

Perspectives/Initiatives

Quebec's *Vieillir et vivre ensemble* Policy on Ageing: A critical outside analysis

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For a Belgian researcher, the invitation from the *Canadian Review of Social Policy* (CRSP) to assess *Vieillir et vivre ensemble, chez soi, dans sa communauté, au Québec* (ageing and living together: at home, in one's community, in Quebec), a new policy announced in April 2012 (henceforth "the Policy"), was an interesting proposition for two reasons.

As a member of the European Union, Belgium pledged to implement a series of initiatives in connection with the European Year for Active Ageing and Solidarity between Generations 2012. At the time, colleagues and I took part in a germane comparative study designed to inform and support the Belgian federal state and the various stakeholders it had mobilized around active ageing (Burnay, Moulaert, Declercq & Lurkin, 2012). In Europe, before the Year of Active Ageing, the issue was essentially interpreted by the European Commission and the member states as a matter of "working longer" (Ney, 2005), notwithstanding Walker's holistic approach to the problem (2002, 2009). As Quebec's new plan is based on the active ageing approach, we wanted to investigate how the concept was translated into policy.

I was also interested in the invitation for a second reason. CRSP's suggestion that a foreign researcher take a critical look at *Vieillir et vivre ensemble* ties in with one of the Policy's key features: its close relationship with international social science research. The introduction of *Vieillir et vivre ensemble* as Quebec's first horizontal policy on ageing, deserving of attention from political actors in Quebec and elsewhere, was due to work done by researchers at the Université de Sherbrooke Research Centre on Ageing since the mid-2000s. So the first lesson to be drawn from the Policy is that research can provide a foundation for the development of public policy.

In the discussion below, I shall assess the Policy from a European point of view, reviewing its strengths and originality in relation to what exists in Belgium and the rest of Europe, as well as the continuities and disjunctions with the 20-year-old Quebec policy, the 1992 Health and Welfare Policy. I chose the 1992 policy because of its cross-cutting intent (comparable to the current policy) and the existence of an evaluation conducted in 2004 by the Government of Quebec's evaluation directorate. I will also consider how, in the wake of recent government changes, Quebec's Health Ministry (which produced the 1992 plan) will take ownership of the new policy.

Strengths and Originality of Quebec's *Vieillir et vivre ensemble* Policy in Relation to European Policies

The Policy's first original feature is clear to everyone interested in ageing in Quebec: It is rooted in close collaboration with the World Health Organization (WHO), largely on the basis of the Vancouver Protocol, which embodied the WHO's broad conception of "active ageing" (2002) and opened the door to *Villes amies des aînés au Québec* (Quebec age-friendly cities – VADA-Québec) and *Municipalités amies des aînés au Québec* (Quebec age-friendly municipalities – MADA-Québec) (Plouffe, 2011). From a European point of view, "active ageing" is often reduced to the idea of extending working life (Ney, 2005; Moulaert & Léonard, 2011) under the impetus of the European Employment Strategy, although the Commission had originally adopted the wider interpretation of the concept (CEC, 1999) supported by Walker (2002). In Quebec, the understanding of active ageing picks up on the eight active ageing topic areas described in *Global Age-friendly Cities: A Guide* (WHO, 2007): housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, outdoor spaces and buildings, and transportation.

Another strong point is the Policy's roots not only in action-research but also through the priorities of the researchers behind it in a cultural environment that is sensitive to social participation (Raymond, Sévigny, Tourigny, Vézina, Verreault & Guilbert, 2012) and to collective empowerment (Charpentier, 2007; Ninacs, 2008). In this respect too, the situation observed in Quebec is one rarely found in Europe. At most, it can be seen in the oft-cited but seldom critically analyzed example of the *Conseils consultatifs seniors* (senior advisory councils) (Ney, 2005; Walker & Naegle, 1999). In Europe in general and Belgium in particular, active ageing policies are still mainly top-down programs and intermediate forms of senior representation, such as the advisory councils, have developed only recently (Burnay et al., 2012).

I was also struck by the ability of Quebec's Ministry of Families and Seniors to assemble what are described as very substantial budgets,¹ whereas it was explicitly stated that no new money would be allocated to the European Year for Active Ageing in 2012. Similarly, the genuinely horizontal nature of the Policy, which involves nearly 20 government ministries and the community sector, is worthy of note. It testifies to a concerted effort rather than a fragmented approach to ageing.

Continuity and Disjunction in Quebec Policy

A comparison of the Policy and the 1992 health policy by a non-Quebecer must necessarily be considered an incomplete exercise, since the author will be unable to grasp all the subtleties. As a practical matter, the scope of this article prevents us from entering into details. I will therefore take the broad view in my discussion.

First of all, the 1992 policy focuses on health and the 2012 policy on ageing. While eliminating obstacles to the social integration of seniors ranked second-to-last on the list of 19 priorities in the 1992 policy, the opposite is true of the 2012 policy, which does not address the other populations targeted in the first. Moreover the Policy, and the previous reports on VADA-Québec in 2009 and MADA-Québec in 2012, take a radically different approach to ageing insofar as they defend a positive image of old age. This is reflected in the abundance of finely crafted photos and drawings of seniors in the documents, the excerpts from interviews conducted during the Quebec-wide consultations held in 2007 by the Minister

¹ As we are not economists, we assess the amounts provided by the Ministry under the Policy and the preceding plans (VADA and MADA) with caution. While they show that the Minister has the ability to harness resources, it might be asked whether this is new money or a reallocation of existing resources. In the latter case, it would be important to know what policies have been dropped in order to determine whether the Ministry is simply robbing Peter to pay Paul.

responsible for seniors, the VADA-Québec pilot projects, and the development of anti-ageism advertising campaigns by the Ministry and at the local level.

It should also be noted that the Policy is senior-centred. The focus on seniors began with the Ministry's consultation in 2007, which led to the *Preparing the Future with our Seniors* report. It continued with the VADA-Québec pilot projects and should ultimately apply in every municipality or regional county municipality that receives the MADA-Québec designation. By contrast, the 1992 policy targeted services and the professionals who deliver them.

A last, apparently innocuous distinction, is that the Ministry of the Family and Seniors is striving to develop consistency across a number of government ministries through this horizontal Policy. The need to do so may well be a lesson from the 2004 evaluation of the 1992 Health and Welfare Policy, which found a lack of consistency with the original goals, lack of government support for the policy (contrary to the 2012 Policy), lack of coordination at the ministerial level, sluggish implementation (whereas the 2012 Policy plans to charge ahead) and lack of accountability.

Issues with the Policy

I have identified three questions I have in regard to the Policy:

1. Is there a risk that projecting an eminently positive image of ageing means some individuals must be overlooked? For example, would a person with cognitive deficiencies be used to illustrate ageing?
2. There is an emphasis on accountability, but how will seniors be able to evaluate the actions of others? If they are dissatisfied, will they be able to sanction the government?
3. Can the Quebec model, which the WHO considers exemplary, be exported? Belgium's Wallonia region took its cue from the WHO model to finance senior-friendly activities and infrastructure for one year, but without any attempt to apply the Vancouver Protocol. Could this approach not yield just as positive long-term results as the codified Quebec model?

It should be noted that this critique of the Policy is being written during a major transition in Quebec. The elections held on September 4, 2012 resulted in a change of government. After five years during which there was a full-time Minister responsible for seniors, that responsibility has now been assigned to the Minister of Health and Social Services. It will be interesting to see how the ministry that produced the Health and Welfare Policy in 1992 takes ownership of the *Vieillir et vivre ensemble* policy of 2012 and enacts its cross-cutting dimension.

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