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## Building Capacity and Community to Improve the Quality of Life of Seniors: In Defiance of Aging

MAJELLA SIMARD, MARCO ALBERIO ET GÉRARD-FRANÇOIS DUMONT

Traduction de Valentina Baslyk

Cet article est une traduction de :

La contribution du renforcement des capacités et du territoire à l'amélioration de la qualité de vie des aînés: un défi au vieillissement [fr]

### Résumés

English Français

**Research Framework:** The aging of the population, unprecedented in human history, is a complex reality of the 21st century. This complexity is rooted not only in social and biological, but also in quantitative phenomena. Population aging is in the strict sense a structural effect, an increase in the proportion of the elderly in a given population, while the increase in aged persons is an effect of flux, which quantifies the increase in the number of seniors, those 65 years of age or older (Dumont, 2018a). Although its four main causes (increased life expectancy, decreased number of births, migration, demographic changes) are unanimously accepted by researchers; the manifestations, consequences and responses to aging are far from homogeneous (Breton et Temporal, 2019; Blanchet, 2013; Dumont, 2006; Simard, 2010). Indeed, the consequences of aging differ from one region to another, forcing us to understand population issues in targeted and specific ways, socially, economically and geopolitically (Dumont, 2016a, 2018b; Saillant, 2016; Gucher, 2012; Hodge, 2008). All of society's institutions are affected by the challenges of an aging population: policies, employment, work, health, family, social security, regional management and development, and even democratic functioning. These diverse issues influence both seniors' quality of life (Rican et al., 2013) and collaborative and regional governance.

**Objectives:** To identify the main issues and challenges associated with population aging in improving the social inclusion and quality of life of seniors. These issues and challenges relate to seniors' income, accessibility of and proximity to local services, equipment and infrastructure, elder care and workforce planning.

**Methodology:** This article draws on the different contributions in this thematic issue and on the expertise of the three authors. In addition, based on a literature review, we advocate a content analysis, which will be combined with empirical data found mainly, but not exclusively, in various Statistics Canada documents.

**Results:** Most of these issues and challenges originate at the grassroots level, local or regional. However, their implementation requires energetic top-down action, as local and regional leaders, despite their good intentions, do not have all of the required tools and means to address them.

**Conclusions:** A regional policy on aging must be implemented that considers the local and regional characteristics of the environment concerned and the needs expressed by seniors and their families. Thus, environments must be created that are conducive to improving the quality of life and vitality of both the elderly and those around them. In addition, cross-functional gerontological actions must be initiated that involve partnering with both endogenous and exogenous stakeholders, and that consider the regional diversity of aging. The objective is to ensure that people remain active in society as they age – a prerequisite for preserving their health.

**Contribution:** From an academic viewpoint, our presentation, like that of other authors in this issue, is based on three closely interrelated endogenous models. These are capacity building and empowerment of stakeholders, collaborative governance, and progressive local development. Although these different models are effective channels for stimulating local initiatives, and in particular social innovations that bring about social change, they do not address the multiple challenges associated with active and healthy aging, which require cross-functional interventions rolled out at the regional level.

**Cadre de la recherche :** Phénomène inédit dans l'histoire démographique de l'humanité, le vieillissement de la population est, au XXI<sup>e</sup> siècle, une réalité complexe. Cette dernière découle des aspects sociaux, biologiques, mais aussi quantitatifs de ce phénomène. Le vieillissement *stricto sensu*, tient à un effet de structure, c'est-à-dire la hausse de la proportion des personnes âgées dans une population considérée, et la gérontocroissance, un effet de flux, qui quantifie la hausse du nombre de personnes âgées, c'est-à-dire celles de 65 ans ou plus (Dumont, 2018a). Bien que ses quatre principales causes (augmentation de l'espérance de vie, diminution du nombre de naissances, mouvements migratoires, prise en compte des évolutions démographiques passées) fassent l'unanimité chez les différents chercheurs, les manifestations, les conséquences et les réponses au vieillissement sont loin d'être homogènes (Breton et Temporal, 2019 ; Blanchet, 2013 ; Dumont, 2006 ; Simard, 2010). En effet, ses conséquences diffèrent d'un territoire à l'autre, obligeant à appréhender les enjeux de population de manières ciblées et spécifiques que ce soit sur le plan social, économique ou géopolitique (Dumont, 2016a, 2018b ; Saillant, 2016 ; Gucher, 2012 ; Hodge, 2008). Ainsi, la société voit l'ensemble de ses institutions affectées par les défis liés au vieillissement de sa population, que ce soit: les politiques, l'emploi, le travail, la santé, la famille, la protection sociale, l'aménagement et le développement territorial ou encore le fonctionnement démocratique. Ces divers enjeux influencent autant la qualité de vie des aînés (Rican et al., 2013) que la gouvernance collaborative et territoriale.

**Objectifs :** Cet article a pour objectif d'identifier les principaux enjeux et les défis associés au vieillissement démographique en regard de l'amélioration de l'inclusion sociale et de la qualité de vie des aînés. Ces enjeux et ces défis concernent, de manière plus spécifique, le revenu des personnes âgées, l'accessibilité et la proximité par rapport aux services, aux équipements et aux infrastructures locales, les soins prodigués aux aînés et la relève.

**Méthodologie :** Cet article s'appuie sur les différentes contributions de ce numéro thématique ainsi que sur l'expertise des trois auteurs. En outre, nous préconisons, à partir d'une revue de la littérature, une analyse de contenu, laquelle sera couplée à l'utilisation de données empiriques issues principalement, mais non exclusivement, de différents travaux de Statistique Canada.

**Résultats :** Bien que la plupart de ces enjeux et défis relèvent de la base, c'est-à-dire de l'échelon local, voire régional, leur mise en œuvre nécessite des actions énergiques impulsées par le haut, les acteurs locaux et régionaux ne disposant pas de tous outils et moyens nécessaires pour les relever, et ce, en dépit de leur bonne volonté.

**Conclusions :** Il est nécessaire de déployer une politique territoriale du vieillissement pour prendre en compte les particularités locales et régionales des milieux concernés ainsi que les besoins exprimés par les aînés et leur famille. Il s'agit donc, d'une part, de créer des environnements propices à l'amélioration de la qualité de vie et à l'épanouissement tant des personnes âgées que des individus qui gravitent autour de celles-ci et, d'autre part, de déployer des actions gérontologiques transversales, lesquelles supposent d'allier à la fois les intervenants endogènes et exogènes, en tenant compte des diversités territoriales du vieillissement. L'objectif est que l'avancée en âge des personnes s'effectue en leur permettant de demeurer actives dans la société, ce qui indubitablement lié à la préservation de leur santé.

**Contribution:** Sur le plan scientifique, notre démonstration, à l'instar de celle effectuée par les différents auteurs de ce numéro, s'appuie sur trois modèles endogènes fortement imbriqués les uns par rapport aux autres. Il s'agit du renforcement des capacités et des capacités des acteurs, de la gouvernance collaborative et du développement local progressiste. Même si ces différents modèles constituent des vecteurs efficaces afin de stimuler les initiatives locales, et en particulier les innovations sociales porteuses de transformation sociale, ils s'avèrent insuffisants pour relever tous les multiples défis associés au vieillissement actif et en santé, lesquels nécessitent des interventions transversales déployées à l'échelon territorial.

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## Entrées d'index

**Mots-clés :** vieillissement, aînés, capacités, acteurs, qualité de vie

**Keywords:** aging, seniors, capacity, stakeholders, quality of life

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## Texte intégral

# Issues and challenges related to the quality of life of seniors

1 If we must reject the rhetoric proposing that people 65 years of age or more and their needs are one of the main challenges facing Western societies, it is then also essential to identify the conditions and solutions that can mitigate the social and regional effects of an aging population (Alberio, 2020, Simard, 2015). The growing proportion of seniors and the need for younger people to reconcile the triptych of "paid work," "elder care" and "family responsibilities and personal life" are a major challenge for contemporary societies. This is the case in Canada, and in provinces such as Newfoundland and Labrador, New Brunswick and Quebec, where the rate of aging, according to the World Health Organization, is one of the highest in the world. In this context, family caregivers of the elderly (i.e. individuals who provide unpaid support to aging loved ones) play a critical role both inside and outside the family of the person being cared for (Isaacson et al., 2020; Simard, 2020; Alberio, 2018a). In the rest of this introduction, we will present certain "critical" elements that must be underscored along with population aging. These are all issues and challenges related to improving the quality of life of seniors and are consequently related to the possibilities of promoting better intergenerational interactions.

2 One of the main determinants discussed in this issue as having a major impact on the quality of life of seniors is income. Income is likely to influence the dynamic nature of housing, relationships, behaviours and social status (Dugas, 1996). It is also an important indicator of an individual's purchasing power. In countries with a system that provides pension income for the elderly, we have seen a substantial increase in the income level of seniors over the last few decades, a phenomenon that has improved their quality of life as well as reduced the risk of poverty (OCDE, 2008; Simard, 2006). As the OECD points out, "the risk of poverty for those aged 75 or older fell from almost twice the population average in the mid-1980s to 1.5 times in the mid-2000s. For people aged 66 to 75, this risk is now lower than for children and young adults" (OCDE, 2008: 143). Turning our attention now to Canada, we can say that the median after-tax income of seniors increased steadily between 1976 and 2014. In fact, it surged from \$32,700 to \$54,500 (in 2014 dollars), helping to close the gap with other age cohorts, particularly the young (Statistique Canada, 2018). Some observers even project that, due to the increase in the employment rate of seniors or to the combination of pension and work income, the employment income of seniors should rise significantly in the next few years (Clavet et al., 2012).

3 But disparities in seniors' incomes continue to exist across Canada, among provinces, locations (rural, urban, etc.) and linguistic communities, and also among individuals (Simard et Bouchard, 2020; Averill, 2005; Koff, 1992). While the purchasing power of individuals differs significantly from province to province and city to city, inequalities in purchasing power remain striking across Canada. For example, in Alberta, the average income for seniors was \$44,100 in 2018, compared to \$32,000 in Newfoundland and Labrador (Statistique Canada, 2020a). In 2018, the total income of people aged 65 years and older living in Calgary was \$31,411 compared to \$21,282 for those in Campbellton (Statistique Canada, 2020b). Across Canada in 2016, the average income for Francophone seniors was \$35,148 compared to \$44,444 for Anglophones, a difference of \$9,296. The disparity in Quebec totalled \$11,830, with Francophone seniors having an average income of \$34,794 compared to \$46,624 for their Anglophone counterparts (Fédération des aînées et aînés francophones du Canada, 2019). For a variety of reasons, including geography, language, gender and education, the elderly are affected by social inequality and, despite substantial improvements in this area, also poverty (Statistique Canada, 2019; Fréchet, 2012). The work of Bouchard et al. (2015) is revealing about persisting income inequality based on language. While retirees have more time to spend with family and friends and on hobbies and volunteering, they must also, in many cases, deal with a decrease in their income level, which is likely to negatively affect their well-being and even their health. In North America and also in Europe, this is particularly the case for workers, especially female workers aged 60 years and older, who too often have insecure or temporary jobs, which keep them in poverty (Fong, 2018; Tremblay, 2017). Family often helps to compensate for their economic instability, especially in rural areas where family continues to play a leading role in the lives of the elderly, demonstrating solidarity, socio-regional capital and, more broadly, rural capacity building (Pagès, 2013; Jean, 2012; 2003).

4 Second, **accessibility and proximity to services, facilities and local infrastructure** are vital issues for the elderly and those close to them (Alberio, 2018b). These issues, combined with housing (Blanchet, 2020), leisure, health and home care have particularly interested specialists in land-use and town planning since the 2000s (Séguin, 2012). As Gucher (2014) states, "the preservation and revitalization of local life are indeed at the heart of the concerns of the elderly, who see this as prerequisite condition for remaining in their homes" (Gucher, 2014: 120). From this perspective various regions and their stakeholders are taking up the challenge of aging, using a variety of tools and approaches. For example, the Age-Friendly Cities initiative in Quebec (Municipalité amie des aînés au Québec) (Caradec et al., 2017; Petitot et al., 2010) and the Departmental Homes of Autonomy (Maisons Départementales de l'Autonomie) in France play a key role in welcoming, informing, advising, guiding and, if applicable, examining requests, assessing needs and developing assistance plans for the elderly and disabled. In France, there are also numerous regional and municipal initiatives in a range of areas, including meal delivery, improved home care, and in the cultural domain, conference series, often called "inter-age." In reality, these latter initiatives bring together mostly seniors, since the schedules of the working population are restricted by their professional obligations.

5 The World Health Organization defines age-friendly cities as places whose "policies, services, spaces and structures ... support and enable older people to age actively" (Organisation mondiale de la santé, 2007: 5). The "Age-Friendly Cities" approach – an initiative that is also the subject of two articles in this issue – is part of a regional approach that aims to identify the resources available in a city so that it can meet the needs expressed by seniors (Keating et al., 2013). This occurs through a participatory process that involves various societal stakeholders who interact with seniors (municipal elected officials, associations, community members, public and private sector stakeholders, etc.), as well as involving the seniors themselves. This process reviews the physical, built and social environments with a view to "optimizing opportunities for good health, participation and security in order to enhance quality of life in old age" (Organisation mondiale de la santé, 2002: 12). Land-use planning plays an important role in this process, and one of its goals is to adapt public facilities and infrastructure (streets, buildings, businesses, rest areas, parks, etc.) to facilitate their accessibility and promote the mobility and autonomy of seniors (Lord et al., 2017; Lord, 2011).

6 Even if solidarity is not necessarily exclusive to rural areas, social contacts and relationships are less intense in the urban milieu than in the countryside, due in part to the "lonely crowd" phenomenon (Riesman, 1964). In France social ties are weaker in large cities, because cities – with their greater financial resources – manage many services or organize various activities themselves. The consequences are that the elderly often play a passive role, and intergenerational solidarity is weakened. In rural France, the communes, which receive lower per capita financial allocations from the state, do not have the means to deploy a range of services that are as developed as those in urban areas. As a result, civil society must organize services or activities that contribute to the quality of life of seniors, who inevitably play a role in society (Ennuyer, 2014). This has two consequences. The first concerns rural-to-urban migration accelerating aging, both upwards and downwards<sup>1</sup>, in rural areas and pronounced aging of the population in urban areas (Dumont, 2016b). Second, these migrations highlight the problem of accessibility to services, where there is a decline in or even an erosion of infrastructure in remote rural areas, and logistical and organizational challenges in urban neighbourhoods (Mallon, 2013; Haven et al., 2004; Simard, 2005; Butler et Lenard, 2003). Consequently, for some authors, accessibility to services in cities would play an even more decisive role in implementing good regional



governance. Given that urban society requires more mobility, proximity to infrastructures is essential to counteract phenomena such as loneliness and social isolation, to promote active and healthy aging and to advocate for home care for the elderly (Alberio, 2018b; Gould et al., 2015; Hall, 2004). The balancing act for urban planners is to consider these social and demographic changes "while attempting to meet a range of needs from young family members to seniors" (Séguin, 2012: 216). Such changes represent a real challenge for government bodies; the public policies they implement for the elderly must be modulated to take into account local realities (Dumont, 2016b, 2010, 2008).

7 **Home care** is the third issue involved in the challenges of aging, particularly because of its effects on both families and the availability of regional services. The status of family caregivers is raising concern in several countries. Family caregivers are generally 45 years of age or older and assist one or more family members, neighbours, friends or colleagues with a long-term health problem or a physical limitation (Sinha, 2013, cited in Alberio, 2018a). These caregivers provide a variety of services that can include transportation, grocery shopping, housekeeping, exterior maintenance, personal care, medical treatment, care planning and emotional or moral support (Sinha, 2013, cited Alberio, 2018a). The Institut de la Statistique du Québec (ISQ) notes:

... in 2012, among Quebecers aged 45 years or older, the number of people providing informal care reached 843,000 in a total population of 8.2 million. One in four individuals in this age group provided informal care (ISQ, 2013). Family caregivers are primarily – but not exclusively – women. More and more men are finding themselves in this situation and seem to face specific challenges, especially regarding social recognition of this role (Alberio, 2020: 94)<sup>2</sup>.

8 Although families and individuals most often become caregivers so seniors can live in their own environment for as long as possible, these seniors must also have access to professional services and **appropriate care** – the fourth challenge. Home care, which is affected by major inequalities from one region to another, involves many actors, starting with families who, especially when they live near their aging relatives, make up for the deficiencies of a system still too focused on a medico-institutional approach (Alberio, 2020; Pagès, 2013; Argoud, 2007). Although home care creates plenty of jobs, many are underpaid and undervalued, causing workforce planning problems. Moreover, in a gradually aging population, informal networks have their limits (Ménard et LeBoudais, 2012); hence the need to implement appropriate support programs that promote development based on grassroots local initiatives while being supported by the state. Above all, it is vital to ensure greater socio-spatial equity among regions (Lord et Piché, 2018; Dufaux et Philifert, 2013).

9 However, home care is not the only issue subject to considerable challenges: **workforce planning** is the fifth challenge. The ratio of elderly dependents to the working population is increasing ever more broadly in our world (Dumont, 2020). In France, various reforms of the retirement systems (including postponing the legal retirement age from 60 to 62 for those born from 1955 onwards) have led to an increase in the average retirement age, which was 60.7 in 2004, rose to 61.38 in 2016 and has exceeded 62 years since 2018. However, due in part to the aging population, the dependency ratio has continued to increase. In 1962, there were three people between the ages of 20 and 59 in metropolitan France for every person 60 or older. By 2008, the figure had fallen below two and by January 1, 2021, it was 1.8. Looking at the 65-year marker, the evolution is similar: in 1962, 4.5 people aged 20 to 64 for every person aged 65 or older. In 2008, the ratio was 3.5, while it reached 2.6 by January 1, 2021. Current projections predict a continued decline in the ratio of the population aged 15 to 64 to the dependent elderly.

10 In Canada, the average retirement age changed relatively little between 1976 (64.9 years) and 2019 (64.3 years), but the ratio of younger to older workers continues to widen (Statistique Canada, 2020c). For example, in 1996 there were 2.7 workers aged 25 to 34 for every worker aged 55 or older; in 2018 the ratio was one (Statistique Canada, 2020d). Many other activities, both economic and non-economic, are subject to the same workforce planning constraints. Virtually all sectors of economic activity are affected by this situation: teaching, finance, real estate and rental services, business management, resource development, etc. (Duhamel, 2014) Yet, jobs that do not require a university education or that are in the health care field appear to be more affected. For example, in Canada, the ratio of workers aged 55 years or older who provide health care to the elderly, such as registered or psychiatric nurses, was one in five in 2016, compared to one in 10 in 1996 (Ouellet-Léveillé et Milan, 2019). Although the labour force participation rate of people aged 65 or older is trending upward, from 8.5 percent in 1976 to 15 percent in 2019, it would be surprising if this growth could offset the negative effects generated by the decline of young workers in the labour force (Statistique Canada, 2020c; Fields et al., 2017). The lack of planning – a source of concern for some – has serious consequences. These include deregulation of the labour market, deregulation of wages, and weakening of workplace security, which ultimately leads to heavier workloads and longer working lives (Ouellet et al., 2003; David, 1997). International migration partly offsets the decline in the labour force, particularly in Europe (Dumont, 2019). But this implies finding effective answers to integration issues, where Southern countries sometimes feel deprived of the essential human resources they would require to foster more global development. Furthermore, immigrants who settle permanently also age, which in the end does little to change the age distribution (Dumont, 2018a; Dubreuil et Marois, 2011).

11 The automation of certain activities, combined with difficulties in attracting young workers, also helps to accelerate the aging of the labour force. These issues are more specific to the agricultural sector, where the aging of the workforce is also attributable to the decrease in family farms, the increase in their size and a lack of interest in pursuing this profession. This results in rising farmer debt, as well as various psychological and social consequences (Handfield, 2011; Ouellet et al., 2003) and, particularly in France, a high suicide rate. The problem of workforce planning concerns not only employment and paid work, but also volunteer involvement. This has a decisive effect on the structuring and maintenance of regional social initiatives, including those concerned with aging. In both rural and urban areas, volunteer activities, despite their many benefits for the psychological and physical health of seniors (Prouteau et Wolff, 2007; Van Willigen, 2000), are also affected by the lack of planning. Aging and the resulting deterioration in health can have repercussions on community vitality or can lead to lost interest in volunteering, which was previously done mostly by seniors (Simard, 2020; Castonguay et al., 2015). The steady departure of some of the most active volunteers contributes to weakening of the social fabric, increasing the workload of individuals who invest their time and energy and, sometimes, calls into question the sustainability of relationships, especially those in rural areas. In many areas, disengagement, discouragement, exhaustion and fatigue are serious social handicaps that negatively affect the community fabric and local development (Simard, 2020; Batellier et Sauv , 2011; Savard et al., 2003; Dugas, 1996). In compensation for the emergence of "the same people always get involved" syndrome, organizational initiatives and strategies often emerge from the communities concerned, reflecting the resilience of societal stakeholders and the strengthening of their capacities (Ploton et Cyrulnik, 2014). They take the form of recognition programs for senior volunteers, mentoring or sponsorship of new volunteers, initiatives and even policies to promote volunteerism and stimulate the solidarity economy (Blanchet, 2018; Attias-Donfut, 2013; Malet et Bazin, 2011; De Sario, 2008; Laville, 2001; Greengross, 1995).

## Collaborative governance and progressive local development

12 In most Western countries, the monopoly of "national borders" is weak today compared to the past. Faced with the lack of capacity of national welfare states, a response from regions and local social defence systems seems to be a popular solution for many leaders to address emerging challenges, including those related to aging as described above. Therefore, as Alberio writes (2020: 95):

Most of these social problems have a clear regional dimension and a strong local impact. Traditional arrangements are often inadequate and sometimes involve administrative and bureaucratic obstacles, rigid structures and private interest systems – elements that act as barriers to social change (Ranci, 2005). At the same time, we should not depend too much on the "local" or assume that local and regional policies can deal with any social problem. A multi-level articulation of national, regional and local interventions is therefore needed (Kazepov, 2010)<sup>3</sup>.

13 From a theoretical perspective, the topics addressed in this thematic issue are discussed in terms of strengthening the capacity for training, for collaborative governance and gradual local development (Simard, 2020). Capacity building refers to the "process by which individuals, organizations and societies acquire, enhance and maintain the skills required to set and achieve their own development goals" (Davis, 2008: 3). The model can be understood on two levels. At the individual level, it allows seniors, either by identifying their needs or their involvement in the community, to develop their abilities and thus become stakeholders in the development process. At the regional level, it calls on the ability of leaders to implement a strategic plan designed to improve the quality of life of the individuals who live there so as to ensure a more harmonious environment (Jean, 2012; S guin, 2011; Leloup et al., 2005). By stimulating regional societal capital,



collective action, linked to individual capacities, contributes to regional dynamics that promote development (Dissart et al., 2013; Ndiaye, 2010). Social innovation, mutual aid, networking, resilience, consultation, partnership and social participation are all components of capacity building for stakeholders. As for collaborative governance, Ansell and Gash (2008: 544) define it as "a governance arrangement in which one or more public agencies directly engage(s) non-state stakeholders in a formal, consensus-oriented and deliberative collective decision-making process aimed at developing or implementing public policy or managing public programs or assets." Citizen participation – the cornerstone of its implementation – enables, within the framework of such a form of governance, improved decision-making, whose guiding principles are based on transparency of information, interaction, social justice, equal opportunities, mutual trust, commitment and understanding of the societal issues. The aim is to facilitate the achievement of a common goal between the parties involved within a project. (Cain et al., 2020; Ferreira et al., 2020; Provan et al., 2007). Lastly, the contributions in this issue also emphasize the role of progressive local development in improving the quality of life of seniors (Rochman et Tremblay, 2010). This type of development advocates a bottom-up approach based on solidarity, mutual aid and the autonomy of social agents who take innovative actions or put into effect new practices designed to enhance the social, economic and environmental resources of their environment (Tremblay et al., 2016). The unprecedented nature of these actions and practices means they can, in many cases, be considered social innovations, i.e. an "intervention initiated by social agents (an individual or a group of individuals) to respond to a need (social, cultural, regional) or an aspiration, to provide a solution, to take advantage of an opportunity for action in order to change social relations, to transform a framework of action, to propose new directions and to improve the quality and living conditions of a community" (Bouchard, 2011: 7)<sup>4</sup>. From this perspective "the concept of transformative social innovation can be understood as a process that leads to changes in institutions, among actors and their agency, and that profoundly influence routines, beliefs, power relations and/or resources" (Castro-Arce and Vanclay, 2020: 46, free translation) seem to us to be useful. As Fontan (2008) points out, "innovation cannot be viewed solely in terms of its usefulness or its purpose. It must also be viewed as constructing a use in which cooperation, negotiation, compromise and power relations come into play: thus, the social and political" (Fontan, 2008: 15)<sup>5</sup>. Indeed, there is no social innovation without collaboration between diverse stakeholders from diverse environments (Klein et al., 2019). Such collaboration helps to develop a better understanding of the issues and challenges facing seniors, to apply solutions and invest expertise and resources for successful change – a necessary step in social transformation and even regional development (Garon et al., 2014; Lévesque, 2005). Finally, three categories of social agents are favoured by the authors of the articles in this issue: the elderly, the regional stakeholders and the family.

## Presenting this issue

14 All six articles revolve around the main issues we have just raised. Their common thread is to redefine the framework, conditions and standard of living (Alberio 2018b) that are related to quality of life (Simard, 2018). These articles also call attention to the restructured social ties between the elderly, the region, their families and society. They illustrate the essential role played by social relationships, and in particular the contribution of children and family caregivers, in preserving social contacts among the elderly, because it is well known that "the break-up of families and the estrangement of children and relatives contribute to the loss of social and intergenerational ties, contribute to the loss of autonomy and accelerate the effects of aging" (Chapon, 2013: 50)<sup>6</sup>.

15 The first two articles focus on the experiences and "resistance" strategies of aging people, while the other four take a more macrosocial view of the interventions of different protagonists and at different scales. In Quebec, as elsewhere in the Western world, the handover of the family farm raises a number of issues due to factors related to demographics (declining birth rate, reduction in family size, emigration of young people, etc.), the high capital value of the business and young people's waning interest in the farming profession. Lyson Marcoux and Maxime Hébert show that farmers remain involved in their businesses, although now withdrawn from them and despite the fact that these have been transferred or sold to their children or to third-parties. While such a practice conflicts with traditional retirement models, on one hand it demonstrates that resilience and entrepreneurial culture are strong values among the respondents to their surveys, and on the other hand that both of these phenomena contribute to building the capacity of rural people.

16 Using data from the 2011 General Social Survey conducted by Statistics Canada, Maude Pugliese, Anne-Marie Séguin and Paul Fortier examine strategies adopted by seniors to mitigate the effects of their economic difficulties. For example, seniors prefer to cut back their budget and use their savings rather than appealing to their families, negatively affecting their quality of life. And contrary to what we might have thought, turning to their families for help is less common among rural than urban seniors. These results reveal two seemingly opposite situations regarding the quality of life of seniors. Certainly, if it is empowerment, solidarity and mutual aid that reinforce the stability of relationships, while maintaining a social fabric sought for its beneficial organizational effects on the well-being of seniors, these three components remain ineffective in reducing the disparities. Therefore, real equality of opportunity, or at least successful local justice, requires much stronger interventions for the most disadvantaged in society, of which the larger proportion of older people remains a part.

17 In reviewing the initiatives put into place by third-level leaders and rigorously analyzing public policies in support of family caregivers deployed in France since the 1970s, Dominique Argoud shows how state intervention manifests through the "institutionalization of local actions." Despite changes advocated by the state in its medico-social approach to caregivers, this approach does not support grassroots initiatives; hence the need, according to the author, to devise a bottom-up and cross-functional strategy that is more focused on prevention and that would benefit from appropriate, but above all, sustainable funding. Such a multi-sectoral and collaborative form of governance plays a vital role in promoting active aging.

18 Sébastien Lord, Athanasios Boutas, Chiara Benetti and Paula Negron-Poblete analyze the impacts of aging from the perspective of land use planning. They reflect on three neighbourhoods in the city of Montreal. Although these neighbourhoods are all an integral part of the same city, they have very different characteristics in terms of mixed-use development, residential density and regional accessibility, which are the main parameters of their analysis. The socio-historical context, immigration and morphology of these neighbourhoods would explain the disparities observed there and that are likely to influence the methods of aging-in-place. A focus group of seniors living in these neighbourhoods corroborated the analysis data, confirming that proximity and accessibility to facilities and services are essential conditions for facilitating the home care of seniors. The authors argue that a minimum of services must be maintained at the local level and that transportation must be adapted to the realities and needs of seniors, in order for them to live within an environment that promotes active and healthy aging.

19 With nearly 1,000 municipalities participating in the Age-Friendly Cities initiative, Quebec is a global example for implementing this process. Two articles address the impacts of this initiative to promote aging-in-place. The first article by François Racicot-Lanoue, Nicolas Goudreault, Fanny Larocque-Tourangeau and Suzanne Garon deals with Local Exchange Trading Systems in age-friendly cities. The authors contend that coupling a Local Exchange Trading System (LETS) with the Age-Friendly Cities program can maximize its benefits. LETS – a veritable wellspring of social innovation – mitigates the effects of seniors' social isolation; it also fosters citizen participation through the many initiatives it is expected to generate. It is therefore essential that the steering committees of the Age-Friendly Cities network and the coordinators of LETS work together to promote successful aging-in-place. The work of these four authors highlights the contribution of the solidarity economy as an area of intervention for improving the quality of life of seniors. They also emphasize the need for the various government bodies to not only adequately support the solidarity economy, but to also develop tools and mechanisms that will establish new partnerships between the various stakeholders working to improve the quality of life of seniors, thus maximizing the impacts of social innovations introduced by local leaders.

20 In a second article devoted to the roll-out of the Age-Friendly Cities program, Nicolas Goudreault, Suzanne Garon, Anne Veil and Nancy Lévesque show how consultation and partnership among various societal stakeholders are crucial to the success of this undertaking. Their analysis is based on the collaborative governance model. According to this model, the balance of power and resources, incentives for participation and past experiences of collaboration are all factors to consider in implementing a collaborative process. Based on a review of the literature, evidence and interviews with local stakeholders, the authors look at two key partners: elected municipal officials and the health and social services network. Responding to the needs of seniors requires cross-sectoral partnerships at all stages of the process. This article sheds new light on the contribution of networking, an essential ingredient in deploying collaborative governance and in building the capacities of various societal leaders. Such forms of partnership are also likely to create a synergy, favourable to the emergence of social innovations that are themselves conducive to more inclusive regional development.



What lessons can be learned from this issue? First, readers will benefit from articles rife with information about improving the quality of life of seniors: contributing to the capacity building of seniors, collaborative governance, progressive local development, social innovation, and so on. Second, readers can better gauge empowerment, partnership, consultation, participation and citizen mobilization, whose effects on capacity building "exceed the sum of their parts" (Schiffino et al., 2013: 130)<sup>7</sup>. Third, readers can also better understand the immeasurable role that family and community members play, particularly in relation to the social innovations they deploy to promote the well-being of seniors.

22 In an increasingly unequal society and given the many issues raised by an aging population, it is essential that the role of the government bodies not be limited to supporting local leaders in their efforts to improve the quality of life of seniors, but that they also be full-fledged partners in achieving this objective. As Defilippis (2007) points out, "only by transforming these relationships in ways that empower people and organizations within communities can community capacity building truly occur" (Defilippis, 2007: 259)<sup>8</sup>.

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## Notes

1 Aging up refers to the increase in the proportion of the total population aged 65 or older over a given time interval, while aging down refers to the decrease in the proportion of the total population aged 0-14 over a given time interval.

2 Quotation translated by Valentina Baslyk

3 Quotation translated by Valentina Baslyk

4 Quotation translated by Valentina Baslyk

5 Quotation translated by Valentina Baslyk

6 Quotation translated by Valentina Baslyk

7 Quotation translated by Valentina Baslyk

8 Quotation translated by Valentina Baslyk

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## Pour citer cet article

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