

## ARTICLES

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# Social work with older adults and their families in Québec (Canada)

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### Abstract

In Québec, one of Canada's 10 provinces, 26% of the population will be over 65 in 2031. No country can escape the new challenges and the issues resulting from population aging in different areas including that of social work with older adults and their families. This article has two objectives: a) to describe gerontological social work in non-profit organizations (NPOs) as well as in the public sector (Public Health and Social Services, PHSS); b) raise the issues and the challenges of this practice which is in constant evolution. The article first situates the context of social work in Québec, then describes gerontological social work and the issues and challenges faced in working with older adults and their families.

## Introduction

Population aging is a world-wide phenomenon (World Health Organization, 2016) which has an impact on the organization of policies and of services to the population. No country can escape from the new challenges and the issues resulting from population aging in different areas including social work with older adults and their families. In Québec, one of Canada's 10 provinces, demographic aging is already having an influence on practices and will continue to do so for the next 15 years, or until

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2031 when 26% of the population will be 65 or older (Institut de la statistique du Québec, 2013). Québec statistical data from 2013 indicate that the number of people 100 or older more than doubled between 2002 and 2014, the result of an increase in life expectancy to 80.2 years for men and 84.1 for women (Famille Québec, 2015). The fact that there are more and more centenarians reveals the extent to which different generations of older adults may have lived through different historical events, with the result that they may have particular needs or make different demands for services.

More than ever, today's and tomorrow's social workers will have to respond to the needs of a heterogeneous elderly clientele, whether with respect to age (from 65 to more than 100 years old), to sex (many more women than men particularly among octogenarians and older), to education, to income, to state of health, to place of residence, to family relations or to generational group (translated from Pelletier et Beaulieu, 2016, p.135).

Two distinct groups of older adults may be accompanied by social workers. First there are those who have received services since their childhood, adolescence or as young adults or adults. Their need for support, accompaniment and assistance continues as they age. For them, social work is a continuum. For others, social work is a new reality associated with aging. In addition, today's social workers must rise to the challenges and confront the issues involved in practising with older adults living in difficult situations of mistreatment, self neglect, homelessness, substance abuse, or related to the fact that a person is an immigrant not speaking the language of the host country, a refugee, Gay/Lesbian/Bisexual/Transgender, suffers from mental health problems, has Down Syndrome, or has a mental deficiency. In short, the panoply of social problems is vast and some older adults are dealing with more than one simultaneously. Whether in the continuity of an existing situation or the appearance of a problem, the systemic approaches of social work require interventions not only with the older adults concerned but also with their families.

This article has two objectives: a) to describe gerontological social work in non-profit organizations in Québec (non-profits) as well as in the public sector (Public Health and Social Services (PHSS)); b) raise the issues and the challenges of this practice which is in constant evolution. Gerontological social work leads to working with older adults and their family members<sup>3</sup> who sometimes live with anxiety, insecurity and ignorance in the face of the bio-psychosocial changes affecting the life of an older adult. Family members also search for or face a lack of accessibility to different services and they can feel the real or imagined pressures from various practitioners with regard to the role they must play with the older adult. The article, rooted in the Québec context, begins with a brief description of the context of social work followed by

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<sup>3</sup> Here the family is used in the larger sense including blood and conjugal relations, family caregivers and all other significant relationships which the older adult has.

a presentation of gerontological social work specific to professionals who hold a social work title (practice permit) and the issues and challenges of this practice with older adults and their families. Although gerontological psychosocial interventions may be made by professionals from different disciplines in the helping professions (psychologists, psycho-educators, social workers or social assistance technicians, etc.) this article concentrates on the practice specific to social workers recognized by the Professional Order of Social Workers and Marital and Family Therapists (*l'Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (OTSTCFQ)*).

## The context of the practice of social work in Québec

### Social work as a profession

In Québec, the profession of social worker is regulated by the province's Professional Code which gives the Order [OTSTCFQ] the mandate to ensure the protection of the public through the control and the exercise of the profession and to ensure the competence of its members, notably by ensuring that each person who submits a request for admission possesses the training or the diplomas required for the delivery of their permit and their inscription into the list of members (translated from OTSTCFQ, 2016, p.1).

The title of social worker is reserved to members of the OTSTCFQ who possess an appropriate knowledge of the French language and who have successfully completed a bachelor's or a master's degree in social work, have a legal authorisation to exercise this profession in another Canadian province (with certain requirements), hold a French state diploma as an assistant in social work (obtained in France) or have obtained recognition of the equivalence of a diploma or training (OTSTCFQ, 2016). Among the professional acts reserved with the OTSTCFQ, two apply specifically to gerontological social work, namely: «Evaluate a person presenting a mental or neuropsychological trouble as determined by diagnosis or by an evaluation made by a qualified professional» and «Proceed with the psychosocial evaluation of a person within the framework of a regime for the safeguarding and protection of adults or of a mandate given in case of the incapacity of the person». In addition to these two reserved acts, social workers fill many functions and accomplish many tasks which will be described in section 3.2.

### The organization of social services in Québec

Canada is a confederation consisting of a federal government as well as governments in each of its 3 territories and 10 provinces. In Beveridgian<sup>4</sup> systems, medical services are dispensed without direct charge to all legal residents (Observatoire

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<sup>4</sup> An assistance approach for every person in need based on 3 principles: universality, uniformity and unity of the system.

de l'administration publique, 2006). There is therefore public coverage, a universal social right, and an assurance of a certain level of security and well-being of the population, often designated by the term «providential state», which is expressed through policies of support to income<sup>5</sup>, health, education and support to the family (Université de Sherbrooke, 2016). Because of the diversity of laws, programmes and practices among the provinces and territories, our text focuses on gerontological social work in Québec, the second most populous province in Canada with its 8.4 million inhabitants.

## Description of gerontological social work

The role of the gerontological social worker in Québec, as with social workers serving any other clientele, differs considerably depending on the practice milieu. This article pertains to social work with a community orientation in the PHSS as well as in non-profit organizations and clinical gerontological social work in the PHSS.

### Gerontological social work with a community organization focus

In Québec, the expression «community-oriented social work» can designate two different types of practice, namely: 1) community organisation work and 2) intervention in the context of a non-profit. The role of the community-oriented social worker is to reduce social inequalities in the local community or territory, to promote social justice and to support positive social change, all to the extent possible.

#### *Community organization social work*

Within the PHSSs, the social worker who occupies a community organizer function adopts one or several modes of action: 1) socioeconomic, with the goal of promoting the economic and social self-development of the milieu; 2) sociopolitical, to resolve social problems through the defense and the promotion of rights; 3) institutional, to resolve problems through local intervention, and 4) socio-community, to organize mutual self-help among fragile individuals and groups (translated from Service d'action communautaire (SAC), 2009). The community organizer, in his or her functions, assumes many roles: analysis, animation, communication, collaboration, training, mobilization, organization, planning, research and teaching, representation and counselling (SAC, 2009). He is called upon to act in six different distinct areas, namely: 1) to identify the problems in the milieu; 2) to work to sensitize and raise awareness in the milieu; 3) to support existing resources; 4) to create new resources or new services; 5) to work to mobilize the resources of the milieu and to promote collaboration among them, and finally 6) to undertake political action (SAC, 2009).

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<sup>5</sup> In Canada, every individual receives a fixed monthly amount starting at age 65, whether or not he benefits from a pension plan from previous employment or from investments made in preparation for retirement.

*Intervention in non-profit organizations (NPOs)*

Community social work within a NPO is frequently oriented towards a specific action such as the struggle against the mistreatment of older adults, the struggle against poverty, the struggle against family and social isolation, the defence of rights, access to housing, etc. Gerontological social workers with such precise intentions must know the elderly clientele they serve very well and must be well acquainted with the problems as well as the different resources available in their region whether they are to be found within their organization, in other NPOs, in the PHSS or in private services. They must offer specific services to family caregivers and to family members. While there is no consensus on the definition of family caregiver, many authors and organizations tend toward the same characteristics. Our definition of a family caregiver is inspired by that of Caron and Ducharme (2007), namely that of any individual (family member, friend, neighbour, etc.) who supports, assists and takes care of an older adult in a non-professional capacity. This definition reflects the choice of certain older adults who have family but prefer to be supported by persons who are very significant to them through interpersonal relations other than those of blood or marriage. Faced with the emergence of a new concept of family relations, social workers must be open-minded and not limit themselves to the narrowly-defined family.

In Québec, many NPOs, each offering a specialized service, are aimed particularly at family caregivers such that any person with ties to an older adult who needs information, support or assistance will have access to services. Working in a NPO gives the social worker great latitude of thought and action, a space where creativity can be used, while maintaining the goal of making a difference for their elderly clientele as well as the families who accompany them. Given their financial precariousness, many non-profits concentrate on voluntary activity; this requires the social worker to manage volunteers (recruitment, training, supervision, motivation and recognition) in order to make the best match possible between a volunteer and an older adult. In addition, given their financial precariousness, many community organizations are not able to hire social workers with university diplomas or to keep them. Thus their staff are often people with technical-level diplomas (e.g. social assistance technicians or special education technicians). Community work is essential for the elderly clientele, for family caregivers, for family members and for all other significant persons in the life of the older adult.

**Clinical gerontological social work**

Clinical gerontological social work in the context of the PHSS is practised in various milieus, such as the living situation (either the home of the older adult – conventional house, residence for the elderly, housing cooperative, etc. or milieus for the evaluation of the medical state and functional autonomy – the hospital, a functional re-adaptation unit, a geriatric short-term stay unit, etc.) and various temporary or long-term placements.

As the functions and tasks of social workers vary according to the practice milieu, the following table shows them separately.

Regardless of the milieu in which the social worker practises, he must always do a psychosocial evaluation of the older adult as well as prepare an intervention plan. In placement or re-adaptation situations, interventions are more specific depending on the intended person(s), whether the older adult or the family.

### **The issues and the challenges of gerontological social work**

#### *Financing NPO's and PHSSs*

Since the early 2000s, the relationship between the state and NPO's has changed and deviates more and more from the so-called «co-construction» principle, that is to say the sharing of knowledge and of practices, towards a relationship centred on sub-contracting, co-existence or complementariness (Depelteau, Fortier et Hébert, 2013). This new relationship leads the state to consider NPO's as providers of services and makes their financing more difficult, whether it comes from the federal or provincial government, from the municipality, from the school commission or the school, from United Way<sup>6</sup>, from private financing or from self-financing (financing activities, membership fees, fees for certain activities). The state or the funder (often present in instances of collaboration where members meet with the goal of being informed or consulted about a political, economic or social problem with a view to taking a common decision (Government of Québec, 2016)) have an influence on the practices of the community milieu with a management model which increases accountability requirements, that is the obligation to prove results, to examine them and to assume responsibility for them, and an increase in evaluation procedures (Depeltau, Fortier et Hébert, 2013). With all these management modifications, people working in these organizations say they feel subjected to a private sector mentality and increased bureaucratisation within their organizations, that their original mission is menaced and that working conditions are deteriorating (Depeltau, Fortier et Hébert, 2013). Financing for NPO's is more and more difficult to obtain while conditions (accountability and evaluation) are more constraining.

Parallel to these difficulties for non-profits, the services offered by the PHSS for older adults and their families do not respond well to their needs. These services are complementary to community resources. It may become difficult for social workers to find adequate services to offer to their clientele given that the current logic behind public services in Québec is based on a basket of services rather than on the specific needs of older adults and their families (Carrier, Morin, Garon, Lambert, Gerber et Beaudoin, 2013). Social actors find themselves in a system where public services do not always correspond to needs and where community services are often unstable (depending on whether they receive grants or not).

<sup>6</sup> An independent philanthropic organization which raises funds and redistributes them to non-profit organizations.

Table 1. Functions and tasks of social workers according to the practice milieu specific to gerontological social work

Milieu	Functions	Tasks
	1) Psychosocial Intervention	<ul style="list-style-type: none"> <li>• «Intake (reception of the request for service, orientation or reference, emergency intervention).</li> <li>• Psychosocial evaluation (identification of the psychosocial needs of the clientele; analysis of the social functioning of various members of the systems involved; analysis of the interactions between the systems involved; evaluation of the capacity for change; professional opinion; elaboration of an intervention plan using a structured process and negotiated with the concerned client).</li> <li>• Implementation of the intervention plan (individual interviews, interviews with the couple, the family or other groups, depending on the needs and based on a relationship of confidence and on the constructive utilization of this relationship; reference to appropriate resources; defence of clients' rights);</li> <li>• Planning for the end of the intervention» (translated from Ordre professionnel des travailleurs sociaux du Québec (OPTSQ), 1997, p.4 et 5).</li> </ul>
At home	2) Mobilization and the creation of resources. 3) Liaison with the resources or with partners. 4) Planning and coordination of programmes. 5) Representation to improve or develop social policy. 6) Elaboration or participation in research projects. (translated from OPTSQ, 1997, p. 4 & 5).	

	7) Case Management	<ul style="list-style-type: none"><li>• «Evaluation of the client's situation and needs (through the collection of essential subjective and objective data; by the analysis of data, observations, and forming a professional opinion).</li><li>• Planning of services appropriate to the needs (identifies all priority needs with the client and his family caregivers; ensures that the active participation of the client is obtained, taking into consideration his capacities and limitations; tries to obtain the collaboration of the network of family caregivers of the client; determines the services to be dispensed to the client and by which partners (public, community-based or private); facilitates the setting up of services within the required delay; looks for alternatives in case an appropriate resource is not available.</li><li>• Negotiation of services and of access to resources.</li><li>• Coordination of services, implementation.</li><li>• Monitoring and clinical follow-up.</li><li>• Defense of the clients' rights (ensuring that the client (and those close to him) obtain all necessary information about the individualized service plan and the services to which he may have access; taking care to obtain the free and informed consent of the client throughout the follow-up process; respecting the confidentiality of information about the private life of the client and being sure it is respected as needed, favouring the empowerment of the client; representing the interests of the client and acting in his favour with various institutions).</li><li>• Re-evaluation of the client's situation» (translated from OPTSQ, 2006, p. 12-13-14)</li></ul>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">In placement (intermediate resources or long-term care centres)</p>	<p>«Intervention at the level of the social functioning of individuals, notably at the level of interactions between them and their environment, that is to say their substitute life milieu, their family and those close to them with the goal of ensuring the optimal development of their affective, social and spiritual capacities and to maintain or improve their quality of life. (translated from OPTSQ, 1998, p.8)</p>	<p><b>With the placed older adult:</b></p> <ul style="list-style-type: none"> <li>• «At the pre-admission phase, psychological preparation of the person and those close to him.</li> <li>• Psychosocial evaluation of the person at his arrival (at the placement site).</li> <li>• Elaboration of an intervention plan according to the person's needs and expectations, and according to the services offered.</li> <li>• Follow-up or psychosocial treatment of the person with respect to his difficulty adapting, his behaviour, his affective state, his relations with those close to him or with other persons living in the institution or with the staff.</li> <li>• As needed, specific evaluation with the intention of opening a protection regime or homologating a mandate in case of incapacity.</li> <li>• Transfer to another substitute life milieu if needed.</li> <li>• Support in the last stages of life.</li> </ul> <p><b>With the family and those close to the older adult:</b></p> <ul style="list-style-type: none"> <li>• Psychosocial evaluation of the capacities and the needs of the family and those close to the person in relation to the situation of the placed person.</li> <li>• Mobilization of the family with respect to the placed person.</li> <li>• Support to those close to the person regarding the person's reduced independence.</li> <li>• Transmission of various information, while respecting the notion of confidentiality.</li> <li>• Support in accompanying the person in the final stages of life» (translated from OPTSQ, 1998, p. 8-9)</li> </ul>
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In a hospital setting	<p>«Intervention with the client or those close to him and with members of the care team or with administrative authorities, depending on the impacts of the disease with the goal of returning to health or maintaining it» (translated from OPTSQ, 1999, p. 8).</p>	<ul style="list-style-type: none"> <li>• «Psychosocial evaluation (by identifying the needs and resources of the client and of his environment; by analysing the interactions of the client with various relevant systems: the family, those close to the client, the social network; by evaluating the impacts of the disease on the person and those close to him as well as their capacity to adapt; by issuing a circumstantial professional opinion which identifies the psychosocial problems; by elaborating an individualized intervention plan).</li> <li>• Psychosocial treatment (through individual, marital, family or group interviews, by mobilizing the capacities of the client and of his environment with respect to the impacts of the disease; by contributing to the application of social protection measures under various laws; by supporting the client in all steps taken to promote his rights and liberties.</li> <li>• Liaison (following a psychosocial evaluation or during the course of treatment, by proceeding to plan those services necessary for the client, making referrals to appropriate resources or mobilizing the resources; by establishing working partnerships with other organizations in the network in accordance with the mission of these organizations or of established protocols).</li> <li>• Prevention (by informing the client of the means at his disposition to prevent the re-occurrence of psychosocial problems which might compromise his state of health and by supporting his capacities for change and adaptation)»</li> <li>• (translated from OPTSQ, 1999, p. 8).</li> </ul>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">In the re-adaptation milieu</p>	<p>«Intervention at the level of the social functioning of individuals , notably at the level of interactions between them and their family, social and substitute life environment, with the goal of ensuring the optimal development of their independence, their quality of life and their social integration» (translated from OPTSQ, 1998, p.10)</p>	<p><b>With the older adult:</b></p> <ul style="list-style-type: none"> <li>• «Psychosocial evaluation.</li> <li>• Elaboration of an individual intervention plan.</li> <li>• Follow-up or psychosocial treatment which takes into consideration the adaptation and social integration difficulties of the person, of his loss of self-esteem, of the adjustment to losses, by the quality of relations with those close to him.</li> <li>• As needed, specific evaluation in order to set up a protection regime or the homologation of a mandate of incapacity.</li> <li>• Orientation towards appropriate resources and accompaniment when required.</li> <li>• Transmission of various information, while respecting confidentiality.</li> <li>• Support in the last stages of life.</li> </ul> <p><b>With the family and people close to the older adult:</b></p> <ul style="list-style-type: none"> <li>• Psychosocial evaluation of the capacities and the needs of the family and of others who are close, in relation to the situation of the person with limitations.</li> <li>• Mobilization of the family and those who are close to the person.</li> <li>• Taking into consideration the reactions and the requests of the family and of those who are close.</li> <li>• Inciting them to act as partners for the development of the person's autonomy and his social integration.</li> <li>• Transmission of various information, within the limits of confidentiality. Liaison with other professionals»</li> <li>• (translated from OPTSQ, 1998, p.10-11).</li> </ul>
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### **A diversified clientele**

Gerontological social work requires a large capacity to adapt to many types of clientele as well as to multiple psychosocial problems such as family crises, burnout or the risk or burnout of the caregiver, mistreatment, dealing with losses (of a person, of physical or cognitive capacity, of life milieu, of a driver's licence), adjustment to a new life milieu, suicide risk, etc. In addition, social gerontological problems emerge as new clienteles who were fairly rare until now reach old age, for instance persons with important functional limitations (for example, Down syndrome), persons from sexual minorities who will demand services adapted to their reality (for example, the first transgender persons are now elderly), substance abusers (people who have consumed soft or hard drugs throughout their life) and persons with mental health problems (Pelletier et Beaulieu, 2015).

These changes will require on-going professional reflection between the value of self-determination for older adults and their need for protection, even for those considered the most vulnerable or fragile on an objective basis. It may be difficult for certain social workers to accept a certain degree of «risk management» in the home even if this may be necessary in order to create a climate of confidence with the older adult such that he will feel that he continues to make his own decisions. For example, in situations of self-negligence the effects of intervention are often slow, for if the intervener attempts to make too great changes to the daily routine of the older adult, there is a risk that the relationship will come undone.

### **A programme, a worker**

In the context of the PHSS, the complexity of the needs or the intensity of services and the coordination required to maintain a person in their home necessitates the presence of many workers from different professions in the same case. For the older adult and his family this results a certain loss of intimacy because of the coming and going of workers in their home. In addition changes in personnel are also influenced by vacations, sick leaves and maternity leaves. For an older adult who receives different services, it may become difficult to follow the meanders of different programmes of the PHSS. The same is true for family members who sometimes become the managers of a complex schedule of services and follow-ups.

Social workers raise an ethical question. Where does intervention stop? How do different professionals share responsibility for the actions taken? As mentioned previously, it may be difficult for older adults and their families to know to whom to refer. When there are a number of actors of diverse professions involved with an older adult, the extent and the limits of the actions of each one must be clearly established to prevent duplication. In addition sometimes services are also offered by NPOs, requiring coordination between the people responsible from the NPOs and the PHSS.

### **Older adults who are alone, without family or significant others**

What about situations in which an older adult is alone, without family, either because of the absence of family or the breakdown of family relations? Take the example of an adult who refused during part of his life to take medication and to be followed for a mental health problem. In the case of nebulous family relations, who will be there to support him in his old age? Knowing the life story becomes necessary in order to understand the needs and plan the services, particularly to understand the refusal or the reticence of a relative to be present for an older adult. We also can take the example of the difficulty, or even impossibility, of those close to the older adult to reconcile their own work and family life with caring for him. What alternatives can be proposed to avoid early placement? During recent years, the effects of the disengagement of the state have been well documented, but the inverse is also true. In his practice, a gerontological social worker may be faced with the disengagement of family members. Whence the importance of an optimal global evaluation and of access to the life histories of the older adults who will be accompanied, supported and assisted.

## **Conclusion**

Social work graduates may choose for themselves to work in the gerontological sector. But realistically, because of demographic changes and the organization of services, many of them will intervene, whether it interests them or not, with older adults and their families. This is why it is important, in Québec, to make a course in gerontological social work obligatory in university programmes. In order to respond to all these new realities whether in the context of the PHSS or in NPO's, social workers' initial training must at the very least distinguish between normal and pathological aging and expose the principal social problems which may be encountered by older adults and their families. Moreover, it is important that practising social workers benefit from on-going training, as advances in knowledge and changes in the older population require new practices. Also, the practice of social work in the area of aging requires numerous inter-professional and inter-sectoral collaborations. In the PHSS as well as in the context of NPOs, this practice often takes place within the confines of the medical or the sanitary. «A social worker clear about his professional acts, mastering the tools at his disposition, sensitive to the diversity of aging, careful to not fall into the caricatured generalities about aging, will only know better how to contribute to the well-being of older adults» (translated from Pelletier et Beaulieu, 2015, p. 276), as well as to the family members who accompany them.

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