in Latin America may still have a negative view of their older family members and the quality of the care given to them has diminished greatly throughout the years because of this (Ibid). In many Latin American countries, there is a lower tendency towards cohabitation in older people with greater financial resources. However, the recent economic downturn in the region is resulting in the 'boomerang effect' whereby adult children, squeezed by rising unemployment and the higher cost of living, are moving back to their parents' houses with their children (Mitchell, 2001). The older people who provide the safety net to other generations may value the presence of family but sometimes feel squeezed out and end up living with another relative or in an old age home (Machado, 2001; Daichman, 2001).

In addition, Ayres (1998 cited *HelpAge International* 2002) points out that the Latin American region has become one of the most violent parts of the world. Increasing

evidence exists of violence and abuse involving older people, ranging from the economic and political to the social and interpersonal. Civil wars in countries such as Colombia, conflict in Central America, increasing levels of crime and drug-related violence in the region as a whole, and stresses on family and community structures are increasingly leading to violence and abusive behaviour towards older people. Yet violence against older people remains an under-diagnosed and under-reported phenomenon, currently poorly addressed in public policy (HelpAge International, 2002).

When comparing the study on the situation of older people in Latin America depicted by Das and Emongo and by the older Latin American people interviewed in their study with the study produced by *HelpAge International* and *CEPAL*, two opposite pictures of how older Latin American people live in Latin America and how they are treated by society are presented. However, the study produced by *HelpAge International* and *CEPAL* is more credible and accurate. The situation of older people in Latin America depicted by Das and Emongo and by the older Latin American people interviewed in their study is based on the perception they had of the living conditions of older people in Latin America before they left their country in the 1970's-1980's. As confirmed by Luz Barreto (2001) and other authors who have performed research in this area, older people in the past had a very special and important place in society. Their advice was valued and taken into account when decisions had to be made in the community. Nonetheless, modern society in Latin America destroyed these values by displacing seniors and not protecting them.

Therefore, the study produced by Das and Emongo does not represent the actual socio-economic situation of older people in Latin America today. On the contrary, the

report by HelpAge International, CEPAL, and other authors that have carried out research on the present socio-economic and political situation of older people in Latin America demonstrate that their situation and their living conditions there are as bad or perhaps even worse than the situation and living conditions of older Latin American people in Québec.

3.3 Financial Status of Older Latin American People

Before determining the socio-economic status of older Latin American immigrants in Québec, it is necessary to define the elements considered when evaluating the socio-economic level of a certain population. In order to explain this, the definition used by Das and Emongo (2003b) in their study will be referred to. According to these authors, the socio-economic level of an older immigrant person does not refer to their income or to their family's income but to their overall economic living conditions as an individual or as a family. Therefore, when evaluating the socio-economic level of older Latin American immigrants, it is more a question of estimating various factors that influence their living conditions than an actual number referring to their income. Their income could never be accurately reported because no one is ever sure of the extent to which older people benefit from their family's socio-economic level (Das and Emongo, 2003b). For example, a wealthy family can be buying expensive clothes, the best quality food, and going on trips with the children and parents, but may choose not to do so with their older family member. Therefore, the older family member is not benefiting from the family's socio-economic level. Das and Emongo (2003b) stress that many older immigrant people interviewed for the purpose of their study mentioned that their children

exploited them, including financially. This situation is also very common in Latin America according to a report done on elder abuse in Chile by the *Instituto de Normalización Previsional,* where it is mentioned that researchers have noticed that, in many cases, it is the closest family members of elders that are responsible for this type of abuse (Instituto de Normalización Previsional, 2001). Family members will prevent their seniors from making decisions regarding how to spend their own money. This has obvious negative consequences on their autonomy as well as on their health. They may end up being deprived of basic needs such as food. An important reason why there are so many cases of financial/material abuse in Chile or in any other Latin American country is because seniors are often afraid of being alone and isolated from their family and therefore, they may accept this type of abuse (Ibid).

Thus, Das and Emongo (2003b) state that older immigrant people that have lived longer in Québec have a higher socio-economic level than those who have been here less time. The age of an older immigrant at her/his arrival contributes greatly to her/his socio-economic development in Québec. The socio-economic situation of older Latin American immigrants in Québec confirms this statement. Since most older Latin American immigrants arrived when they were between the ages of 55 and 70 years old under family reunification programs, they are more financially and economically dependent on Québec's Pension Plan (QPP) and Canada's Old Age Security (OAS) as well as on charitable organizations and family members than, for example, Portuguese older people that arrived to Québec when they were between the ages of 20 and 25 years old and aged here (Das and Emongo, 2003b).

So, what type of security are older immigrant people in Québec guaranteed in their old age and how does it differ from that of Latin American countries? According to the Governments of Canada and Québec, they can benefit from public pensions and retirement (QPP and OAS), disability benefits, international benefits, low-income subsidies (GIS), and survivor benefits if they fulfil the specified requirements. Public retirement plans, from the federal and Québec governments, guarantee a base minimum income at retirement, subject to certain conditions. The "Québec Pension Plan" (QPP) provides a monthly payment to people who have contributed to the "Plan." The amount of the pension benefit is based on the employment income for which one has contributed since 1966, the year in which the "Québec Pension Plan" began its operations, or since the individual's 18th birthday. The amount of the benefit corresponds to 25% of the average of this income. One must request it and can begin receiving it between the ages of 60 and 70 years old. The amount of the pension is smaller if one takes it before the age of 65 and larger if one decides to begin receiving it after 65 (See Appendix 4). The "Québec Pension Plan" (QPP) also provides disability benefits for severe and permanent disabilities to workers under 65 years old who satisfy the requirements (Government of Québec, Flash Retirement Québec, 2004). In addition, the QPP also provides three types of benefits in the event of a worker's death. For the purpose of this thesis, however, only one, which can be appropriately applied to Latin American people, will be elaborated on: the surviving spouse's pension. This pension is intended to ensure a base income for the deceased worker's spouse. If one is under 65 years of age at the spouse's death, the amount of the surviving spouse's pension will consist of a fixed portion which varies according to the recipient's age and a portion equal to 37.5% of the deceased person's

base pension. This amount changes when one reaches 45, 55, and 65 years of age (See Appendix 5). In addition, one can receive both the surviving spouse's pension and a pension benefit or the surviving spouse's pension and a disability pension (Government of Québec, Flash Retirement Québec, 2004).

Canada's "Old Age Security Program" (OAS) provides seniors with a base income at retirement, whether they have ever worked or not. It consists of three benefits: the "Old Age Security Pension," the "Guaranteed Income Supplement" (GIS), and the "Allowance" and "Allowance for the Survivor." In order to be eligible for the "Old Age Security Pension," one must be at least 65 years of age, have a legal Canadian status, and have resided in Canada for at least 10 years since the age of 18. The amount is determined based on the number of years of Canadian residency. The "Guaranteed Income Supplement" (GIS) is paid in addition to the OAS pension to seniors with low or no income. The "Allowance" and "Allowance for the Survivor" helps low-income spouses aged 60 to 64 until they become eligible for the OAS pension at 65 years old. The "Allowance" applies to those whose spouse receives or is entitled to receive the OAS pension and the GIS, while the "Allowance for the Survivor" applies to widowed seniors (Government of Québec, Flash Retirement Québec, 2004). In addition, some older immigrants may be entitled to International Benefits for Canada and/or their country of origin if they lived or worked in another country or if they are the surviving spouse or common-law partner of someone who lived or worked in another country. In the case of older Latin American people, the only immigrants who qualify for these benefits are those who are originally from Chile, Mexico, and Uruguay. These countries

are the only Latin American countries that have a social security agreement with Canada (Government of Canada, "International Benefits," 2004).

In Latin America, according to HelpAge International (2002), roughly two-thirds of older people have almost no guaranteed income at all and the little they may have through a pension or work is invested in family and education for the very young. Recent studies by the Economic Commission for Latin America and the Caribbean and the Inter-American Development Bank (IADB) demonstrate that households with older people show a higher incidence of poverty than those without (CEPAL, 2000). Older people are less able to access food, get work, secure services, obtain credit and generate income. They are also a greater burden because of health issues. Older women are especially vulnerable, as they are unlikely to have achieved sufficient income levels during their working lives to secure economic well-being in old age because many have worked mainly in the informal and domestic sector, with frequent gaps for childbearing. Women are more likely to live in poverty and be economically dependent in their later years. Widowed women are especially vulnerable. Men are less likely to be widowed but when they are, they are not eligible for any benefit from any pension their wife might have had (HelpAge International, 2002).

As in all regions, older people rely on a combination of income sources: social protection transfers, including pensions, health insurance and incapacity benefits; employment, formal and informal; and family transfers in the form of financial, material, and emotional support, with cohabitation being one of the most important forms of interfamily transfer (Guzmán, 2001). However, all these sources are under severe strain, especially in rural areas. Pension provision is inadequate and of low coverage. The

CEPAL study shows that it is precisely those countries experiencing a rapid increase in older population that lack formal social protection coverage for some 60-80% of potential recipients. Even in those countries with relatively well-developed social protection such as Chile, 40% of the people still lack coverage. Colombia, with high levels of conflict and urban and rural poverty, combines low access and coverage of social protection programmes with one of the fastest growing older populations (HelpAge International, 2002).

Certain countries do have limited social safety nets for minimum financial support for non-pensioned older people. Chile provides a minimum welfare pension for destitute older people. Colombia has a programme to provide a subsidy for poor older people but, according to official studies, this reaches only 35% of the population and, according to informed sources, reaches only 1% of those who are destitute (HelpAge International, 2002).

It is evident that, given the proper information, advice, and assistance, Latin American older people in Québec can obtain more benefits in their old age than older people in Latin American countries.

3.4 Health Status of Older Latin American People

According to Das and Emongo (2003b), when older immigrant people talk about social and health services in Québec, they admit they prefer being taken under the care of their own family than by public services. These authors argue that this reference to family dates to customs in their country of origin where most pains were treated at home and with the help of medicinal herbs (Das and Emongo, 2003b). But what is the actual reason

why many older people in Latin America 'prefer' to be treated at home and with the help of medicinal herbs than in public services? According to a report carried out by *HelpAge International*, national health provisions in Latin America are generally financed by social security systems (HelpAge International, 2002). As health services are increasingly transferred to the private sector, coverage is limited to those who are able to pay for insurance during their working lives. Therefore, access to health services is dependent on capacity to pay, which excludes the majority of older people who have lived in poverty during their working lives and are ageing in extreme poverty (HelpAge International, 2002). In addition, recent studies in Argentina and in Brazil on the attitudes of primary healthcare workers to older people reflect a denial of services and medicines but also a lack of respect. This discrimination in the health system increases when the older person is poor (HelpAge International, 2002). Consequently, many older people still prefer to use traditional medicine because it is cheaper, more accessible, and more familiar than conventional health services (HelpAge International, 2002). Perhaps the bad experiences lived by older Latin American people in their country of origin influence the reason why many of them in Québec still prefer to be treated at home and with medicinal herbs.

Many immigrants who participated in Das and Emongo's study felt lucky to be living in Québec because they could benefit from a health system that is accessible to everyone (2003b). Nonetheless, they would be even happier and grateful if Canada provided them with free access to medications. In general, older immigrants that do use health services provided by Québec find that these are useful and they are satisfied with the services provided but they also add that the services need improvement. They often feel the same way about the service providers. In Das and Emongo's study, the

interviewed older immigrants complained about how the waiting time was long and how the consultation time given to them was short (2003b). According to Joseph Aoun (2004), cultures such as the Latin American one require greater efforts and more social availability in order to establish trust. Interviewed older people in Das and Emongo's study also added that there was a lack of personnel who spoke their native language, which increased the clients' feeling of insecurity. Older immigrants felt stigmatized about the vague evaluation made on their level of real needs. The authors of this study quote an older Salvadorian man who complained about how his needs were not well understood when he went to the CLSC alone, even if the CLSC provided him with an interpreter. In his opinion, the interpreter only translated what he wanted and not what the client's real needs were (2003b). Several older immigrants in Das and Emongo's study also complained about the cold attitude of the personnel, which, according to them, is probably due to their being overworked (2003b). Therefore, according to Das and Emongo (2003b), there is a lack of personnel and more time should be allocated to patients in order to better listen to them and act in the most efficient manner. There may also be a problem in intercultural communication, as detailed in chapter 2 of this thesis.

3.5 Summary

The majority of Latin Americans in Québec immigrated here in the 1970s and 1980s due to the growing political instability in their country of origin during that period. Many aged here, while others, older, came later or are still coming today to join their family. Today, older Latin American people in Montréal represent an important part of the growing population of people aged 65 and older. Unfortunately, because many of

them have immigrated at an older age than most other immigrants, they suffer from more severe problems related to cultural adaptation. Many live with their children and grandchildren, are financially and economically dependent on them, and sometimes abused by them. Their relationship with grandchildren and neighbours is often distant and difficult because of language barriers and cultural differences. The governments of Canada and Québec provide them with a certain socio-economic stability through pension programs and benefits if they satisfy specific requirements. Older Latin American immigrants are usually satisfied with the health system in Québec, but like other older people, they believe that medications should be free for them. They would also like to see more service providers who have the same ethnic background as they do and who speak their native tongue in order to better serve their needs.

4 FINDINGS

4.1 Introduction

In this chapter, the data gathered from the interviews conducted with the social workers from the CLSC, the older Latin American people from the association "Vida Plena" and its president as well as with Mrs. Lyne Poitras from Centraide will be presented and discussed.

4.2 CLSC

In October 2004, two social workers from the CLSC were interviewed, one who works as part of the homecare services team and the other who worked as part of the ambulatory services team. They were both kind enough to answer questions about the CLSC, their duties as social workers, and their experience with older Latin American clients and their families. To respect their anonymity, they will not be referred to by name.

The CLSC (*Centre Local de Services Communautaires*) is a public and community health and social services organization that is financed by the government of Québec. Each CLSC is allocated a neighborhood or community sector and offers services according to the needs of the area. However, all CLSCs offer the same main services: homecare and ambulatory care.

Homecare services foster the autonomy of people at home. Ambulatory services are for people that can go to a CLSC to receive services there. There is a large clientele for homecare services, which includes older people. For this clientele, the CLSC has a multidisciplinary team that goes to people's homes and offers them

medical and psychosocial assistance, physiotherapy, occupational therapy, and home-help services. Ambulatory services offer the same services as the homecare services, with the exception that these services are given on location.

The CLSC employs people that not only speak French but can also speak another language and, therefore, offers all its services in different languages depending on the needs of the population of each sector. They also offer the same services to all ethnic communities sometimes in their native-tongue; the employees of the CLSC try to adapt their services to the needs of the person based on cultural background and how this may affect the way they live their problem.

I Interview Data

An in-depth open-ended interview was conducted with two CLSC social workers to acquire further information on the living conditions, the financial status, and the state of health of Latin American older people in Montréal. They were also interviewed to determine whether or not older Latin American people are aware of the available services and programs offered by CLSCs. The data presented in the following sections are, therefore, based on their experience and research.

1. Older Latin American People vs. Older Native-Born Canadian People

According to these social workers, many Latin Americans who are living and raising their children in Montréal cohabitate and sponsor their aging parents. Cohabitating often creates interpersonal and intergenerational conflicts between family members. Therefore, some older people may prefer to live on their own.

Nonetheless, Latin American families are very involved in the lives of their older family members and will usually bring them to a CLSC when any type of assistance is needed. They will also arrange to get service or information in Spanish (see Appendix 6).

The CLSC social workers also mentioned that older Latin American people suffer from the same health problems as older people from other ethnic communities in Montréal and older native-born Canadian people. Older people who have struggled to adapt or who have never been able to adapt to this new country; who have a strong sense of attachment to their country of origin; who live as if they are here temporarily or in transition; and who still think of returning to their native country, may suffer tremendously from psychological, physical, cognitive, and mental health disorders such as schizophrenia, psychosis, and major depression. The social workers emphasized that there are many cases of older people with these disorders who also live in isolation due to language barriers. Solitude is one of the biggest problems that they face even when they live with their families. They will spend many hours isolated at home doing household chores for the family, which may affect their mental health. Therefore, social workers try to encourage these people to join community organizations where activities in their native tongue are offered (see Appendix 6). The CLSC social workers reported that some of Montréal's older Latin Americans might be unaware of the details of their health problems because they don't speak French or English. Therefore, social workers that speak Spanish will occasionally accompany their colleagues from the health professional team and act as a liaison between the nurse or doctor and the older person, even though it is not

really part of their job. Older Latin American people are extremely happy to get information in Spanish and to be able to communicate with professionals in their own language. In addition, social workers may also have to explain to older Latin American people and their families that respecting time for appointments in Canada is crucial (see Appendix 6).

Another important issue that the social workers mentioned is that it is a lot more difficult for them to accept that their older family members may need to be placed in an old age home than it is for native-born Canadian families. According to their experience, Latin American families as well as other ethnic families in Montréal tend to take care of their older family members longer at home than native-born Canadian families, mainly because of their different cultural values. In addition, one of the social workers mentioned that perhaps Latin American families often don't place their older family members in old age homes because in their home country the organization of health and social services is less developed. In Latin America, there are fewer old age home services for an older person who loses her/his autonomy. Therefore, the social workers emphasized that it is only when the situation becomes really too difficult for them to continue taking care of their older family members at home that the family will accept to place them in a home. But, in general, even when they do accept to do so, it is still very difficult for the family. Sometimes, it is also very difficult for the older person to adapt well to the old age home. The number of older people from ethnic communities in old age homes is much lower than the number of older native-born Canadians (see Appendix 6).

One of the social workers mentioned that many older Latin American people also refuse to accept the fact that they are experiencing a loss in their autonomy, mobility, or memory. Staying active is part of their cultural values. Therefore, they tend to continue to visit their families and join social groups until their late 70s and even 80s. When they don't have many family members here in Montréal, they may get involved in group activities just to prove that they are still active. According to the social workers, several older Latin American people believe that it will be very difficult for them once they are forced to live in an old age home because, to a certain extent, their freedom will be limited (see Appendix 6).

2. Awareness of their Services and Programs

The two CLSC social workers explained to me that every year, each CLSC in Montréal organizes its own annual assembly and invites the community it serves in order to inform the members about the CLSC services and programs. In the case of special events or activities, the CLSC will send people emails or will try to advertise the event in different ethnic community newspapers in their own language. Older people and their families also become aware of the services offered by the CLSC by word of mouth or if somebody they know calls a CLSC for them.

Based on their experience, older Latin American people and their families may not use the services offered by the CLSC because they are afraid that they might have to share personal and intimate information with professionals at the CLSC. This is, in fact, the case. When an older person goes to a CLSC for the first time, social workers at the CLSC must carry out an overall evaluation of the living

conditions and of the relationship of the older person with her/his family and must also visit the older person's home to acquire more information on their situation as well as to evaluate what other services the CLSC may be able to provide (See Appendix 6).

According to the social workers, the CLSC also offers support for natural caregivers[1] through their programs. Unfortunately, Latin Americans don't often resort to these and family members end up exhausted. This is when children lose their patience with their aging or sick parents. According to the social workers interviewed, although elder abuse is very rare among Latin American families, a child in charge of the care of her/his older family member who is losing her/his autonomy, may address her/him occasionally in a disrespectful manner due to extreme moments of stress. CLSC staff also mentioned working on a few cases of financial abuse towards older people. Children may think that they can take control of their aging parents financial situation. Nonetheless, the social workers interviewed insisted that more adult children will protect their older family members rather than abuse or take advantage of them.

4.3 Older Latin American People Speak Up

i) A Spanish-Speaking Woman and her Remarkable Life

In late September, an amazing, strong, and independent 86 and a half-year-old Spanish woman was interviewed. She immigrated to Canada in 1957 with her husband and her youngest son, leaving behind her oldest, who was married, and her alcoholic son, whose whereabouts is unknown. In 1965, she divorced her husband

[1] An individual, such as a parent, foster parent, or head of a household, who attends to the needs of a child or dependent adult. (The American Heritage Dictionaries)

and continued to live a modest life with her youngest son. She has worked every day of her life in factories and has put her youngest son through college and university. Now, she lives alone in a government-funded apartment, enjoying her independence but also feeling lonely and isolated from time to time. The life of this brave Spanish woman is similar to many other Spanish-speaking older women in Montréal. This section is, therefore, dedicated to all of them.

ii) Spanish-Speaking Association: *Vida Plena*

The association *Vida Plena* ("Full Life") is a group of older Spanish-speaking people that meets every Saturday from March to December in the basement of the *Social Center for Immigrants Aid* (CSAI), which is a non-profit organization formed in 1947 by the Institute Notre-Dame du Bon-Conseil de Montréal to welcome new arrivals, regardless of their ethnic origin, language, religious belief, or political opinion, and to help them adapt to their new country. The group *Vida Plena* is composed of over 50 people. According to its president, María Elena, its members stress the exchange of information, mutual support, and conviviality. Every now and then, they have guest speakers from different organizations that will give them a lecture on issues related to older people and services offered to them. They also organize parties for special occasions, where people of different generations come together. The group also organizes some outings (see Appendix 7). Each member must pay a monthly fee of $5.

In early October of 2004, María Elena, the president, introduced me to the group in one of their meetings. From that day on, every Saturday for approximately 10 weeks, a different group of 5-6 amazing older men and women trusted me and,

eagerly, confided in me during 7 focus group interviews (see Appendix 8). The following is the summary of their interviews.

I Interview Data

1. Social, Financial, and Health Status of Older Latin American People

According to these interviews, 4 out of 7 focus groups reported living with their families while 3 out of 7 reported living on their own in government-funded apartments or in regular apartments. Among those who live with their families, 3 out of 4 focus groups mentioned experiencing interpersonal conflicts with their children and grandchildren because of culture clashes and/or language barriers with grandchildren. These same focus groups also mentioned not being satisfied with their living conditions because they must accommodate to their families' lifestyles. Out of 4 focus groups of older people that live with their parents, 3 reported being depressed and isolated even if they live with their families. Many stay at home while their adult children go to work and their grandchildren go to school. However, 5 out of 7 groups reported that depression and isolation due to language barriers is common among older Latin American people living with family and among those living on their own. Three out of seven focus groups are satisfied with their living conditions because they live on their own and they don't feel like they are disturbing the family or like they are obligated to conform to their rules. Some (2 out of 7) are happy living in government-funded apartments because they can afford their own apartment and live on their own in a safe environment while others (4 out of 7)

complain about their neighbours (see Appendix 8). Six out of seven focus groups suggested that there should be affordable government-funded apartment buildings that are only for older people.

All older Latin American people (7 out of 7) are very close to their family. All focus groups that mentioned living on their own reported that the families check up on them on a regular basis either by calling them or visiting them. Nonetheless, winter is very long for them. Five out of seven focus groups admitted being depressed and isolated because of winter. A few people (1 focus group) can afford to go back to their country of origin for the winter but the majority stay here.

According to my interviews, 7 out of 7 focus groups are satisfied with their living conditions because they feel safer in Montréal than in their country of origin since most of them came from countries with political and economical problems that affected their living conditions. All (7 out of 7) are grateful for the health and medicare system as well as for the pension system in Québec since many of their countries of origin do not offer these services to older people. Nonetheless, in many cases, the pension they receive here is not enough. They still have a very tight budget. This is what 5 out of 7 focus groups stated. Many (6 out of 7) stated that the government should help them out with the cost of their medications. Some of these are extremely expensive and, according to 4 out of 7 focus groups, a big part of their pension goes towards medicines, leaving them with very little for food and clothing. This is the reason why 1 out of 7 focus groups decided to work. They are also grateful that they can find jobs at their age.

2. North America vs. Latin America: Culture Differences

The majority of the interviewees agreed that there is a big difference between Latin American and North American cultures. In general, 7 out of 7 focus groups believe that Latin Americans are warmer and more welcoming than North Americans and 5 out of 7 believe that North Americans are more individualistic. Some Latin American older people (1 out of 7) have experienced racism. They have tried to make friends with Canadian-born people in their apartment buildings but their attempts have generally been unsuccessful. They are often asked where they are from and are put aside for not being native-born Canadians even though a lot of them have been here for over 20 years. This makes them angry.

Six out of seven focus groups mentioned that Latin American older people like to laugh and socialize, have friends over, and have parties. In many cases, they tend to be livelier and noisier than native-born Canadians. Three out of seven focus groups argued that this may cause problems when they live in apartment buildings and their neighbours are native-born Canadians. Another reason preventing them from establishing relationships with native-born Canadians are language barriers. Four out of seven focus groups reported this. Only 1 out 7 focus groups of older Latin American people did mention having good experiences with native-born Canadians. In their opinion, native-born Canadians are very helpful and they always attempt to include older Latin American people.

Another difference the interviewees mentioned between native-born Canadians and Latin Americans is that the latter tend to be more respectful towards older people. Six out of seven focus groups agreed to this. Six out of seven focus groups believe that Latin American families tend to take care of their older

parents longer at home and that it is extremely rare for the family to place them in an old age home. To their families, an old age home is only used as a very last resort. Six out of seven focus groups also believe that Latin American families are a lot closer and more caring of each other than native-born Canadian families. Nonetheless, there are cases where Latin American families have no choice but to put their older family member in an old age home. This is what happened to one of the women I interviewed (see Appendix 8). According to her, the traditional Latin American family is changing. In her case, she had to work and there was nobody at home to be with her mother who needed 24 hour care. So she had no choice but to put her mother in an old age home. This decision was extremely difficult, especially since it goes against her values. Until this day, she feels guilty even though she visited her mother on a regular basis.

3. Awareness of Services and Programs for them in Montréal

Based on my interviews, 7 out of 7 focus groups of older Latin American people reported knowing very little about services offered by different organizations such as the CLSC. This was most prevalent among older people who lived with family members. Three out of seven focus groups even mentioned receiving CLSC pamphlets, which described their services, but the pamphlets didn't appeal to them because they were too impersonal. Four out of seven focus groups reported knowing about some services by word of mouth but had not necessarily used them. The majority is aware of medical services given in Spanish but is not aware of community resources and aid for older people (see Appendix 8). Three out of seven

focus groups are also aware of government-funded apartment buildings. Only one person among the older people I interviewed was aware of all services offered to older people in the Montréal region; she found out about it through a neighbour.

4.4 Centraide

In mid-September 2004, an in-depth open-ended interview was conducted with Mrs. Lyne Poitras, an advisor in the Subsidy and Social Analysis Service department at Centraide of the Greater Montréal region. Her role consists of following-up on allocations given to organizations that work with people with a disability, cultural communities, or that have a neighbourhood inclusion perspective. Mrs. Poitras patiently answered my questions about this remarkable non-profit organization (see Appendix 9).

I Interview Data

1. Centraide and its Role in Montréal

Centraide's role is to collect funds from large companies, their employees, and trade unions as well as from people in the community through a major fundraising campaign, and redistribute it among community organizations. Its role is, above all, to understand the needs of the Greater Montréal region and the dynamics of different territories in order to evaluate what are the best social investments they can make. Every year, an average of 300 organizations apply to Centraide for funding. Unfortunately, Centraide can only finance around five new

organizations per year because of limited funds. This is quite frustrating for advisors such as Mrs. Lyne Poitras.

Centraide has a series of criteria that community organizations must fulfill in order to be eligible for funding. There is no preset budget for any ethnic community. Centraide researches what are the needs and the dynamics of each territory and invests where they believe it to be most valuable. It also works with other sponsors to finance organizations.

Based on Mrs. Poitras' experience and that of her colleague, Mr. Pierre-Constantin Charles, who has worked many years with older people of different ethnic communities, many needs are common among older people of different ethnic communities (see Appendix 9). What changes from one ethnic community to the other and what is more culturally related is, for example, the value each ethnic community gives to the older people within their family. In general, one can say that most older people, regardless of their ethnic background, suffer greatly from isolation, health problems, and problems related to their access to services (see Appendix 9). Therefore, Centraide focuses more on the commonalities than on the differences when investing in projects related to older people.

Mrs. Lyne Poitras of Centraide also mentioned in her interview that it is more difficult for francophone older people to integrate older people of different ethnic backgrounds into activities offered by community organizations for older people in neighbourhoods that are more traditionally francophone (see Appendix 9). Therefore, Centraide tries to figure out ways to favour the integration and the inclusion of older people from different ethnic backgrounds into these community organizations.

4.5 Summary

According to the interviews with the social workers and the older people from the association *Vida Plena*, older Latin American people cohabitating with their families not only encounter intergenerational problems with family members because of culture clashes but they also suffer from depression and mental health disorders because they are isolated at home due to language barriers. Those who prefer to live on their own in government-funded apartments complain about not being able to make friends with neighbours, especially in more traditionally francophone neighbourhoods, because of cultural differences and language barriers. As the pension older Latin American people receive from the government of Canada and Québec is limited, some may have to choose between their medication and food or clothing. Many Latin American older people and their families are unaware of services offered by CLSCs in their sector even though CLSCs use different advertising techniques to promote their services. Latin American families take care of their older family members at home longer than native-born Canadians and rarely resort to old-age homes, especially because of their cultural values and perhaps, according to the social workers interviewed, because of problems experienced with the health system and institutions in their native countries.

5 CONCLUSION

5.1 Summary of Findings

In the late '70s-early '80s, many South and Central Americans were admitted to Québec as independent or refugee immigrants and under special acceptance programs because of the growing social, political, and economic instability in their countries due to civil wars and/or dictatorships. The most significant event in the recent demographic evolution of Montréal is the ageing of its population and the growing multicultural diversity of its members. No statistics exist on the number of older Latin American people in Montréal, but one can state that there is a large number living there.

Despite the growing number of older people from ethnic minority groups in Montréal, the study of ethnicity and ageing in Canada has been relatively underdeveloped and dominated by false assumptions that the needs of all older people are similar (Ujimoto, 2001). Ethnic minority faculty associated with gerontology research and teaching at Canadian universities as well as ethnic minority gerontology-related research is scarce in Québec, especially related to older Latin American people and their values (Gerber, 1983). This is the reason why this thesis is focused on the living conditions of older Latin Americans in Montréal and a career in this field will be pursued.

The first objective of this thesis was to define intercultural communication. Researchers in the field of interpersonal communication have struggled and will continue to struggle to come to an agreement on a single universal definition for intercultural communication, as Canadian society also continues to evolve. The most intrinsic argument from the literature read on intercultural communication is that of Wsevolod W. Isajiw (1999), who firmly states that one must distinguish between 'majority ethnic

groups' and 'minority ethnic groups' and must consider the influence each group has on Canadian society and its institutions when evaluating whether or not all ethnic groups are getting their needs equally met by society. After having discussed the previous statement in this thesis, one can affirm that older Latin American people in Montréal, as part of a 'minority ethnic group,' have less of an influence on society, which explains why their needs are not being heard.

According to different authors such as Das and Emongo (2003b), Nilda Chong (2002), and Aoun (2004), cultural values such as: respect, *simpatía* or empathy, and/or time management as well as maintaining eye contact while communicating with any Latin American regardless of her/his age, asking about her/him and her/his family before proceeding to professional questions, and addressing her/him by using titles of respect such as Mr., Mrs., Ms. are some key elements of older Latin Americans culture and should be considered by any service or health provider when interacting and providing them with services. Identifying intercultural communication unique to Latin American older people was the second objective of this thesis.

A third objective was to determine whether or not the development and delivery of services for older people living in Montréal support the unique cultural aspects of Latin American older people. Based on the study by authors Das and Emongo (2003b), they do not. Older Latin American people they interviewed as part of their study complained that the service providers were cold and did not take the time to listen to their needs (see chapter 3.4). According to Das and Emongo (2003b), many older Latin American people in Montréal would also like to see more service providers who have the same ethnic background as they do and who speak their native tongue in order to better

understand their needs and/or qualified translators/interpreters who actually translate their needs and not what they want. According to the interviews with the older Latin American people from the association *Vida Plena* , 7 out of 7 focus groups reported knowing very little about services offered by different organizations such as CLSCs and reported not necessarily using them. Reasons for not using them were not covered in the interviews. Therefore, further research would be necesary to determine these reasons.

What are the living conditions of older Latin American people in Montréal? To answer this question the fourth objective of this thesis was to interview older Latin American people and CLSC social workers and describe the social status, the financial status, and the state of health of Latin American older persons in Montréal. As elaborated in chapter 3 of this thesis, immigration patterns differ between ethnic communities. In the case of Latin Americans, older Latin American people living in Montréal today came here at retirement age and thus, are more dependent on their children, charity organizations, and public services (Das and Emongo, 2003b). The data from the interviews with the older Latin American people from *Vida Plena* confirm this statement (See Appendices 6 and 8). According to the social workers and the older Latin American people interviewed, the majority of older Latin American people in Montréal cohabitate with their families and are sponsored by them. According to the interviews with the social workers, many older Latin American people immigrated to Canada and take care of their grandchildren and the housekeeping while their adult children go to work. As previously mentioned, Das and Emongo's (2003b) study demonstrates that many of the older generation did not actually volunteer to take care of their grandchildren or do the housekeeping but were forced into it and, in some cases, were even exploited. Both Das

and Emongo's (2003b) study as well as my interviews explain that problems due to culture clashes, such as interpersonal and intergenerational conflicts between grandchildren and grandparents as well as between adult children and their ageing parents arise from cohabitating (see Appendices 6 and 8). As pointed out in chapter 3, the children and grandchildren of older Latin Americans may show them less respect and tolerance. In some cases, the grandchildren don't really want to spend time with their grandparents. Older Latin American people believe that some grandchildren may even speak French or English in front of their grandparents on purpose so they won't understand. This increases even more the generational gap, as emphasized by Das and Emongo (2003b). Not only does it increase the gap, but it also makes it more difficult for older people to transmit their culture. In some cases, their adult children are even abusive towards them, which was confirmed by the social workers. According to them, elder abuse among Latin American families is rare but might happen during and due to extreme periods of stress.

Older Latin American people also feel loneliness and isolation because they are left at home alone for many hours (see Appendices 6 and 8). They are also isolated because of language barriers. These conditions might produce mental health disorders. Mrs. Lyne Poitras of Centraide mentioned in her interview that it is more difficult for francophone older people to integrate older people of different ethnic backgrounds into activities offered by community organizations for older people in neighbourhoods that are more traditionally francophone. This is similar to what the older Latin American people in my interviews experienced when trying to establish friendships with their neighbours. It also concurs with what the older people stated in Das and Emongo's

(2003b) study. As previously discussed, this element contributes to older Latin American people's isolation and to how well they will adapt in Montréal. Therefore, Centraide tries to figure out ways to favour the integration and the inclusion of older people from different ethnic backgrounds into community organizations.

Even if older Latin American people may have intergenerational problems with their grandchildren or adult children or they feel isolated because they are left alone for many hours at home, Latin American families are still very involved in their lives (see Appendices 6 and 8). According to the CLSC social workers, most of them will appeal to a CLSC when any type of assistance is needed. As explained by Olivette Soucy (1998), a sickness affects all family members living in the house and not just the older person who is ill. Not wanting to put older family members in old age homes because it is against their cultural values also demonstrates how involved younger Latin Americans are with their family members. According to the interviews with the CLSC social workers and with the older Latin American people, Latin American families prefer to keep family members at home and take care of them rather than send them to old age homes. As well, older Latin American people don't adapt well to old age homes. This concurs with Das and Emongo's (2003b) interview data discussed in chapter 3 of this thesis. However, 1 out of 7 focus groups of older Latin American people interviewed from the association *Vida Plena* did mention that the traditional Latin American family is changing. According to them, some Latin American families in Montréal are sending their older family members to old age homes while others are not. As mentioned in section 3.2 of this thesis, in some cases, the Latin American family nucleus in Montréal is disintegrating because of alcoholism and neglect on the part of men as well as changes in

social gender roles for married couples and the discovery of individual freedom by women. Two people in one out seven focus groups mentioned that although sending family members to old age homes is not common among Latin American families in Montréal, one of them was being sent by her family to an old age home in her native country while the other, not being able to take care of her mother who needed 24 hour care, was forced to place her in an old age home here in Montréal (see Appendix 8). A report written by CEPAL, HelpAge International, and other authors confirm that the same could be said about what is happening in Latin America. It might have been different before the majority of older Latin American people immigrated to Canada, but today the Latin American family nucleus in Latin America is changing as much as it is changing in Montréal and more families are starting to rely on old age homes.

Nonetheless, the CLSC social workers interviewed underlined that Latin American families may still be reluctant to put their older family members in old age homes in Montréal because the organization of health and social services in their country of origin is less developed than it is here. They are not used to relying on health and social systems. This could also explain why there are still Latin Americans that do not use the services offered by the CLSC. As mentioned in previous chapters, access to health services in most Latin American countries is dependent on the capacity to pay, and therefore excludes the majority of older people. In addition, many primary healthcare workers in Latin America deny services to older people and show them a lack of respect (HelpAge International, 2002). Therefore, one must ask whether older Latin American people in Montréal are reluctant to use healthcare or social services provided by CLSCs because of the bad experiences they had in their country of origin? Further research is

needed to confirm this. As explained by the social worker interviewees, many older Latin American people refuse to accept the fact that they are experiencing loss in their mobility or memory. Could this be another reason why they are not using services offered by the CLSC?

According to the interviews with the older Latin American people from the association *Vida Plena* (see Appendix 8), they are very happy to live in Montréal and feel safer here than in their countries of origin, which have political and economic problems. Even if older Latin Americans do suffer from isolation and depression because they are left alone for many hours, they are happier here than in their country of origin simply because they are with their families (see Appendix 6). As demonstrated by the interviews with the older Latin American people, the CLSC social workers, and by Das and Emongo's (2003b) study, some older Latin American people may prefer to live on their own because they do not want to have to conform to their children's rules and feel like a burden to them.

The authors Das and Emongo (2003b) describe best how older Latin American people feel about living in Montréal. Even after acquiring new friendships, financial gains, social security, older Latin American people still feel nostalgic about all aspects of their life in their country of origin, including the weather and the social life, which embraces numerous relationships. Since most of them come from mild climates, adjusting to winter is extremely difficult for them (see Appendices 6 and 8). According to the interviews with the older Latin American people, 5 out of 7 focus groups are depressed and isolated because of winter. Social workers like the ones interviewed encourage older people to go out and join community organizations of their ethnic

background, but the weather is still a major factor in their mobility. Language also plays an important role in their mobility. Five out of seven focus groups reported being depressed and isolated due to language barriers. Many are afraid to venture out because they do not know how they are going to ask for directions if they don't understand or speak the language. All of this makes them even more anxious.

As previously discussed, older Latin American people are eligible to receive a pension in Canada. They are very grateful about this, especially because if they had stayed in their country of origin, very few of them would have received a pension (see Appendix 8). However, even though many of them expressed happiness, they also mentioned timidly that the amount they were receiving was usually not very generous. It was just enough to survive.

The older Latin American people interviewed also felt very lucky that they could benefit from a health system that is accessible to everyone. However, they stated that it does not cover the cost of medications. The authors Das and Emongo (2003b) compiled the same results in their study. According to the social workers I interviewed from the CLSC, it is not unusual for older people to have to choose between their medication and food. Consequently, they either suffer from malnutrition and dehydration or they end up in the hospital because they didn't take their medication. In addition, a few older people (1 out of 7 focus groups) reported that they were grateful because they were able to work in order to compensate for the lack of money from their pension.

Finally, the fifth objective of this thesis was to identify services and resources available to all older people and specifically for Latin American older people in

Montréal. In addition, older people's level of satisfaction with these services and resources was evaluated.

According to the social workers interviewed, the CLSC offers all its services in different languages depending on the needs of the population of each sector (see Appendix 6). How do they measure the level of needs of each ethnic community? Does the number of people in an ethnic community determine whether or not the CLSC will offer them services in their own language? If this is the case, then one can conclude that the more people there are of a similar ethnic background, the more chances there is that the CLSC will offer them services in their native tongue. Then how is it that, according to the interview with the social workers, many older Latin American people are still unaware of their state of health because they don't understand the nurse or doctor who speaks to them in French or English in sectors serviced by the CLSC, even where their number is quite considerable (see Appendix 6)? Is it because there is a lack of personnel, as discussed in Das and Emongo's (2003b) study? The social workers interviewed mentioned that within the next few years the government will be merging some CLSCs in Montréal with other CLSCs and/or hospitals and downsizing the number of employees. Therefore, the problems that older Latin American people and older people of other ethnic backgrounds are presently facing will most likely not get better, but worse. Further research should be undertaken to study these questions.

The social workers also explained that some of them will accompany their colleagues occasionally and act as interpreters even though it's not officially part of their job (see Appendix 6). Many older Latin American people in Das and Emongo's (2003b) study stated that even if the CLSC provided them with an interpreter, their needs were not

well understood because the interpreter would only translate what s/he wants and not what the older person's real needs are. Why is that? Is it because translation and interpretation is not her/his specialization since she/he is a social worker and not a professional translator specialized in psychosocial or medical terms? Further, are there people of Latin American descent or people of different ethnic backgrounds with a very good knowledge of Latin America's culture and values working with older Latin American people at CLSCs? As mentioned in previous chapters, language is extremely important in understanding core meanings in each culture, and understanding core meanings and cultural values are key elements in producing effective intercultural communication. Therefore, in order to understand Latin American people and adapt CLSC services to their needs, should CLSCs hire professionals that not only speak Spanish, whether they are of Latin American descent or not, but that also know about Latin America's culture and values, as discussed by Nilda Chong (2002) and Joseph Aoun (2004)? Further research is needed to answer these questions.

The interviewees from the CLSC mentioned that they try to make sure that older people live safe and comfortable lives with all the rights that they deserve to have as citizens and as human beings. Unfortunately, they can only guarantee this to older people who come to them or call the CLSC, or if somebody calls the CLSC on their behalf with their consent (see Appendix 6). What happens to the others? The CLSC promotes its services or activities by putting ads in different ethnic community newspapers or by organizing annual events to inform the community. Although this may reach some people, what happens to older people who are illiterate or family members, friends, and neighbours who are too busy balancing their life to read these newspapers or to attend

these annual assemblies? The way or the method that the CLSC is using to promote their services may also simply be not attractive to Latin American people, as confirmed by the older Latin American people interviewed. Three out of seven focus groups of older Latin American people are aware of some services offered by CLSCs but do not use them because the pamphlets they receive at home are not appealing to them. They are too impersonal. As explained in chapter 3, there are cultural differences between North Americans and Latin Americans. In Québec, the French culture is more predominant in major social institutions and even though Latin Americans in general adapt fairly well to Québec because of the Latin culture, it is more difficult for older Latin American people to adapt because they are less likely to learn a new language or to integrate within the mainstream culture (see Appendix 6). Therefore, should these differences be considered by CLSCs when promoting their services? Further research is needed.

The CLSC also offers respite services to natural caregivers, during which a social worker will take their place for a few hours or entertain the older person. Two out of seven focus groups of older Latin American people interviewed complained that these replacements were not very friendly. Once again, this is something that was also mentioned in Das and Emongo's (2003b) study. There are cultural differences between Latin Americans and North Americans that must be taken into account by a service provider when dealing with older Latin American people.

5.2 Recommendations

The government should take into consideration the issues regarding older Latin American people as outlined in this thesis. These issues are as follows:

1) It is more difficult for older Latin American people to adapt to Québec than younger generations of Latin Americans and older people of 'old ethnic groups' because the majority came at/or close to retirement age and do not speak French or English.
2) Many older Latin Americans live with their families. Problems due to culture clashes, such as interpersonal and intergenerational conflicts between grandchildren and grandparents as well as between adult children and their ageing parents, arise from cohabitating.
3) Whether they live with their families or in government-funded apartment buildings, many older Latin Americans are depressed and live in isolation due to language barriers and winter.
4) It is difficult for older Latin American people to make friends with neighbours, especially with native-born Canadians in more traditionally francophone neighbourhoods, because of cultural differences.
5) Latin American families rarely send their older family members to old age homes.
6) It is not unusual for older Latin American people to have to choose between their medication and food because the health system in Canada does not cover the cost of medications and the pension they receive from the government is limited.
7) Older Latin American people may be aware of services offered to them by different organizations such as the CLSC, but may not necessarily use them because the pamphlets they receive at home are not appealing.
8) Some older Latin American people are not aware of their state of health because there is a lack of professionals who speak Spanish and who understand their cultures and values.
9) A few Latin American families may have used respite services offered by the CLSC but older Latin American people think that they are not friendly.

The following is a list of proposals of how to deal with the issues outlined above.

I Hiring of Professionals

1) In areas where numbers warrant, hire professionals at healthcare and social institutions that not only speak Spanish, but that also know about Latin America's culture and values different from North America, in order to better service older Latin American people and their needs.
2) Hire Spanish-speaking students, who are studying to become translators/interpreters or social workers, under different government programs.

II Services and Professional Skills Upgrade

1) Adopt a more personal approach, such as personal visits to people's home, when CLSCs promote their services to encourage older Latin American people and their families to use their services.

2) Provide on-going training to service providers serving this clientele on Latin American culture, its values, and intercultural communication.

III Encouraging Government and School Board Involvement

1) Create programs in collaboration with schools that offer Spanish classes where older Latin Americans can be guest speakers and talk about their life experiences or tutors in after-school programs.
2) Implement transportation services and much lower fares not only for Latin American older people but also for all older people in Québec, such as special taxis or communal buses that pick older people up near their house and drop them off at different organized activities for them in Montréal.
3) Build government-funded apartment buildings not only for older Latin American people but also for all older people to break their isolation and maintain their independence.
4) Allocate government subsidies to programs such as the ones subsidized by Centraide that encourage the integration and the inclusion of older people from different ethnic backgrounds, such as Latin American older people, into traditionally francophone community organizations.
5) Provide free coverage for medications to all older people, especially to those, such as Latin American older people, whose pension is small, to prevent them from working to compensate for their pension and/or to prevent them from being hospitalized because they had to choose between buying food or medication.
6) Favour and support families such as Latin American ones that want to take care of their older family members at home, by the government allocating more budget to Québec's health system and giving these families financial assistance.

IV Creating Innovative Programs by Ethnic Community Organizations

1) Create programs by community organizations for families who want to spend time with a Latin American grandparent and practice Spanish.
2) Organize group trips for older people to other regions of Canada or other countries by different ethnic community organizations for a reasonable price.
3) Plan group visits for older people to different main attractions and/or festivals in Montréal by different ethnic community centres in collaboration with these organizations.
4) Build a day-centre for older Latin American people where the employees organize different activities inside the centre and group outings.
5) Implement programs by ethnic community organizations that are designed to help Latin American families maintain their ties in Québec and help younger generations understand older family members and their culture.

References

Aldridge, G. (2002). What is the Basis of American Culture? *Journal of Intercultural Communication*, 5. Retrieved December 14, 2004, from http://www.immi.se/intercultural/nr5/aldridge.htm.

American Heritage Dictionary of the English Language. 4th Ed. (2004). Retrieved April 11, 2005, from http://www.answers.com/topic/transculturation.

Aoun, J. (2004). *Gérer les differences culturelles - pour communiquer plus efficacement avec les diverses cultures du monde.* Québec, Canada: Éditions MultiMondes.

Ayres, R. (1998). *Crime and Violence as Development Issues in Latin America and the Caribbean*. Latin America and Caribbean Studies, View Point Series. Washington, D.C.: The World Bank.

Baker, C. (1991, December). *L'appréciation de la dimension culturelle.* L'infirmière canadienne, 87(11), 38-40.

Barreto, L. (2001). *Una realidad oculta: maltrato y exclusión en las personas de mayores*, paper presented to the International Congress on Abuse of Older People. Retrieved September 9, 2004, from http://www.ubiobio.cl/cps/ponenciasmaltratohtm /maltratoyexclusion.htm..

Barrette, C., Gaudet, E., & Lemay, D. (1993). *Guide de communication interculturelle*. Québec: Éditions du Renouveau Pédagogique Inc.

Bryson, K. & Casper, L. M. (1999). Coresident Grandparents & Grandchildren. *Current Population Reports*, Washington, DC: U.S. Bureau of the Census, 1-10.

Burnet, J. (1975). Multiculturalism, Immigration, and Racism. *Canadian Ethnic Studies*, 7, 35-39.

Canadian Heritage. (2004). *Canadian Multiculturalism: An Inclusive Citizenship.* Retrieved October 27, 2005, from http://www.canadianheritage.gc.ca/progs/multi/inclusive_e.cfm.

CEPAL. (2000). *Panorama social de América Latina 1999-2000.* Santiago, Chile: CEPAL.

Che-Alford, J. & Hamm, B. (Summer 2001). Under One Roof: Three Generations Living Together. *Canadian Social Trends*, 6-9.

Choi, N. G. (1999). Living Arrangements and Household Compositions of Elderly Couples and Singles: A comparison of Hispanics and Blacks. *Journal of Gerontological Social Work*, 31 (1/2), 41-61.

Chong, N. (2002). *The Latino Patient. A Cultural Guide for Health Care Providers*. Yarmouth, Maine: Intercultural Press.

Clammer, J., Poirier, S.; & Schwimmer, E. (Eds.). (2004). *Figured Worlds: Ontological Obstacles in Intercultural Relations*. Toronto: University of Toronto Press.

Comisión Inter-Americana de Derechos Humanos - Organización de Estados Americanos. (1996, May) *Convención Interamericana sobre desaparición forzada de personas.* Retrieved October 21, 2005, from http://www.memoriaviva.com/Desaparecidos/oea.htm.

Commission des droits de la personne du Québec. (1998, November). *Comité d'enquête sur les relations entre les corps policiers et les minorités visibles et ethniques.* Montréal: Government of Canada.

Daichman, L. (2001). *Argentina Country Report on Elder Abuse*, preparatory study for WHO/INPEA *A Global Response Against Elder Abuse*. Geneva: WHO.

Das, K. & Emongo, L. (2003a). *Prise en charge des aînés des communautés ethnoculturelles*. Québec: Centre d'Affaires de Montréal.

Das, K. & Emongo, L. (2003b). *Projet: Conditions de vie et santé mentale des personnes âgées issues des communautés ethnoculturelles de Montréal*. Québec: Centre d'Affaires de Montréal.

Dietz, G. (2003). Por una antropología de la interculturalidad. In *Multiculturalismo, interculturalidad y educación: una proximación antropológica.* Granada: Universidad de Granada, 79-127.

Ecumenical Program on Central America and the Caribbean. (1990*). Condoning the Killing: Ten Years of Massacre in El Salvador*. Washington: EPICA.

Francis, R. D., Jones, R., & Smith, D. B. (2000). *Destinies: Canadian History since Confederation* 4th ed. Toronto : Harcourt Canada.

Geertz, C. (1987). *La interpretación de las culturas*. Barcelona, Spain: Gedisa.

Gerber, L. (1983). Ethnicity Still Matters: Socio-demographic Profiles of the Ethnic Elderly in Ontario. *Canadian Ethnic Studies*, 15(3), 60-80.

Giddens, A. (1993). *Sociología*. Madrid, Spain: Alianza Universitaria.

Giger, J. & Davidhizar, R. (1991). *Soins infirmiers interculturels*. Québec: Éditions Lamarre.

Government of Canada official website. (2004, August) *International Benefits* Retrieved December 2, 2004, from http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/ibfa/intlben.shtml&hs=sya.

Government of Québec official website, Flash Retirement Québec. (2004). *What do retirement plans provide upon the death of a contributor?* Retrieved December 2, 2004, from http://www.rrq.gouv.qc.ca/an/flashretraiteqc/capsule_retraite_050.htm.

Guanipa, C., Nolte, L., & Guanipa, J. (2002). Important Considerations in the Counselling Process of Immigrant Venezuelan Families. *The American Journal of Family Therapy*, 30: 427-438. California, USA: Brunner-Routledge.

Guzmán, J. M. (2001, November). *Envejecimiento y Desarrollo en América Latina y el Caribe*. CEPAL Document presented at the preparatory meeting for Latin America for the Second World Assembly on Ageing. Santa Cruz, Bolivia: CEPAL.

HelpAge International. (2002). *State of the World's Older People 2002 – Latin America*. Retrieved October 4, 2005, from http://www.helpage.org/images/pdfs/SOTWOPeng.pdf.

Holzberg, C. (1981). Cultural Gerontology: Towards an Understanding of Ethnicity and Aging. *Culture*, 1(1), 110-122.

Howard, K. L. (1996). *A New Hermeneutic: God and Suffering in the Holocaust and in El Salvador*. Thesis (PhD). Boston College.

Immigration et Communautés Culturelles – Government of Québec. (2002a). *Families*. Retrieved October 21, 2005, from http://www.immigrationquebec.gouv.qc.an/anglais/immigration/families/step.html.

Immigration et Communautés Culturelles – Government of Québec. (2002b). *Permanent Workers*. Retrieved October 21, 2005, from http://www.immigration-quebec.gouv.qc.an/anglais/immigration/permanent-worker/prerequisites.html.

Immigration et Communautés Culturelles – Government of Québec. (2002c). *Sponsored Refugees (Group Sponsorship).* Retrieved October 21, 2005, from http://www.immigration-quebec.gouv.qc.an/anglais/immigration/permanentworker/prerequisites.html.

Instituto de Normalización Previsional. (2002). *El maltrato al adulto mayor: una visión del Instituto de Normalización Previsional, INP.* Retrieved September 9, 2004, from: http://www.ubiobio.cl/cps/ponenciasmaltratohtm/visionpmaltrato.htm.

Institut de la Statistique-Québec. (2001). *Montréal et Laval.* Retrieved May 3, 2003, from http://www.stat.gouv.qc.ca/publications/regional/pdf3/reg613_3-4.pdf.

Isajiw, W. W. (1999). *Understanding Diversity: Ethnicity and Race in the Canadian Context.* Toronto, Ontario: Thompson Educational Publishing, Inc.

Keen, B. (1996). *A History of Latin America.* 5th Ed. Vol.2 Boston: Houghton Mifflin Company.

Lambert, R. D. & Curtis, J. E. (1983). Opposition to Multiculturalism among Québécois and English-Canadians. *Canadian Review of Sociology and Anthropology*, 20, 193-207.

Langelier, C. & Van De Walle, B. (2001). *Portrait socio-économique de Montréal en 2001.* Montréal: Observatoire économique et urbain. Service du développement économique et du développement urbain.

Léger, M-F. (2003, January 22). Le Québec, nouveau pôle d'attraction. *La Presse*, p.A2.

Machado, L. (2001). *Brazil Country Report on Elder Abuse*, a preparatory study for WHO/INPEA *A Global Response Against Elder Abuse.* Geneva: WHO.

Markides, K. S. & Mindel, C. H. (1987). *Aging and Ethnicity*. Newbury Park, CA: Sage.

Millán, T. R. A. (2000). *Communicación intercultural: Fundamentos y Sugerencias*. Retrieved September 9, 2004, from http:// www.geocities.com/tomaustin_cl.

Mitchell, B. (1998). Too Close for Comfort? Parent's assessment of 'Boomerang Kids' living arrangements. *Canadian Journal of Sociology*, 23:1.

Pérez Guerra, A. (2003, February). Chile: Cronología de la dictadura. *El Latinoamericano*. Retrieved March 5, 2004, from http://www.ellatinoamericano.cjb.net/.

Rodrigo Alsina, M. (2004). *La communicación intercultural.* Retrieved September 9, 2004, from http://www.blues.uab.es/incom/2004/cas/rodcas.html.

Samovar, L. A., Porter, R. E., & Jain, N. C. (1981). *Understanding Intercultural Communication*. Belmont, California: Wadsworth Publishing Company.

Sosoe, L. K. (2002). Multiculturalisme, démocratie et diversité humaine. In: L. K. Sosoe (Ed.), *Diversité humaine: démocratie, multiculturalisme et citoyenneté*. Saint-Nicolas, QC: Les Presses de l'Université de Laval, 3-27.

Sotomayor, M. & Applewhite, S. R. (1988). The Hispanic Family and the Extended Multigenerational Family. In S. R. Applewhite (Ed.), *Hispanic Elderly in Transition*. New York: Greenwood, 121-133.

Soucy, O. (1999). *Programme de formation - Soins Infirmiers ethnoculturels en gériatrie*. Québec: Institut universitaire de gériatrie de Montréal.

Statistics Canada. (2001). *Seniors in Canada*. Retrieved December 3, 2004, from http://www.statcan.ca/english/freepub/85F0033MIE/85F0033MIE01008.pdf.

Stier, J. (2004). Intercultural Competencies as a Means to Manage Intercultural Interactions in Social Work. *Journal of Intercultural Communication*, 7. Retrieved December 14, 2004, from http://www.immi.se/intercultural/nr7/stier.htm.

Stoiciu, G. & Brosseau, O. (1989). *La difference. Comment l'écrire? Comment la vivre? Communication internationale et communication interculturelle.* Québec: Humanitas.

Thomas, D. (Summer 2001). Evolving Living Arrangements of Canada's Immigrants. *Canadian Social Trends*, 6-7.

Ujimoto, K. V. (2001). Aging in a Multicultural Society: Public Policy Considerations. In S. E. Nancoo (Ed.), *21st Century Canadian Diversity*. Mississauga, ON: Canadian Educators' Press, 238-253.

Wikipedia. (2001). *Transculturation.* Retrieved April 11, 2005, from http://en.wikipedia.org/wiki/Transculturation.

Zerda, M. C. (2000). *Plan Consulta sobre la situación de las personas de edad en Bolivia*. La Paz, Bolivia: HelpAge International.

APPENDIX 1

Table 1 – Population of Latin American Immigrants in 1986 – Province of Quebec

Latin America	Population in Quebec
South America	16 925
Central America	7 310
TOTAL	24 230

Source: Institut de la Statistique Québec, 1986

APPENDIX 2

Table 2 - Population of Latin American Immigrants in 2001– City of Montreal

Nationality	Population in Montreal
Salvadorians	7 985
Chileans	4 855
Guatemalans	3 370
Argentineans	1 630
Hondurans	1 225
Peruvians	4 070
Dominicans	2 105
Mexicans	1 730
Colombians	1 690
Nicaraguans	1 210
Venezuelans	1 200
Bolivians	870
Cubans	860
Panamanians	790
Uruguayans	745
Ecuadorians	425
Costa Ricans	255
TOTAL	35 015

Source: Institut de la Statistique-Québec, 2001

APPENDIX 3

Table 3 - Population according to age groups – City of Montreal, 1986-2001

	2001	%	1996	%	1991	%	1986	%
Population totale	1 812 540	100,0	1 775 955	100,0	1 775 860	100,0	1 752 585	100,0
0-4 years	95 640	5,3	106 895	6,0	100 850	5,7	93 760	5,3
5-9 years	100 780	5,6	94 830	5,3	89 175	5,0	91 665	5,2
10-14 years	94 055	5,2	89 720	5,1	92 520	5,2	91 240	5,2
15-19 years	98 675	5,4	100 715	5,7	99 300	5,6	116 080	6,6
20-24 years	140 390	7,7	127 455	7,2	141 710	8,0	172 130	9,8
25-34 years	279 425	15,4	304 155	17,1	336 010	18,9	325 945	18, 6
35-44 years	295 215	16,3	287 230	16,2	271 340	15,3	242 600	13,8
45-54 years	254 105	14,0	227 945	12,8	205 085	11,5	198 155	11,3
55-64 years	177 800	9,8	172 835	9,7	187 765	10,6	196 660	11,2
65-74 years	148 860	8,3	152 320	8,6	148 605	8,4	136 155	7,8
75 years and older	127 595	7,0	111 855	6,3	103 500	5,8	88 195	5,0

Source: Statistique Canada, Recensement 2001, 1996, 1991, 1986

APPENDIX 4

Table 4 -The Quebec Pension Plan (QPP)

Recipient age	Rates paid	Maximum monthly amount
60 years	70%	$569.92
61 years	76%	$618.77
62 years	82%	$667.62
63 years	88%	$716.47
64 years	94%	$765.32
65 years	100%	$814.17
66 years	106%	$863.02
67 years	112%	$911.87
68 years	118%	$960.72
69 years	124%	$1,009.57
70 years or more	130%	$1,058.42

Source: Government of Quebec, Flash Retirement Quebec, 2004.

APPENDIX 5

Table 5 -The Surviving Spouse's Pension

Your Age	Your situation	Surviving spouse's maximum monthly pension
45 and under	Without dependent children	$403.18
45 and under	With dependent children	$660.12
45 and under	Disabled, with or without dependent children	$687.45
From 45 to 54		$687.45
From 55 to 64		$704.90
65 or over	You do not receive a pension benefit	$488.50

Source: Government of Quebec, Flash Retirement Quebec, 2004.

APPENDIX 6

Interview with CLSC Social Workers

1) Qu'est-ce que c'est le CLSC et comment se finance-t-il?

SW1 : Le CLSC c'est un centre local de service communautaire financé par le gouvernement du Quebec. C'est un organisme parapublic chapeauté par l'agence de dévelopement des services de santé et services sociaux de Montréal.

SW2 : Mais maintenant, il y a des chagements et ça va être..la nouvelle nomination ça va être quoi?

SW1 : C'est ça la nouvelle nomination c'est l'agence de santé et services sociaux et étant donné qu'on est dans une période de fusion des établissements, les CLSCs, notre CLSC, le CLSC Saint-Louis du Parc va fusioné avec deux autres CLSC, le CLSC de Faubourg et le CLSC du Plateau Mont-Royal et on va devenir une autre identité mais on donne les mêmes services. On va continuer à donner les mêmes services qu'on donnait avant...jusqu'à date. Mais, c'est juste un changement d'orientation. C'est le gouvernement, le nouvean gouvernement Libéral qui en place et qui a decidé de fusioner certains etablissement et on va être fusioné aussi avec d'autres centres hospitaliers de soins de longue durée. Ben, pour le gouvernement c'est une question d'économie d'argent. On verra comment ça va être les résultats de tout ça. Si vraiment ça va être une économie ou probablement un autre bouleversement dans le quotidien des gens malades et âgées et qui ont besoin.

2) Quels sont les types de services et de programmes que vous offrez aux personnes âgées à Montréal?

SW1 : C'est ça parce que les CLSC sont plutôt accessire les besoins d'une population donnée. C'est pour ça qu'on décerne une population, un secteur par rapport à un autre CLSC qui décerne un autre secteur, une autre population. Fait qu'ils sont tres axés sur les besoins du quartier et les services peuvent être differents d'un CLSC à l'autre mais il y a quand même des services de base.

SW2 : Services de maintien à domicile et des services ambulatoires.

SW1 : On a en faite deux programmes. On a les services maintien à domicile qui visent l'autonomie des gens à domicile, garder les gens à domicile le plus longtemps possible. Et, il y a les services qu'on appelle ambulatoires pour les gens qui sont mobiles et qui peuvent se deplacer et aller au CLSC recevoir les services sur place. Pour les maintiens à domiciles pour les personnes âgées et les personnes handicappés ou les personnes post-opératoires et post-hospitalisés, c'est un gros la clientèle du maintien à domicile. Pour cette clientèle-là, on a des services médicaux, services psycho-sociaux, services de physiothérapie, ergothérapie, services d'aide à domicile donnés par des auxiliaires familiales comme par exemple aide au bain, aide à la préparation des repas, quoi

d'autre...aide aux courses, aussi l'entretien ménager en utilisant des organismes communautaires qui viennent en aide pour le, des organismes communautaires avec lesquels on travaille pour venir en aide aux personnes âgées à domicile. Est-ce que j'ai oublié quelque chose, SW2?

SW2 : Non.

SW1 : Il y a toute une equipe multidisciplinaire qui se déplace et qui rend des services aux gens qui sont en perte d'autonomie soit une perte d'autonomie permanente ou soit une perte d'autonomie temporaire comme par exemple les gens post-hospitalisés et post-opératoires. On peut aller à domicile aussi rendre certains services à ces gens-là.

3) Et les services quand ils vont là-bas, quels sont les services offerts?

SW2 : En tout cas, il y a comme on a dit, les services courants qu'on a changé un peu le nom et c'est le service ambulatoire. Donc, ça s'adresse à toutes les personnes du secteur qu'on les sert (qu'on deserre) mais qui sont capable de venir au bureau pour demander des services. Il y a des services médicaux, psycho-sociaux, même il y a des services communautaires que ce dont on va utiliser et à l'interieur de ça on s'adresse à differentes clientèles. On a enfance-famille, enfance 0-5 ans, peri/post-natale, toute la question de suivi pre et post-natale. On a des services courants pour les adultes. Donc, il a des services psycho-sociaux, de première et de deuxième ligne pour les adultes qui peuvent venir ou les personnes âgées. Donc, au niveau des services courants, il n'y a pas de limite d'age. Toute personne qui est capable de venir au service, il est accueilli. Et l'autre chose c'est qu'il y a aussi des services communautaires donc des activités de groupe selon les besoins qui vont se donné. Il y a aussi des services sociaux qui se donnent au niveau des écoles pour les écoles qui sont dans le quartier et aussi dans les garderies du quartier. Ça c'est des services que c'est aussi le programme de services ambulatoires qui a des intervenants soit médecins, infirmières, travailleurs sociaux, travailleurs communautaires qui vont s'occuper de cette clientèle-là.

SW1 : Oui, il y a même aussi la prévention dentaire dans les écoles assurées par une hygiéniste dentaire...dans les écoles primaires et aussi dans les garderies. Ça c'est une employer du CLSC qui assure ce service-là.

4) Est-ce qu'il y a des services spécifiques pour les latino-américains ou pour les haïtiens ou pour les juifs, italiens, etc?

SW2 : Ce que le CLSC a fait, en tout cas, c'est d'engager des professionels dans tous les domaines qui parlent, à part le français, parlent d'autres langues justement pour que la clientèle puisse venir obtenir les services. Ça a aider beaucoup. À n'importe quel niveau finalement, il peuvent venir et obtenir les services dans leur langue. Ça a été une des priorités qu'on a tenu compte parce que dans le secteur ou SW1 travaille encore, il y a beaucoup de population qui vient de l'extérieur du Canada. Oui, une grosse partie c'est des francophones mais après ça, c'est par exemple la communauté portugaise est très

significative. C'est la concentration la plus grande à Montréal. Après on a la latino-américaine. On a des gens du Sud-Est Asiatique. Il y a des gens de l'Europe de l'Est, etc.

SW1 : Des grecs aussi...communauté juive, la communauté juive de différents pays. Mais, on a pas aucun service spécifique pour une population issue d'une communauté culturelle. On essaye un peu d'adapter le service et d'être à l'ecoute de ces gens-là selon qu'est-ce qu'ils...comment est-ce qu'ils vivent leur problème et en donnant des services parfois dans leur langue pour pouvoir comprendre qu'est-ce qu'ils vivent. Mais, les services sont les services de base qui sont donnés à tout le monde, à toute la population du quartier.

5) Quel est votre emploi et en quoi consistent vos tâches?

SW1 : Moi, je suis travailleuse sociale. Je fais partie de l'équipe de maintien à domicile CLSC et j'offre des services psycho-sociaux aux personnes âgées, personnes handicappés physique, personnes atteintes du sida, personnes post-opératoires et post-hospitalisés. On va à domicile et on fait une évaluation de besoins. On peut faire un suivi par rapport à une demande spécifique, je ne sais pas, un problème personnel. S'il y a quelqu'un qui vit un problème personnel, des difficultés personnelles, on peut être présent pour accompagner la personne. On peut faire des références à des organismes communautaires pour des services. On peut faire la demande au CLSC pour la mise en place des services d'aide à domicile. On a mis sur pied une résidence pour personnes âgées en perte d'autonomie mais qui n'est pas encore accessible au centre d'accueil. C'est intermédiare entre un logement privé et un centre d'accueil. C'est une résidence qui a des logements accessibles adaptés aux personnes âgées mais sans services, par exemple, sans services de repas. La personne, elle peut vivre autonome dans son logement mais avec les services du CLSC. Il n'y pas de services à la residence, non. Et, en tant que travailleuse sociale, on peut jouer plusieurs roles. On peut être consultant comme on peut être thérapeute comme on peut être...comme on peut les aider dans leur organisation matérielle aussi. Ça fait partie...une bonne partie de notre travail c'est aider les gens à pouvoir s'organiser dans le quotidien. C'est très large notre travail. On peut être aussi...on joue souvent un rôle de « advocacia » (portugués)...toujours être attentif aux droits des personnes, principalement les personnes démunies. On essaye de couvrir tout l'environnement de la personne et essayer de la guider, de l'accompagner, faire en sorte qu'elle va vivre d'une façon sécuritaire, confortable en ayant tous les droits qu'elle peut avoir en tant que citoyen, qu'être humain.

6) Et vous qu'est-ce que vous faisiez?

SW2: Moi, dans le cas de mon travail j'ai travaillé dans différents programmes. À un moment donné, j'étais dans l'équipe santé mentale, après c'était enfance-famille, après c'était le psycho-social première et deuxième ligne et à un moment donné, j'ai travaillé plus avec les femmes victimes de violence. Et dans ces différents programmes, il y avait toujours des gens de différents âges mais quand j'ai travaillé avec les femmes victimes de violence ou les adultes parce que adultes, c'était de 18 en montant, oui il y avait aussi des cas de personnes âgées comme SW1 dit mais qui étaient capables de venir au CLSC et qui aussi vivaient différents problèmes par exemple des gens qui avaient besoin un

logement disons et que à un moment donné oui il fallait les aider à monter leur dossier pour qu'ils puissent accéder par exemple à la residence qu'avait aider le CLSC pour qu'on l'aille ou à un niveau de leur droit par exemple si c'est la question de l'aide social, la question de supplément au revenue, etc, pour que la personne puisse avoir un minimun de condition économique pour vivre. Ou des fois c'était au niveau de la relation interpersonnelle parce que par exemple les enfants qui sont venus et qui ont parrainés leurs parents ou juste la grand-maman mais qui des fois ça devenait un peu difficile parce que chacun a son système de valeur et pour la personne âgée des fois c'est très difficile à se vraiment à s'adapter à ce niveau et accepter les valeurs des autres. Tandis que pour les plus jeunes, ça s'est beaucoup plus facile et pour les petit-enfants encore c'était beaucoup plus facile. Et aussi le fait que les personnes âgées ne parlent pas la langue finalement, ne pouvait pas apprendre le français donc il fallait toujours un intermédiaire soient leurs enfants ou leurs petit-enfants. Et des fois à ce niveau aussi il y avait des conflits. Donc, il fallait jouer le role d'interprète et accompagner aussi les gens parce que quand ils venaient par exemple pour les services médicaux, oui il avait des médecins qui parlaient d'autres langues mais quand le médecin avait besoin il fallait aussi finalement jouer le rôle d'interprète, d'accompagnateur de la personne pour qu'il puisse communiquer et savoir comment agir.

7) Pensez-vous que la manière dont les latino-américains traîtent les personnes âgées dans leurs familles est différente de celle des canadiens-nées au niveau familial et interpersonnelle?

SW1 : Je pense que SW2 a déjà mentionné aussi dans certaines familles latino-américaines, il y a quand même des problèmes vis-à-vis les rapports avec les générations plus jeunes. Les personnes âgées arrivent ici et parfois arrivent déjà âgée et sont très attachés à leur valeurs culturelles mais vont co-habiter, la plupart des personnes âgées sont parrainés comme SW2 a dit par un enfant, et viennent, vont co-habiter avec les petit-enfants et c'est là que ça devient un problème quand même assez important pour ces personnes âgées-là de vivre certains conflits avec les petit-enfants parce que c'est difficile pour eux d'accepter la façon comme les jeunes vivent ici vis-à-vis leur valeurs culturelles. Je ne sait pas si ça a repondu à ta question?

8) Pour les latino-américains, envoyer leurs personnes âgées dans des résidences est-ce quelque chose de commun? Est-ce une décision difficile pour les membres de la famille?

SW1 : Oui, oui, mais c'est ça tu as mencionné un point que je voulais développer vraiment parce que quand arrive une perte d'autonomie importante chez les personnes d'origine hispanique, la famille a beaucoup de difficulté à accepter le placement dans la famille qui est la personne âgée elle-même. Pour la communauté francophone, la communauté quebecoise ça fait partie de leur valeur. Ils vont placer une personne âgée beaucoup plus facilement. Ils acceptent ça très facilement mais la communauté hispaniques mais aussi d'autres immigrants aussi qui ont beaucoup de difficulté à accepter. Les personnes âgées s'adaptent difficilement à ces centres-là et la famille vit **beaucoup** de difficulté quand ils placent les personnes âgées. Le pourcentage de

personnes âgées d'autres ethnies, d'autres communautés culturelles est beaucoup plus faible que les gens d'ici.

SW2 : Oui, parce que en general, c'est que l'autre chose c'est qu'aussi si la personne a été parrainé par ses enfants normalement ils faut qu'ils s'occupent du parent âgée. Et pour les parents âgées c'est contre les valeurs. Moi, je me suis occupé de mes enfants jusqu'au moment où ils se sont mariés ou plus loin donc comment ils vont faire pour me placer. Donc ça, ça c'est pas accepter non plus. C'est vraiment comme SW2 dit quand la situation devient très lourde pour la famille oui ils vont accepter cette décision mais en général c'est trop dure. Ce que j'ai trouvé dans le cas que j'ai eu c'était qu'il y avait des personnes âgées que moi je voyait qui vivaient avec des difficultés mais disaient non mes enfants viennent me visiter...même s'ils étaient en logement toute seule...des gens de 70, de 80 ans...non je m'en occupe...mes enfants m'apportent des choses préparées. Non, je suis capable de venir voir le médecin. Donc, c'était comme très difficile d'accepter qu'il y avait des pertes concrètes au niveau physique même des fois des pertes de mémoire quand c'était difficile à se deplacer et tout mais pour la personne c'était tant que je peux me débrouiller, ça va aller mieux. C'est comme ça fait partie de leurs valeurs et aussi le fait de se se garder actif. Donc, ils vont avoir la tendance, oui, de continuer à rencontrer les enfants et tout ça et aussi à s'approcher des groupes. Je pense même s'ils n'ont pas beaucoup de famille, ils vont s'engager à des activités, à des choses juste pour montrer qu'ils sont encore capables. C'est comme le moment que je vais être forcé à vivre dans une place, c'est très difficile, tu vois, ma liberté est coupé à quelque part parce que chez eux ça se passe pas comme ça.

8) Selon votre expérience en tant qu'intervenante, quelles sont les tendances, les problématiques que les personnes âgées latino-américaines ont d'habitude? Sont-elles différentes à celles des canadiens-nées?

SW2: En tout cas, ce que je trouvais par exemple c'était des gens que oui ont vécu une certaine période avec leurs enfants. Ils sont arrivés en tant que parrainés par exemple et voyaient que les conflits devenaient de plus en plus lourds et insistaient pour trouver une place pour vivre seul. Donc, il y a eu des gens qui demandaient de l'aide pour justement se trouver un logement même si on voyait c'était des personnes âgées. C'est comme de cette façon je vais régler les difficultés de communication que j'ai avec la famille. Donc, il y avait ça. L'autre chose c'était aussi le fait que la personne âgée ne connaît pas ses droits. Donc, ça c'est des choses importantes à clarifier. Oui, la personne était parrainée mais à un moment donné le parrainage finissait mais si la personne par exemple demandait l'aide social, il fallait qu'elle comprenne qu'elle avait un montant d'argent qu'elle pouvait disposée parce que c'était la crainte : « oui, on m'envoit de l'argent mais est-ce que quelqu'un va venir contrôler ça ». Donc, il fallait leur montrer comment gérer ça finalement oui mettez pour oui vos dépenses de loyer, d'électricité, etc. Mais, vous avez droit à gerer ça. L'autre chose au niveau de votre santé, oui, il y a des suivis qui se font et leur faire comprendre l'importance de l'heure parce que c'est une des choses que c'est difficile pour les gens, des nouveaux arrivants, de voir qu'on respecte l'heure. Ça c'etait des choses à insister. Mais était en general des gens qui acceptaient bien qu'on le montre des choses, tu vois. Et aussi le fait que juste de les accueillir, parler dans leur

langue, meme des fois pour des choses qui étaient très simples, on leur donnait l'explication, on leur fournissait les renseignements, c'était assez suffisant. Tu avais remplis leur journée. C'était comme leur façon de socialiser. Donc, c'était pas nécessairement des problèmes lourds. Oui, il y avait d'autres situations par exemple des gens qui étaient pris avec des problèmes de dépression, des personnes qui sont venus et on perdu des enfants, des choses comme ça. Oui, dans ce cas, c'était beaucoup plus difficile de faire le deuil par exemple. Donc, tu les voyais plus souvent et tout ça. Mais, c'était comment les accueillir. Ça jouait beaucoup pour que la personne puisse reprendre sa vie en main.

SW1 : Oui, et pour compléter ce que SW2 disait aussi...Je trouve que dans les communautés hispaniques et d'autres communautés culturelles ici à Montréal, d'après l'expérience qu'on a eu, c'est que les enfants ont beaucoup plus tendance à prendre en charge les parents âgées. Ils vont s'occuper des parents beaucoup plus longtemps parce que ça ne fait pas partie de leur habitude de vie de placer une personne âgée. Je ne sais pas si parce que dans d'autre pays l'organisation de santé et de services sociaux n'est pas aussi développer qu'ici. On ne trouve pas autant de centres et autant de services quand une personne âgée devient en perte d'autonomie importante. Je pense que c'est pour ça qu'on a beaucoup plus tendance à prendre en charge les parents parce qu'ils n'ont pas l'habitude de fréquenter ces centres-là.

9) Selon votre expérience, existe-il des cas d'abus physique, emotif et/ou financier dans les familles latino-américaines?

SW1 : Oui, ça peut arriver que les enfants qui prennent soin des parents âgées en perte d'autonomie importante peuvent avoir des moments de stress importants et c'est dans ce moment-là qu'ils peuvent parfois parler d'une façon non-respectueuse envers ces personnes âgées. Et il y a aussi certains cas d'abus financier. En étant âgée, les enfants pensent qu'ils peuvent aussi prendre en charge la situation financière des parents et là les parents âgées restent à la mercie des enfants, quand est-ce qu'ils peuvent avoir un peu d'argent. Ça arrive.

SW2 : On peut pas dire c'est beaucoup mais on a vu des cas.

SW1 : C'est généralisé mais on a vu des cas d'abus comme ça.

SW2 : Surtout abus financier.

SW1 : Oui, surtout au niveau financier.

SW2 : Le fils ou la fille va decider oui tu as ton revenu oui mais ton revenu c'est moi qui le gère. Donc, c'est... je me souviens d'une personne qui à un moment donné elle avait une assurance à payer mais elle n'était pas au courant qu'est-ce que ça veut dire une assurance. C'était une assurance vie. C'était pas beaucoup mais quand même de son budget, elle devait mettre une partie. Tu vois c'était comme...la personne ne comprend pas pourquoi on doit envoyer ce chèque à chaque mois. Donc, je pense qu'il y a pour

certaines situations que des fois qui sont beaucoup plus difficiles à vivre mais en général je pense que les enfants essayent de protéger leurs parents. Ils font beaucoup plus ça que du mal...les accompagner. Même des fois quand, je me souviens quand il y avait, par exemple, le cas d'une dame diabétique, tu vois. Le fils, la fille et les petits-enfants, tout le monde était occupé. Mais le jour qu'elle pouvait venir au bureau parce qu'ils avaient peur qu'elle se perde, qu'elle s'égare quelque part, donc, c'était n'importe lequel qui avait le rôle d'accompagnateur attendait. Il ne voulait pas parler avec le médecin parce qu'il disait non non vous la connaissait et vous allez l'expliquer tout et elle aussi préférait ça. Mais les autres attendaient, soit une demi-journée, n'importe combien de temps jusqu'au moment qu'elle finisse toutes ces démarches après on la ramène à la maison. Tu vois c'était comme on la laisse faire toute seule.

Carmen : C'est plus protecteur.

SW1 : Oui, un rôle protecteur envers ces gens.

10) Selon votre expérience, quelles sont les plus grandes inquiétudes que vous avez pour le future des personnes âgées latino-américaines?

SW2 : En tout cas, moi c'est que je pense à ce niveau pas nécessairement des inquiétudes mais c'est juste que probablement ça va comme SW1 l'a mencionné ça va demander beaucoup plus aux enfants le moment qu'on réalise que le parent est devenu sénile, que le parent n'est plus capable de faire des choses et que physiquement est limité à cause des maladies, etc. Et c'est à ce moment-là comment travailler pour que la transition se fasse et que les choses soient acceptés quand il y a des situations extrêmes où la personne ne peut plus rester à la maison. Par exemple, une situation d'alzheimer. Si tout le monde travaille, c'est très difficile. La personne a besoin de soins 24 heures sur 24. Donc, comment gérer ça. Je pense que c'est plus à ce niveau probablement voir...parce que les services sont là le système peut nous aider mais c'est plus comment ces gens vont vivre finalement ce détachement, comment ils vont faire le deuil de cette rupture parce que pour les autres c'est une rupture et c'est aussi aller à la rencontre de leurs valeurs. C'est tout ensemble.

SW1 : Pour compléter qu'est-ce que SW2 a dit, c'est qu'il y a l'épuissement des aidants naturels et d'habitude les aidants naturels ce sont les membres de la famille. Ils ne font pas beaucoup appel au service de santé et services sociaux qu'on a et arrive à un moment donné qu'ils sont epuissés et c'est là qu'on voit comment est-ce que les enfants peuvent parfois meme perdre la patience auprès des parents âgées et malades parce qu'ils sont epuissés parce qu'ils ne font pas appel aux services de santé. Je ne sais pas si SW2 a cette experience-là mais moi...c'est ça les enfants ne font pas appel aux services, à nos services, services de santé et services sociaux quand ils ont un charge des parents âgées et malades à domicile et ils deviennent très epuissés. Moi, je me demande pourquoi ils ne font pas appel. Est-ce par méconnaissance? Ou parce que le service ne correspond pas non plus à leurs ententes? Parce que c'est des valeurs différentes que les gens ont qui ne correspond pas vraiment aux valeurs d'ici. Fais que je me demande si parfois c'est à cause de ça qu'ils ne font pas appel à nos services.

11)Comment les personnes âgées latino-américaines et leur famille connaissent-ils les services et programmes offerts par le CLSC?

SW2 : En tout cas, la situation c'est que normalement à chaque année les CLSC, dans tous les CLSC, il y a une assemblée annuelle. Donc, les gens de la communauté sont invités à participer à cette assemblée annuelle. On leur informe quels sont les programmes, les services offerts. Aussi, quand il y a des choses spécifiques, on peut envoyer du courrier ou dans les...il y a toujours des journaux de quartier...on met les annonces et meme on essaye de mettre des choses dans les journaux de differents communautés dans la langue des personnes. Comme ça, ils vont savoir quelle sorte de services ils peuvent avoir. Mais, c'est comme...c'est la crainte aussi des gens je pense au niveau de leur intimité. Du moment que je vais aller demander des services, ils vont me poser des questions et je vais être obligé de ventiler des choses. Et c'est cette crainte parce qu'on est secret. On se dit ah mais ils vont savoir tant de choses sur moi. Parce qu'au depart pour tous les services, nous sommes obligés comme SW1 avait mencionné auparavant de faire une évaluation, une évaluation globale du niveau de condition de vie, la relation familiale, etc. Donc, on pose beaucoup de questions et ce...même moi des fois, je me suis rendu à domicile justement pour ramasser plus d'information et justement voir quels autres services on peut donner parce quand ils viennent au bureau, oui on a une impression mais c'est différent quand on complète ça avec une visite à la maison ou à l'appartement où la personne demeure.

SW1 : C'est la où on connaît le milieu de vie des gens et on est plus en mesure d'évaluer leurs besoins. SW2 a parlé de tous les moyens que les gens ont pour connaître les services et c'est aussi d'une façon quand même parfois plus bouche à oreille. C'est quelqu'un qui a reçu un service qui parle à l'autre et de cette façon aussi on a plusieurs références. Parce que les services que le CLSC offrent peuvent être....n'importe qui peut apppeler le CLSC pour avoir un service soit pour soi-même, soit pour un voisin, soit pour un ami, soit pour une personne de la famille en autant que cette personne-là qui a besoin de service ait donnée son consentement. Mais n'importe qui peut appeler le CLSC pour demander un service. Si moi, je connais mieux le service que mon voisin ben je peux appeler le CLSC pour lui mais avec son consentement par exemple.

SW2 : C'est très important parce que si quelqu'un appelle et dit : «Vous savez mon voisin a tel problème pourquoi le CLSC n'accorde pas de service. On dit : « Ecoutez, dites à la personne d'appeler ou bien il peut se rendre s'il est capable de venir ou bien qu'il vous autorise à nous dire parce que nous on va vous poser des questions...le nom, l'adresse, etc pour ouvrir un dossier. Dans ce cas c'est toujours la question de finalement avoir accès à des informations de base mais avec l'autorisation de la personne.

12) Est-ce qu'il existe des services de support, des systèmes de support pour les familles de différentes communautés ethniques qui trouvent difficile de placer leur personnes âgées dans une résidence pour personnes âgées mais qui doivent le faire?

SW1 : À quelles personnes? Aux personnes âgées ou à la famille?

Carmen : Aux personnes âgées et à la famille.

SW1 : Oui parce que dans tous les processus de demande, d'évaluation, de placement, on informe la famille et on accompagne la famille aussi. Ce sont les travailleurs sociaux qui font ce travail-là. D'abord d'évaluer...faire l'évaluation pour une demande de placement et aussi pour accompagner la famille et la personne qui doit être placée dans son cheminement aussi. Oui, on offre un support psychologique, un support moral à ces gens-là pour les aider à traverser parce que c'est une période quand même très difficile, c'est une grande décision tant pour la personne âgée que pour la famille et comme c'est un processus qui peut durer quelques mois, dans tout ce temps-là, on les aide à vivre cette période, on leur offre un support psychologique.

SW2 : Oui, l'autre chose c'est aussi que quand les gens vont être placée finalement ça dépend de la quantité d'heures de service qu'ils vont avoir. C'est pas tout le monde qui va aller dans un même centre d'accueil parce que les centres d'accueil ont un certain système en fonction de temps d'heures de service que la personne doit recevoir et c'est le travailleur social qui va les aider à travailler la dedans et voir c'est quelle sorte de centre où la personne va être mieux servis.

SW1 : Oui, parce qu'il y a différents centres d'accueil partout ici au Québec et les centres d'accueil vont recevoir les gens selon le niveau de perte d'autonomie, selon le niveau de service, de soin et de service que la personne a besoin. Et dans ce cas-là, comme SW2 a dit, on informe la famille de différents centres d'accueil et on les invite même à visiter ces centres d'accueil avant pour qu'ils puissent avoir quand même une idée du milieu de vie où la personne va être placée. Et qu'est-ce que nous on fait pour un peu aider les gens à s'habituer à l'idée à un moment donné d'être placée, on les incite beaucoup à aller à un hébergement temporel. Il y a des centres d'accueil qui offrent de l'hébergement temporel. Ça peut être une semaine, comme deux semaines, comme trois semaines pour que la personne âgée puisse un peu voir qu'est-ce que c'est un centre d'accueil et pouvoir avoir l'idée de comment est-ce qu'elle va vivre dans ce centre-là. La plupart des gens quand ils vont dans ces hébergements temporels, c'est la qu'ils prennent vraiment la décision à un moment donné d'être placée. C'est une période de transition pour eux les hébergements temporels.

13) En général, quel est l'état de santé des personnes hispanophones selon votre expérience? Est-ce qu'ils sont plus autonomes?

SW2 : En tout cas, la situation c'est que quand la personne va venir, quand la famille fait la demande par exemple pour qu'elle vienne comme résidente parrainée normalement ils vont passer un examen médical là-bas dans leur pays d'origine. Donc, il a déjà un dossier médical et la personne doit compléter certaines démarches. Donc, l'immigration au départ connaît l'état de santé de la personne même si elle est parrainée. Maintenant, une fois arrivé ici, ça va être la famille qui va essayer de voir si on va amener le patient selon le besoin qu'il a. Par exemple, s'il y a une personne qui a des problèmes de diabète, des problèmes cardiaques, des choses qui sont déjà finalement dans son quotidien. À ce

moment-là, c'est la famille qui va s'occuper de les amener vers le service pour que la personne puisse recevoir le service et aussi essayer de trouver des intervenants qui parlent la langue pour faciliter les choses. En tout cas, dans le secteur où je travaillais c'était ça. Il y avait beaucoup de médecins hispanophones de même de différentes spécialités, des dentistes, etc. Donc, c'était facile pour les gens de s'adresser là et au CLSC aussi il y avait des médecins qui parlaient différentes langues et ça leur donne beaucoup de confiance et ils savent qu'ils peuvent venir, qu'ils ont leur rendez-vous, ont leur suivis et tout.

SW1 : Moi, je ne vois pas de différence des problèmes de santé chez les gens de différentes communautés ethniques. Les problèmes de santé physique sont aussi generalisé pour toutes les personnes âgées. C'est beaucoup de problèmes cardiaques, beaucoup de problèmes pulmonaires, beaucoup de maladies chroniques, dégénératives, arthrite, artrose, ostéoporose…on voit beaucoup de ces problèmes physiques parmi les personnes âgées…des problèmes cognitifs aussi, des pertes cognitives c'est, on voit dans toutes les personnes âgées de n'importe quelle groupe ethnique...problèmes d'alzheimer aussi…des problèmes psychologiques aussi. Des gens qui on ont vécu des difficultés d'adaptations ici, qui ont toujours un point de référence dans leur pays d'origine, qui vit des difficultés vraiment psychologiques très fortes par rapport à ça, qui n'ont pas parfois jamais adapter vraiment ici, qui vivent aussi vraiment comme ils étaient de passage, de transition, qui ont toujours l'idée qu'un jour ils vont retourner dans leur pays d'origine. C'est gens-là en souffrent beaucoup, beaucoup. Fais que des problèmes physiques, cognitifs, psychologiques, des problèmes aussi de santé mentale, on voit parce que chez les personnes âgées, c'est parfois difficile de voir jusqu'à où vont les problèmes de santé mentale et la démence. Mais il y en a quand meme beaucoup des cas de gens qui ont la schizophrénie, plusieurs problèmes de santé mentale, psychose, dépression majeure parce qu'on a difficulté et ont la difficulté de s'adapter ici, des gens qui n'ont pas jamais appris les langues d'ici qui vivent dans leur monde à eux et qui en souffrent beaucoup parce que la difficulté à pouvoir communiquer avec les gens. Parfois j'accompagne mes collègues de l'équipe médecin et infirmière, ergo, physio à domicile, les gens ne sont pas capable de connaître leur état de sante, qu'est-ce qu'ils vivent parce que ils ne sont pas capables…ils ne parlent pas la langue, ni le français ni l'anglais. Fais que quand on accompagne, quand on peut accompagner parce que ça fait pas vraiment parti de notre travail, on le fait pour favoriser une bonne communication, faire le lien entre les professionnel du CLSC et les personnes qui sont unilingues et c'est là qu'on facilite beaucoup la connaissance et la compréhension de qu'est-ce qu'ils vivent eux parce qu'ils vivent presque parfois sans savoir leur diagnostique même. Ils ne connaissent pas leur diagnostique parce qu'ils vont chez le médecin dans les hôpitaux et dans les cliniques ils ne savent pas en faite qu'est-ce qu'ils ont. Et j'ai déjà remarquée beaucoup aussi quand on parle de maladie que les gens de certains groupes ethniques, les enfants ne veulent pas faire connaître aux parents leur diagnostique.... principalement s'il y a un prognostique qui indique que la personne à une maladie avec un temps X de vie, les enfants ne veulent pas...préfèrent laisser les gens dans l'ignorance de leur détail de leur diagnostique. Ça arrive souvent dans les groupes ethniques pour des gens qui ne parlent pas la langue d'ici.

14) Pourquoi pensez-vous qu'ils font ça?

SW1: Moi, je pense que c'est pour ne pas voir les personnes âgées soufrir et accepter difficilement les diagnostiques. Je pense que c'est pour les priver de cette souffrance-là qu'ils font ça. Ils font avec une bonne intention, eh?

SW2: Oui, mais moi ce que je trouve c'est malheureux...parce que oui il y a...l'intention des enfants c'est dire on va éviter nos parents de savoir qu'est-ce qui arrive. Mais, c'est la personne qui souffre donc, oui, les autres savent qu'avec ça, oui, la personne des fois a un temps X de vie et que ça va dégénérer. Donc, dans ce sens, c'est mieux que la personne soit au courant de ce qui lui arrive. Par exemple, si tu as une personne qui a un problème de diabète. Oui, on lui dit: "écoutez vous...le médecin dit vous allez maigrir. Vous allez manger telle et telle affaire. On va enlever ça, ça, ça de votre diète." Pour la personne âgée c'est terrible. Mais si tu lui dit c'est à cause de tel problème. Vous avez telle situation et c'est pour ça. Je pense que la personne peut collaborer mieux. Donc, il faut travailler avec la famille finalement. Dans certaine situation, ça demande le consentement de tout le monde pour aider la personne âgée parce qu'on dit, oui, on va enlever les choses mais la personne âgée si elle sort, elle peut toujours continuer à manger du sucre ou quoi que ce soit. Donc, c'est mieux qu'elle sache quels sont les, finalement, les risques. Lui dire: "oui, peut-être il y aura des problèmes de séciter. Vous allez avoir des problèmes...etc." Lui nommer les choses qui peuvent arriver si on change pas sa façon de se nourrir. Donc, pour certains diagnostiques, je pense que c'est important que les enfants soient conscients finalement de parler de la vérité. C'est douloureux. C'est difficile. Il faut des changements d'habitudes même pour toute la famille. Si on mange ensemble, il faut éviter certaines choses pour que grand-maman ne souffrent pas. Ok, donc, ça demande des ajustements. Et aussi, si c'est des maladies beaucoup plus graves, oui, c'est douloureux savoir que les parents souffrent de ça mais en même temps je me dit, au moins il faut que la personne...il y aura des changements dans son corp, donc il faut qu'elle se prépare, qu'elle soit pas surprise. Ce que le médecin leur dit, partager avec la personne.

SW1 : Et en plus, elle a droit de connaître sa réalité aussi.

SW2 : En tout cas, une chose que je voulait ajouter au niveau des problèmes qu'on voit chez les personnes âgées aussi, c'est la solitude. Parce que oui, surtout quand ils demeurent avec la famille... mais les enfants normalement vont aller travailler. Les petits-enfants vont aller à l'ecole. Donc, c'est comment la personne âgée doit remplir sa journée. Parce que même si on leur donne des tâches....Tu vas faire ceci ou cela...mais il y a des moments que la personne âgée est complètement seule. Renfermée dans la maison, c'est pas bon pour sa santé mentale non plus. Et c'est dans ce sens que je pense qu'une des choses qu'on a essayé de faire avec les gens surtout mobiles c'était de les encourager à aller dans les groupes communautaires ou les gens ont des activités dans leur langue. C'est juste pour les aider au niveau de leur santé mentale. Parce que sinon l'isolement devient très lourd pour la personne âgée.

15) Les services offerts par le CLSC aux personnes âgées et/ou aux différentes familles sont-ils tous gratuits?

SW1 : Oui, tous les services du CLSC sont gratuits. C'est comme dans tous les systèmes de santé. Quand on va dans les hôpitaux aussi, les services sont gratuits.

16) Ça dépend pas du revenu de la personne?

SW1 : Non, non. Pour les services de santé et services sociaux, il n'y a pas...l'évaluation pour le revenu des gens. Tout le monde a droit aux services comme dans n'importe quel hôpital, ici aux cliniques.

SW2 : C'est des services universels. La seule chose qu'on va demander quand la personne ou quelqu'un appelle pour la personne à un CLSC, c'est la...disons l'adresse exacte et son code postale parce que chaque secteur donne des services en fonction de chaque CLSC du territoire. Ça c'est important parce que des fois les gens d'un autre secteur par exemple appelle notre CLSC en disant oui je voudrais parce qu'il y a des gens qui parlent ma langue. Mais l'histoire c'est qu'on a des contraintes parce qu'il y a des limites de territoire.

SW1 : On ne considère pas le revenue des gens, mais on considère les secteurs où ils vivent..hahaha...parce que toute la ville de Montréal est deservie par un CLSC. Chaque quartier, chaque secteur de Montréal est deservie par un CLSC.

Carmen : C'est la dernière. Merci beaucoup.

SW1 and SW2 : De rien.

SW1= Social Worker 1
SW2= Social Worker 2

APPENDIX 7

Interview with President of Vida Plena ("Full Life")

1. What makes the Latin American culture different from native-born Canadians in respect to how they treat people that are ageing?
Latin Americans treat older people well. They are more respectful towards older people than native-born Canadians. Respect is part of the Latin American culture. Native-born Canadian children show a lack of respect towards older people.

2. What is the nature and type of programs and/or services you offer to older adults?
The association stresses the exchange of information, mutual support, and conviviality. Every now and then, the association has guest speakers from different organizations that will give them a talk on issues related to older people and social and medical services. The association also organizes parties for special occasions, where people of different generations come together. The group also organizes some outings.

3. Are older Latin American immigrant adults and their family aware of services and/or programs offered to them by your establishment, other establishments, and the government?
Older Latin American people and their families are aware of medical services offered in Spanish by people of Latin American descent but are not aware of community resources and aid for older people.

4. Is it common for Latin American immigrants to send their older family members to old age homes or for older Latin American immigrant adults to live in these types of establishments?
No. You keep your older family members at home with the family. The hospital may be used as a last resort but not old age homes.

5. What is the state of their health?
Their state of health is similar to that of older Native-born Canadians and older people from different ethnic communities. They suffer from high blood pressure, heart problems, Alzheimer, diabetes, depresssion, just to name a few.

6. What plans does your association have for the future? Have you thought of a program or service to improve the living conditions of older people?
I would like to move the group forward. I would like to plan more activities and more outings. I would love to find a location so the group can also meet during the months of January and February, which are the hardest and most depressing months for our members.

APPENDIX 8

Interview Questionnaire for Members of *Vida Plena*

Original Questions in Spanish

1) ¿Usted cree que la cultura hispana es diferente de la canadiense en cuanto a cómo tratan a las personas de edad? ¿Cómo piensa que tratamos a las personas de edad en América Latina comparado con aquí? (para personas de edad)

   -O-

   ¿Usted cree que la cultura hispana es diferente de la canadiense en cuanto a cómo tratan a las personas de edad? Si usted tiene responsabilidad para un familiar anciano, ¿cómo piensa que tratamos a las personas de edad en América Latina comparado con aquí? (para familiares de personas de edad)

2) ¿Usted conoce, sabe...cuáles son los servicios y/o programas que ofrecen diferentes establecimientos y el gobierno para las personas de edad hispanas, los inmigrantes y, en general, para los canadienses? ¿Cuáles son? ¿Está satisfecho/a con estos servicios? (para personas de edad)

   -O-

   Si usted tiene responsabilidad para un familiar anciano, ¿usted conoce, sabe...cuáles son los servicios y/o programas que ofrecen diferentes establecimientos y el gobierno para las personas de edad hispanas, los inmigrantes y, en general, para los canadienses? ¿Cuáles son? ¿Está satisfecho/a con estos servicios? (para familiares de personas de edad)

3) ¿Cómo se ha enterado de esos servicios? ¿Quién le dijo? ¿Cómo supo que existían? (para ambos)

4) ¿Usted piensa que mandar a sus parientes que están envejeciendo a una residencia para ancianos o que las personas de edad hispanas vivan en ese tipo de residencia es algo común en su cultura? (para personas de edad)

   -O-

   Si usted tiene responsabilidad para un familiar anciano, ¿usted piensa que mandar a sus parientes que están envejeciendo a una residencia para ancianos o que las personas de edad hispanas vivan en ese tipo de residencia es algo común en su cultura? (para familiares de personas de edad)

5) ¿Está satisfecho/a con sus condiciones de vida? ¿Si usted pudiera cambiar algo, qué cambiaría? (para personas de edad)

6) ¿Cree que cuenta con los recursos necesarios para vivir a gusto en Montreal? ¿Si usted pudiera cambiar algo, qué cambiaría? (para personas de edad)

7) Me puede explicar un poco cómo funciona esto de los apartamentos subvencionados por el gobierno. ¿Necesita prerequisitos para poder vivir allí? (para la gente que vive en estos apartamentos)

8) ¿Se ha hecho amigos/as con otros vecinos? (para personas de edad)

9) ¿Qué opina de las actividades y los servicios que hay en esta asociación? Le gusta lo que hace aquí? (para personas de edad)

APPENDIX 8 (CON'T)

Interview with Older Latin American People from the Association Vida Plena ("Full Life")

7 focus groups of 5-6 older people each, totalling 40 older people

	1. What makes the Latin American culture different from native-born Canadians in respect to how they treat people that are ageing?
Response A	6 out of 7 focus groups felt that Latin American people are more respectful towards older people than native-born Canadians and that it is part of their cultural values. 1 out of 7 focus groups felt that Latin American people and native-born Canadians are equally respectful towards older people.
Response B	7 out of 7 focus groups felt that Latin American people are warmer and more welcoming than native-born Canadians.
Response C	6 out of 7 focus groups felt that native-born Canadians are more individualistic.
Response D	6 out of 7 focus groups felt that Latin American people have stronger family values and family ties.
Response E	2 out of 7 focus groups expressed that native-born Canadians are very welcoming and do include them. 5 out of 7 expressed they are not.
Response F	1 out of 7 focus groups mentioned being victims of racism.

	2. Are you aware of services and/or programs offered to older Latin American people, immigrants, and in general, to Canadians by different establishments and the government? What are they? Do they meet your needs?
Response A	6 out of 7 focus groups are aware of medical services offered in Spanish by people of Latin American descent but are not aware of community resources and aid for older people.
Response B	7 out of 7 focus groups reported knowing very little about services offered by different organizations such as CLSCs.
Response C	4 out of 7 focus groups know very little about services offered by different organizations such as CLSCs because they live with family members.
Response D	3 out of 7 focus groups are aware of some services offered by CLSCs but do not use them because the pamphlets they received at home describing their services are not appealing to them. They are too impersonal.
Response E	4 out of 7 focus groups know about some services offered by CLSCs by word of mouth but have not necessarily used them.
Response F	1 older person in 1 out of 7 focus groups is aware of all services offered to older people in the Montreal region.
Response G	2 out of 7 focus groups mentioned that their families used respite services offered by CLSCs to natural caregivers, but they felt that these replacements were not very friendly.
Response H	3 out of 7 focus groups are aware of government-funded apartment buildings.
Response I	2 out of 7 focus groups are aware of government-funded apartment buildings but find them too expensive.

	3. How did you find out about it? Did somebody tell you about it?
Response A	1 older person in 1 out of 7 focus groups found out about all services offered to older people in the Montreal region by a neighbour.
Response B	3 out of 7 focus groups found out about services offered by CLSCs through pamphlets they received at home.
Response C	3 out of 7 focus groups found out about services offered by CLSCs by word of mouth.
Response D	3 out of 7 focus groups found out about government-funded apartment buildings by word of month or through a CLSC.

	4. Is it common for Latin American immigrants to send their older family members to old age homes or for older Latin American immigrant adults to live in these types of establishments?
Response A	6 out of 7 focus groups reported that this is not common and that older family members live with their families until they pass away.
Response B	6 out of 7 focus groups reported that this is not common and that older family members in Latin American families live longer with the family than older family members in native-born Canadian families.
Response C	6 out of 7 focus groups reported that this is not common and that old age homes are used as a last resort.
Response D	6 out of 7 focus groups reported that this is not common and that Latin American families are a lot closer and caring of each other than Native-born Canadian families.
Response E	1 out of 7 focus groups believe that older people in old age homes are abandoned, neglected, and/or abused by staff and family members.
Response F	1 person in 1 out of 7 focus groups reported that this is not common but in her case she had no choice but to put her mother, who needed 24 hour care, in an old age home because she had to work.
Response G	1 person in 1 out of 7 focus groups reported that this is not common but in her case she is being sent back to her native country to live in an old age home because her family believes that this is best for her. She has alzheimer, she only speaks Spanish,
Response H	1 out of 7 focus groups reported that some Latin American families in Montreal do send their older family members to old age homes while others still don't.
Response I	2 people in 1 out of 7 focus groups reported that this is also becoming common in Latin American countries such as Chile.

	5. Are you satisfied with your living conditions? If you could change something about it, what would it be?
Response B	1 out of 7 focus groups are satisfied with their living conditions because they go back to their country of origin in winter.
Response C	7 out of 7 focus groups are satisfied with their living conditions because they feel safer in Montreal than in their country of origin. Most of them came from countries with political and economical problems that affected their lving conditions.
Response D	4 out of 7 focus groups live with their families while 3 out of 7 live on their own.
Response E	3 out of 7 focus groups are satisfied with their living conditions because they don't live with their families and don't feel like they are disturbing the family or like they have to conform to their rules.
Response F	2 out of 7 focus groups are happy to live in government-funded apartments because they can afford their own apartment and live on their own in a safe environment.
Response G	3 out of 7 focus groups mentioned being close to their family even if they don't live with them.
Response H	3 out of 7 focus groups mentioned that their families check up on them on a regular basis either by calling them or visiting them if they don't live with their families.
Response I	7 out of 7 focus groups mentioned that they are very close to their families.
Response J	3 out of 7 focus groups feel depressed and isolated even if they live with their families.
Response K	5 out of 7 focus groups are depressed and isolated because of language barriers.
Response L	5 out of 7 focus groups are depressed and isolated because of winter.
Response M	3 out of 7 focus groups experience interpersonal problems with their children and grandchildren because of culture clashes and/or language barriers with grandchildren.
Response N	1 out of 7 focus groups are not satisfied with their living conditions because their grandchildren don't really want to spend time with them anymore.
Response O	1 out of 7 focus groups believe that their grandchildren may speak English or French in front of their grandparents on purpose so they won't understand.
Response P	3 out of 7 focus groups are not satisfied with their living conditions because they live with family and must accommodate to their lifestyle.
Response Q	6 out of 7 focus groups suggested that there should be affordable government-funded apartment buildings that are only for older people.

	6. Would you say that you have the necessary resources to live a comfortable life in Montreal? If you could change something about it, what would it be?
Response A	7 out of 7 focus groups are grateful for the health and medicare system as well as for the pension system in Canada since many of their countries of origin do not offer these services to older people.
Response B	5 out of 7 focus groups mentioned that the pension they receive from the government is not enough.
Response C	5 out of 7 focus groups mentioned that they have a very tight budget.
Response D	5 out of 7 focus groups mentioned that the pension is just enough to survive.
Response E	6 out of 7 focus groups complained that the government should help them with the cost of their medications.
Response F	4 out of 7 focus groups mentioned that a big part of their pension goes towards medicines, leaving them with very little for food and clothing.
Response G	1 out of 7 focus groups must work to compensate for their limited pension.
Response H	1 out of 7 focus groups are grateful that they can find jobs at their age.

	7. Have you been able to make friends with neighbours?
Response A	4 out of 7 focus groups complained about how their native-born Canadian neighbours are unfriendly and cold.
Response B	6 out of 7 focus groups mentioned that older Latin American people like to laugh and socialize, have friends over, and have parties. They believe that they are livelier and noisier than native-born Canadian neighbours.
Response C	3 out of 7 focus groups mentioned culture differences between native-born Canadians and older Latin Americans and how these may cause problems when they live in apartment buildings and their neighbours are native-born Canadians.
Response D	4 out of 7 focus groups complained about not being able to make friends with neighbours because of language barriers.

	8. What do you think of the activities and services in this association? Do you enjoy what you do here?
Response A	7 out of 7 focus groups enjoy coming to the association because they laugh and talk with people that are from the same age group and that share a same language and culture.
Response B	7out of 7 focus groups agreed that coming to the association breaks their isolation.
Response C	3 ouf of 7 focus groups mentioned that they are less depressed because they meet once a week with the people from the association.
Response D	6 out of 7 focus groups would love it if the association could also meet during the months of January and February, which are the hardest and most depressing months for them. Unfortunately, the association doesn't meet during those months because they hav

APPENDIX 9

Interview with Mrs. Lyne Poitras from Centraide

1) What is your name?

Lyne Poitras. Je travaille à Centraide.

2) Tell me about Centraide and its role in Montréal?

Centraide son rôle c'est surtout d'amasser des fonds auprès des grandes entreprises et des employers de ses entreprises-là et du grand public Montréalais et leur redistribuer dans des organismes communautaires. Alors notre rôle c'est surtout d'essayer de comprendre les besoins du Grand Montréal, les dynamiques des milieux pour essayer de voir c'est quoi les meilleurs investissements sociaux qu'on peut faire.

3) What is your job title and your function within Centraide?

Moi, c'est Lyne Poitras. Je suis conseillère ici au service d'allocation et d'analyse sociale. Mon rôle c'est surtout de faire le suivi des allocations auprès des organismes pour personnes handicapés et des organismes qui travaillent avec les communautés culturelles ou qui travaillent dans une perspective d'inclusion de quartier.

4) Centraide gives funds to agencies and projects. How do you determine their eligibility?

On a une série de critères administratifs. Il faut que ce soit un organisme communautaire constitué ainsi selon la 3ème loi des compagnies et avoir un numéro de charité parce que c'est une règle de l'impôt. Après ça, on a des orientations à Centraide et on a des critères sociaux. Donc, les organismes qu'on finance doivent correspondrent à ces critères-là qui sont des critères d'efficacités, des critères de pertinences. C'est-à-dire, est-ce qu'ils répondent à un réel besoin et est-ce que c'est prioritaire dans leur milieu ce qu'ils font? Des critères de stratégies d'intervention, c'est-à-dire est-ce qu'ils utilisent les bonnes stratégies d'intervention pour rejoindre leurs objectifs de développement social? Est-ce qu'ils se mettent en alliance avec les autres organismes? Est-ce qu'ils travaillent avec d'autres pour se donner plus de force? Et puis finalement, des critères de gestion. Est-ce qu'ils s'administrent bien? Est-ce qu'ils se font un plan d'actions? Est-ce qu'ils évaluent ce qu'ils font?

5) What are steps that agencies have to take in order to receive these funds?

Ils doivent d'abord nous signifier qu'ils sont intéressés à recevoir des fonds de Centraide. Et puis de répondrent aux critères administratifs et puis c'est tout ce qu'ils ont à faire. Ils remplissent un tout petit formulaire qu'on garde. Après ça, ce qu'il faut comprendre c'est qu'on a au mois 300 organismes annuellement qui nous demandent des fonds qu'on ne

finance pas déjà et à chaque année on finance autour de 5 organismes nouveaux. Donc, par rapport à la demande qu'on a, on n'a très, très peu de marge de manœuvre pour pouvoir financer tous ces organismes-là.

6) Is there a preset budget for each ethnic community for their agencies and projects or do you decide when they come to you at that moment?

On a aucun budget établis d'avance pour quoi que ce soit. Il n'y a pas ni un secteur d'allocation ni une clientèle particulière ni...on y va selon des analyses sociales. On essait de voir par territoire surtout qu'est-ce qui sont les besoins et les dynamiques dans ce territoire-là? C'est quoi les forces du milieu? Sur quoi on travaille? Et où est-ce que Centraide pourrait avoir un investissement stratégique par rapport à ce qui a comme autre bailleur de fond par exemple pour faire en sorte que notre investissement est structurant. Alors, si dans une communauté...chaque année sur les territoires sur lesquels on va faire nos analyses, il y a des organismes pour jeunes, pour familles, pour femmes, pour personnes âgées, pour les communautés culturelles qui ont tous besoin d'argent. Alors, ce qu'on fait c'est qu'on va encore plus profondément dans nos analyses pour savoir lesquels on le plus de difficulté d'avoir des fonds...pas sur la base de leur qualité d'intervention mais plus parce qu'ils sont pas aussi populaires par exemple...et qu'est que nous on pourrait faire pour les aider. Alors, c'est comme ça qu'on fait sur toutes nos analyses. On fait beaucoup de montage financier avec d'autres bailleurs (buyers) de fonds. On n'est jamais toute seule quand on finance un organisme. Il y a toujours d'autres sources de financement.

7) How long does it usually take for the agencies to receive your help?

Compte tenue qu'on peut financer comme 5 organismes par année, pis on a 300 demandes, il y a des organismes ça fait des années qu'ils font des demandes à Centraide et ils n'ont pas eu de réponses positives...pas parce qu'ils sont pas bons, ça rien a voir, pas parce qu'ils ne le méritent pas, pas parce qu'ils sont pas pertinents, c'est pas du tout sur une analyse qualitative que repose le fait qu'ils attendent, c'est juste parce que chaque année on va chercher depuis les 7, 8, 9 dernières années, on va chercher peut-être 5% de plus dans notre campagne de financement. Alors, c'est ça la marge de manœuvre qu'on a aussi.

8) How do you collect funds to help agencies?

On fait une campagne de financement qui est de septembre à décembre. Elle commence la semaine prochaine. On a la marche Centraide qui lance la campagne le 29 septembre. Et ce qu'on fait c'est qu'on va solliciter des donateurs corporatifs qui contribuent à 31% de notre campagne, des donateurs en milieu de travail, c'est-à-dire des employers qui vont sur leur chèque de paye donner une partie à Centraide. C'est prélevé automatiquement. Dans ces entreprises-là, souvent on a l'exclusivité de cette méthode-là. Souvent les donateurs corporatifs c'est les employeurs de ces dons en milieu de travail qu'on a. Alors, on est dans beaucoup, beaucoup d'entreprises. Tu vois ça fait 90% à peu

près de notre campagne qui se fait en entreprise et pis 13% qui se fait auprès du grand public.

9) Once you give the agencies the funds, do you supervise them and their projects? Do they have to do a follow-up?

Chaque...les organismes doivent nous remplir un formulaire...on appelle ça « le profil »...en faite ça nous donne des informations sur ce qu'ils font. À tous les 3 ans, ils doivent remplir ce formulaire-là aussi et un autre qui est renouveler leur demande d'aide financière parce qu'ils ont toujours un contrat de 3 ans avec nous. Et puis, au bout de trois ans, ils renouvellent leur demande pis s'ils ont besoin de plus d'argent, il faut qu'ils le justifient dans cette demande-là. Ensuite, nous, on va les visiter. Cette année-là, on fait une visite avec des bénévoles et on regarde qu'est-ce qu'ils ont fait dans les trois années et quelles sont leurs perspectives et tout ça...On ne fait pas de supervision d'organismes. On ne fait pas de coaching non plus. Les organismes sont autonomes. Nous, ce qu'on a à juger c'est est-ce qu'on continue à les financer? Est-ce qu'ils sont toujours dans nos critères? Est-ce qu'on continue à les financer? Sinon, il arrive qu'on va arrêter de financer. Des fois, un organisme va vivre des difficultés...ça arrive souvent des organismes vivent des moments difficiles. La direction part et pis la moitié de l'organisme s'écroule. Et puis, on vit un peu un moment de crise et tout ça. Quand on sait que l'organisme va pouvoir se relever avec de l'aide ou par ses propres ressources, on va lui laisser le temps. On ne va pas couper un organisme parce qu'il vit une difficulté. Dans ce temps-là, on va donner un contrat d'un an....le temps que l'organisme se relève d'une situation difficile pour être sûr qu'on est en contact avec eux pendant ce temps-là.

10) When a potential agency comes to you for support, do you have decision-making power over the projects presented to you or can you suggest projects you would like them to implement instead?

Règle générale, les organismes nous présentent des projets. C'est eux qui ont identifié des besoins et des façons de répondre et pis qui vont venir nous voir pour savoir s'ils peuvent avoir un appui financier. C'est arrivé aussi que nous, avec nos orientations et nos priorités, on voit qu'on pourrait avoir un rôle à jouer dans un certain domaine et qu'on va signifier à des organismes ou à un milieu qu'on serait prêt à appuyer des projets comme on le fait avec l'inclusion des communautés culturelles. On est aller voir 6 quartiers de Montréal qui sont en milieu plutôt traditionnellement francophone mais où maintenant il y a des nouvelles vagues d'immigration qui s'installent et on leur a offert un support financier pour travailler sur toute l'adaptation du milieu à cette nouvelle réalité-là dans leur quartier. Donc, ça arrive mais plus fréquentement c'est des organismes qui viennent nous voir.

11) The support you provide is always given through agencies or do you provide it directly to individuals?

Jamais auprès d'individus. Toujours, toujours auprès d'organismes. On favorise aussi des projets communs entre plusieurs organismes. On va verser les fonds à travers un

organisme mais souvent on va promouvoir la concertation dans un milieu autour d'un projet. Jamais rien est isolé. Si on parle des communautés culturelles, on parle des familles, des jeunes. On parle de l'école. On parle de la police. Donc, on favorise aussi beaucoup le travail concerté.

12) After having worked with a number of agencies concerned with immigrants from all over the world, do you believe Latin American immigrants, and specifically elders, have different needs compared to other ethnic communities or even native-born Canadians?

Si je me rappelle ce que Pierre-Constantin Charles avait répondu, qui est mon collègue, qui a plus d'expérience au niveau des personnes âgées, c'est qu'il y a une grande partie des besoins des personnes âgées qui sont communs d'une communauté à l'autre. Il va y avoir des spécificités liées à la culture, la place des grands-parents dans la famille, par exemple, qui est différente d'une culture à l'autre, mais règle générale, ils vivent beaucoup les personnes âgées de l'isolement, des problèmes de santé, des problèmes d'accès aux services. Donc, à ce niveau-là, on mise plus, nous, sur les ressemblances que sur les différences pour investir dans le domaine des personnes âgées des communautés culturelles. Mais, il faut dire que...dans les quartiers traditionnellement francophones qu'on voit changer...dans ces quartiers-là, s'il y a des organismes pour personnes âgées...comment je dirai ça...les organismes pour personnes âgées vont peut-être être plus traditionnels encore que d'autres organismes à prendre un changement comme ça et à intégrer des personnes de différents horizons dans leurs activités. Sachant ça, nous, ça nous demande de regarder ça de près et de voir comment on peut favoriser, encourager l'intégration, l'inclusion dans le domaine des personnes âgées.

13) If you had one wish for the future of Centraide, what would it be?

Si on pouvait aider plus d'organismes. Si on pouvait aider les organismes à Montréal à la hauteur de leurs besoins pis de façon à qu'ils puissent être plus structurant dans leur milieu. Je pense que c'est ça qui serait intéressant. Il y a de la place pour aider encore beaucoup, beaucoup d'organismes. On en finance 325. Il y en a 300 qui attendent. Alors, c'est sûr que dans 300-là, peut-être que c'est pas tout de qualité égale mais il y en certainement une très grande partie qui mériterait d'être supporté, qui ont beaucoup de difficultés financières. Et en aidant les organismes de façon encore plus grande, on pourrait favoriser aussi des meilleures conditions de travail pour les employers des organismes communautaires qui travaillent dans des conditions très difficiles, qui travaillent n'ayant pas de reconnaissance non plus du gouvernement ou des réseaux publics autour d'eux et en plus, personnellement, qui doivent faire des compromis sur leur salaire et les conditions de travail et la sécurité familiale pour finalement faire ce qu'ils aiment faire. Si on pouvait en tout cas leur donner la chance d'avoir des meilleures conditions, ça serait certainement plus intéressant.