

A report of the Older Women's Dialogue Project CCEL Report No. 8

MARCH 2017



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EXECUTIVE SUMMARY

PROJECT PURPOSE

Gender has a significant impact on life experience. This dynamic does not disappear as we age. In spite of this reality, research and policy analysis often renders older women invisible: feminist inquiry tends to focus on girls and women of child-bearing age; gender-neutral aging policy concentrates on the experiences of men.

The Older Women's Dialogue Project (OWDP) was born out of a desire to document barriers to the well-being of older women. The goal of this work is to enhance capacity to further law, policy and practice reform aimed at improving older women's lives. To further this work, we developed a collaboration with the West Coast Legal Education and Action Fund (West Coast LEAF), bringing together our respective expertise in working with women and older adults. Fundamental to the OWDP is the principle that women are experts in their own lives. Therefore, we gathered information on the impact of law and policy by holding focus groups with older women and asking them to identify barriers to their well-being.

PHASE 2 OF CONSULTATION

This report documents findings and identifies strategies flowing from Phase 2 of the OWDP. In some areas we also pull together legal and policy research to help contextualize the stories women shared with us. Consultation findings from Phase 1 were published in the CCEL report *Your Words are Worth Something: Identifying Barriers to the Well Being of Older Women (2013)*. Phase 1 included 22 consultation events held in nine different languages, capturing the experiences of older women from diverse ethno-cultural communities. We embarked on Phase 2 in order to expand our consultation activities to better include older women we had not been able reach in Phase 1, such as Indigenous women, women over age 80, women living with a disability and elder lesbians and queer older women. We focus on older women from these communities because they particularly vulnerable to exclusion from discussions of policy and law reform.

In Phase 2 we held 14 consultation events in 2014 -2015 with older women living in the Vancouver Lower Mainland. As is captured by the title of this report, one participant told us, "We are not all the same." Older women are as diverse as the general population, and they described inequality, unmet needs and disadvantage related to their experience of aging in minority communities. Honouring older women's experiences means applying to our work an intersectional lens that considers barriers uniquely experienced by some older women. Throughout this report we identify when experiences are particular to certain groups of women. We highlight some of unique concerns and challenges in spotlights focused on the experiences of older women with living with a disability, elder lesbians and queer older women, older Indigenous women and Elders, and older immigrant and refugee women.

An overarching finding of this report is that the life experiences of older women are so diverse that generalizing is challenging. As a result, a number of the barriers to well-being discussed in this report deal specifically with the experiences of grandmothers caring for grandchildren, older Indigenous women, women with disabilities and immigrant, refugee and ethno-cultural minority women.

BARRIERS TO WELL-BEING

This report, We are not all the Same: Key Law, Policy and Practice Strategies for Improving the Lives of Older Women in the Lower Mainland identifies barriers to well-being in the five subject areas of: poverty and lack of income security; discrimination, ageism, racism and sexism; access to adequate healthcare and home support; violence and abuse; and access to justice. As was the case with Phase 1, concerns about poverty and income security emerged at every single consultation and the impact of many of the barriers listed below would lessen or disappear if older women experienced greater income security as they aged.

The 18 barriers, as arranged into the five subject areas, are as follows:

Area I.	Poverty and lack of income security			
Barrier 1.	Inadequate pensions			
Barrier 2.	Inadequate public funding for prescription medication and oral healthcare			
Barrier 3.	Unpaid family caregiving reduces pension income			
Barrier 4.	Lack of financial support for grandmothers raising grandchildren			
Area II.	Discrimination, ageism, sexism and racism			
Barrier 5.	Ageism and age discrimination			
Barrier 6.	Racism and racial discrimination against Indigenous women			
Barrier 7.	Lack of interpretation for women who are deaf or hard of hearing			
Barrier 8.	Systemic discrimination against elder lesbians and queer older women living in long-term care			
Barrier 9.	Poor treatment on public transit			
Area III.	Lack of access to adequate healthcare and home support			
Barrier 10.	Problems accessing physician care for women with disabilities			
Barrier 11.	Barriers to accessing appropriate home support			
Area IV.	Violence and abuse			
Barrier 12.	Living with Fear			
Barrier 13.	The impact of historic trauma on older Indigenous women.			
Barrier 14.	Abuse and neglect by family members			
Barrier 15.	Barriers to accessing transition house services			
Area V.	Barriers to access to justice			
Barrier 16.	Lack of legal representation for grandmothers			
Barrier 17.	Lack of knowledge about options for legal assistance			
Barrier 18.	Lack of language interpretation to support access to legal advice for immigrant women			

Each discussion of the 18 barriers includes strategies for law, policy and practice reform. The strategies are also summarized at the end this report.

Although this series of consultations involved older women living in the Lower Mainland, many of the findings and strategies are relevant to the experiences of women living throughout BC or Canada.

STRATEGIES FOR REFORM

The list of 30 strategies is far-reaching. It includes calls to:

- Raise Old Age Security and Guaranteed Income Supplement rates;
- Develop a publicly-funded national Pharmacare program;
- Implement comprehensive training to address racism, ageism and cultural competency within many of our social and government institutions; and
- Provide legal representation to grandmothers who are, or seek to be, the primary caregivers of their grandchildren or great-grandchildren.

Older women make tremendous contributions to our communities, especially as family caregivers. However, while our communities are often founded on the assumption that women will provide care across their lives, there remains a lack of adequate support for older women to sustain these roles and a lack of recognition of the financial impact of caregiving across the life course.

Changing the structure of society in order to better include, respect and support older women is not a small challenge. It requires additional funding for legal aid, healthcare, healing programs, research and language interpretation. As one woman told us, older women are often treated as though they are "too much trouble." We invite policy analysts, educators, governments and communities to leverage our findings and strategies we have identified in their work to enhance quality of life for older women in our communities. We look forward to working with all of you to address barriers to the well-being of older women.

The CCEL and West Coast LEAF recognize the importance of engaging older women in the process of bringing about change. As part of the OWDP we were funded to work with four communities of older women to take action to address barriers to well-being they identify as most pressing. The women developed brochures, videos, petitions and other tools to help people better understand their experiences and to support change in law and policy. We encourage you to take a look at these resources and consider how you can work with older women to take action on some of the 18 barriers to well-being identified in this report. Far from being "too much trouble," the older women we spoke with are passionate advocates for legal and policy change. They have much wisdom to share.

INTRODUCTION

"When one's [hair] starts turning white, you start to fade into the background like a ghost."

WHY GENDERS MATTERS IN ELDER LAW AND AGING POLICY

In recent years there has been much focus on the reality that our population is aging, but little attention given to the unique experiences of older women. Gender has a significant impact on life experience, and inclusive aging policy and law reform work recognizes that this dynamic does not disappear as women age.

Older women experience aging differently based on many factors such as socio-economic status, disability and Indigenous identity. Honouring older women's experiences means applying a gender and intersectional lens to aging policy and law reform work. It also requires us to document the experiences of diverse older women.

The Older Women's Dialogue Project (OWDP) is a collaboration of the Canadian Centre for Elder Law (CCEL) and the West Coast Legal Education and Action Fund (West Coast LEAF) that brings together analytical perspectives that consider both aging and gender. The project was created to address a gap in research with respect to the experiences of older women.

The OWDP explores:

- ▶ What are the pressing law and social policy issues impacting older women?
- ▶ What can we do to address these barriers to quality of life for older women?

This project aims to:

- ▶ Empower older women to influence law and social policy
- ▶ Enhance the capacity of people working in law and policy to understand issues through a lens that considers both aging and gender
- ▶ Identify strategies law, policy and practice reform that will improve quality of life for older women

THE CONSULTATION REPORT (PHASE 2)

This report summarizes our findings from meetings with older women in the Lower Mainland to discuss barriers to their well-being in 2014 and 2015.

This Introduction provides background on the OWDP project and the structure of the report.

The Methodology section explains our consultation and research methodology.

The bulk of the report discusses 18 **Barriers to Well-Being of Older Women**, divided into the following five subject areas:

- I. Poverty and Lack of Income Security
- II. Discrimination, Ageism, Racism and Sexism
- III. Lack of Access to Adequate Healthcare and Home Support
- IV. Violence and Abuse
- V. Barriers to Access to Justice

Each of the above sections contain strategies for law, policy and practice reform with respect to each barrier we discuss.

The **Spotlights** focus on four groups of older women to highlight challenges linked to identity. This report aims to illustrate how different aspects of identity can compound barriers to well-being. We shine a spotlight on:

- Indigenous women
- Women living with a disability
- Elder lesbians and queer older women
- Immigrant and refugee women

Although we had originally intended to develop a spotlight on women over age 80, we found that the women we consulted from this age group presented as much diversity as the general older women population.

Following our Conclusions, the report ends with a summary of our Strategies for law, policy and practice reform, organized according to whether they are directed at:

- Law reform
- Policy reform
- Research and consultation

Tables and figures that appear throughout this report reflect data gathered through the survey we asked participants to complete at each event. An electronic version of the survey is available on the CCEL website.

The words of older women provide the foundation for this work, and so we include a great number of quotations by women who participated in consultation events.

METHODOLOGY

PARTICIPATORY ACTION RESEARCH

Although the CCEL has always involved community in research, the OWDP marked our first attempt to engage a large number of marginalized stakeholders to help us understand the impact of laws and policies on their lives. In 2013 we hired a summer student, funded by the Vancouver Foundation, to conduct a literature review on participatory action research (PAR) with older women. The review was conducted to identify strategies that might work best for reaching and including older women from diverse communities.

PAR can be generally defined as a participatory, systemic inquiry concerned with developing practical knowledge grounded in community. The approach brings together action, reflection and community involvement. PAR engages many useful practices for allowing traditionally vulnerable populations to have a voice in research processes. Our literature review of PAR is available on the CCEL website.

TWO PHASES OF CONSULTATION

The OWDP began in 2012 with funding by the United Way of the Lower Mainland. From September 2012 to February 2013 we met with 312 older women living in the Lower Mainland to learn about the pressing law and social policy issues impacting their well-being. Women from diverse ethno-cultural communities and socio-economic backgrounds participated. We held 22 consultation events in nine different languages, working with local organizations stretching from Surrey to Gibsons. Events varied in size, with the largest group including 27 women. Women in their 50s, 60s, 70s and 80s participated.

In September 2013 we published the first report of the OWDP, *Your Words Are Worth Something*, identifying 31 pressing issues of concern identified by older women and 24 strategies for taking action on these issues.

In 2014 we received funding from the Vancouver Foundation to hold a Phase 2 of consultation to give voice to groups of older women that we had not been able to reach in Phase 1, particularly older Indigenous women, women with disabilities, women over the age of 80, and elder lesbians and queer older women. Between July 2014 and June 2015 we met with 13 groups of women. Details on each of these groups can be found in the table on the following page.

TOOL DEVELOPMENT WITH OLDER WOMEN

Many of the women we met during Phase 1 of consultation were enthusiastic about taking action on the pressing issues they had identified. In response to this interest, and our review of PAR approaches, we developed Phase 2 the OWDP to engage older women in tool-development work to address a pressing legal or social policy issue in their community.

With funding from the Vancouver Foundation and Employment and Social Development Canada, we worked with four groups of older women over a 12 to 18-month period to:

- ▶ Identify a legal or policy issue that was particularly pressing to them
- Choose an activity to take action on this issue
- Create and share their tool

For each group we worked in collaboration with a community organization that recruited women and provided interpretation where necessary.

The groups we worked with were:

- Chinese immigrant women from the Richmond Grandmothers Group (Richmond Women's Resource Centre)
- Older women from the Downtown Eastside Women's Centre
- Latin American women (South Granville Seniors Centre)
- Indigenous older women (Aboriginal Mother Centre Society)

The groups developed tools on access to dental care, safety in housing, universal Pharmacare, and housing policy, including petitions, documentary videos, and workshops. All of the tools created by older women through the OWDP can be found on the CCEL website.

OWDP Phase 2 Consultation Events

GROUP	DATE	NUMBER OF WOMEN	HOST AGENCY
Indigenous Elders	June 2014	9	Aboriginal Mothers Centre
Women living with Multiple Sclerosis	September 2014	11	Kitsilano War Memorial Community Centre
Hearing impaired women	October 2014	19	Bonsor Community Centre
Residential school survivors	October 2014	18	Vancouver Aboriginal Community Policing Centre
Chinese women	November 2014	18	Downtown Eastside Women's Centre
Muslim women	November 2014	15	A mosque in Surrey
Elder lesbians and queer older women	December 2014	8	Britannia Community Centre
Older women living in assisted living	February 2015	20	Progressive Intercultural Community Services
Blind and partially sighted women	March 2015	3	West Coast LEAF
Women living on-reserve	March 2015	11	Musqueam Nation
Elders over age 80	March 2015	7	Pacific Association of First Nations Women
Women living in a housing complex for women over age 55	April 2015	17	Atira Women's Resource Society
Women living on-reserve	July 2015	6	Tsleil Waututh Nation

THE OWDP APPROACH TO CONSULTATION

At each event we asked women about the barriers to their well-being in seven areas:

- Poor treatment or discrimination based on age or gender
- Income security, poverty and pensions
- Legal systems
- Family dynamics
- Personal safety and freedom from abuse
- Housing
- Immigration

At each event women directed the focus of the discussion based on the issues most pressing to them. Not every topic was addressed at each consultation.

We worked with a community agency to organize each consultation event. The agency recruited and registered participants.

At each event we provided food and refreshments at the beginning of the session. We asked women to review and complete a consent form which confirmed that their participation in the project was voluntary. We also asked women to complete an anonymous three-page survey. We engaged a professional facilitator, who was an older woman herself, to lead discussions. We provided every woman who participated in a consultation event with a \$20 honorarium at end of the event.

CCEL and West Coast LEAF staff attended each consultation event. Paid staff recorded the discussions.

We met regularly with an Advisory Committee of older women with expertise in gender, aging and community development. The committee provided guidance on identifying agencies and individuals who could help us set up consultation events and reviewed draft versions of this report.

For Phase 2 we engaged a project evaluator who provided a mid-term and final evaluation report. We employed a research assistant to attend each consultation event to document interpersonal dynamics by way of assisting us to identify areas where facilitation could be improved.

WORKING WITH INDIGENOUS WOMEN

One of the overarching goals of Phase 2 was to hear from a greater number of older women who identified as First Nations, Aboriginal or Indigenous. Only a small number of Indigenous women participated in Phase 1 and so it was not possible to identify barriers to quality of life particular to older Indigenous women.

To help us meet this goal of including Indigenous women:

- We reached out to our networks to recruit Indigenous women onto the Advisory Committee. In 2014 two Indigenous Elders and one Métis woman joined the committee.
- We retained a respected older Indigenous woman to facilitate consultations with older Indigenous women.
- We spent a significant amount of staff time on building relationships with organizations working with older Indigenous women in the hopes of creating situations where the women would feel safe and comfortable to engage openly, and therefore have richer discussions.

DEVELOPING THE DISCUSSION OF BARRIERS TO WELL-BEING

At the consultation events older women shared stories that illustrated barriers to their well-being and quality of life. Using thematic analysis of notes from all events and reviewing survey data, CCEL staff identified 18 key barriers to well-being for older women.

This report does not discuss every single law or policy issue older women raised at consultation events. We focus on barriers that:

- Were identified by women at multiple events, or by many women at a single event
- Link to subject areas that fall within the mandate or expertise of a law reform and legal research body
- Relate to a subject area where there is adequate research to draw upon to begin identifying practical strategies aimed at improving quality of life for older women

At the Advisory Committee's suggestion, the report includes not only consultation findings but also a summary of research to contextualize each of the issues and strategies for change. In some instances, we contacted local community or provincial government agencies to help us further understand the issue, clarify available services, pin point the barrier or identify what kind of change to practice might best assist older women.

The 30 strategies were either drafted with the Advisory Committee or informed by previously published, comprehensive reports, such as the *Report of the Truth and Reconciliation Commission of Canada*, *Honouring the Truth, Reconciling for the Future*, and the Ombudsperson for BC's Report, *The Best in Care: Getting it Right for Seniors in British Columbia*. Given that very little research exists on the experiences of older women in particular, in most instances we reference research findings that concur with, address or expand on our findings, but were developed with broader populations in mind, for example, all women, all seniors or all Indigenous people. The subjects that emerged from consultation were too broad to permit us to undertake a detailed examination of each barrier. Our hope is that the discussion and strategies can help readers to better understand barriers to the well-being of older women and take steps in exploring these important topics. At the request of the Advisory Committee, the discussion of barriers and strategies also includes the work of the OWDP tool-development groups.

Some urgent and complex subjects emerged that are not addressed in our report or are only briefly mentioned. Comments from older women indicate a need for research, law and policy reform, or public legal education work on the following additional topics:

- 1. Predatory marriage (marrying a woman to get access to her savings or property)
- 2 Inadequate and overcrowded housing on First Nations reserves
- 3. The high cost of subsidized assisted living in BC
- 4. Lack of entitlement of Indigenous women earning income on reserve to contribute to CPP until 1988
- 5. Application of the Family Homes on Reserves and Matrimonial Interests or Rights Act¹, resulting in many Indigenous women losing access to their homes, especially when they must leave due to circumstances of violence
- 6. Safety of older women in subsidized low-income mixed housing or residences espousing a harm reduction ideology
- 7. End of life care for older women, especially single, widowed and childless women
- 8. Participation of older women and Elders in leadership band self-governance
- 9. Jurisdictional issues that limit access to healthcare for Indigenous women

BRINGING PHASES 1 AND 2 TOGETHER

We met with 474 older women—312 in Phase 1 and 162 in Phase 2. In Phase 1 we included women from diverse language communities, in particular a large number of immigrant and refugee older women. We also held events in different parts of the Lower Mainland. In Phase 2 we focused on reaching women who identified as Aboriginal, Indigenous or First Nations, women from different disability communities, women over age 80, and elder lesbians and queer older women. In Phase 2 we placed less emphasis on reaching immigrant and ethno-cultural minority women, as they had been the focus of Phase 1. We held only three events with interpretation, following up on relationships we started developing in Phase 1.

This report summarizes findings from Phase 2 and identifies strategies for law, policy and practice change. In order to provide a full overview of barriers to well-being for older women in the Lower Mainland in a single publication, we also include a spotlight on the experiences of older immigrant and refugee women, which includes quotations and findings from both Phase 1 and Phase 2.

A NOTE ON LANGUAGE USED IN THIS REPORT

Older women

The notion of "older women" is a general term, intended to reflect experiences linked to aging. Throughout this project we allowed women to attend consultation events if they self-identified as "older". Women in their 50s, 60s, 70s, 80s and 90s participated in the project. We use the more specific terms "senior" or "senior women" when referencing women aged 65 and older in relation to entitlement to provincially or federally funded benefits that commence at age 65.

Indigenous women

Throughout the project, older women referred to themselves as Indian, Aboriginal, Native, Indigenous, First Nations or Métis, or identified themselves by specific local terms based on family, community location or traditional names.² Many woman identified themselves based on band or first nation. In the project survey we asked women to select their ethno-cultural background from a variety of choices, including Aboriginal or First Nations as one of the categories. "Aboriginal" was the term many communities preferred in 2014 when we developed the survey.

The Advisory Committee discussed the language for referring to Indigenous peoples in Canada in great length. Recognizing that it is challenging to use a single term to reference diverse nations and peoples, for the purpose of this report, the term Indigenous³ is used as an umbrella term to denote older women who self-identified by band or geographic location, or as Indian, Aboriginal, Native, First Nations, Métis or Indigenous. We note when findings apply to on-reserve Indigenous older women specifically.

Elder lesbians and queer older women

In this report we use the expression "elder lesbians and queer older women" because this language resonated with the majority of the women who attended the consultation session organized for lesbian, bisexual and queer older women.

Among the Advisory Committee the term "queer" was not universally understood to have positive or self-affirming connotations because in the past "queer" was a derogatory term used to refer to homosexual identity as unusual, different from 'straight' ways of being, and therefore inferior. In the 1970's activists reclaimed "queer" as a term of power, taking pride in their difference from the heterosexual majority. Today, the word queer emphasizes the positive aspects of self-identifying queer people's difference from the heterosexual majority. To some, the term also challenges the narrowing of non-heterosexuality to either gay or lesbian, denoting a continuum of sexual identities that resist heteronormative definitions.



Many older women survive on very low incomes. Poverty and lack of income security pose a significant barrier to quality of life for older women. Women discussed not being able to afford appropriate and safe housing, healthcare, food, interpretation services and legal assistance. They talked about how disability, caregiving, violence in the home and being an immigrant can negatively affect their incomes even further, and how financial dependence on family members can put them at risk of harm. Many of the barriers discussed in this report would disappear or lessen if women had greater financial security as they aged.

BARRIER 1.

Inadequate Pensions

"If you're earning half as much as a man, then you are able to contribute half as much to your pension."

"We save for [a] RRSP, but it is not meeting our needs when we are old." At every consultation event older women described challenges to their financial security. Many women described earning less than male partners and colleagues during their working years. Older women described how this inequity impacted their finances and ability to contribute to a pension plan. As one woman explained, "I was working in a mill and was getting paid less than half than the men in the exact same position... when you add that up to pensionable contributions over the years, it's much, much less for a woman than it is for a man."

Women discussed how part-time employment contributes to financial insecurity, resulting in lower incomes and fewer health and pension benefits. One woman told us, "Employers may convince a disabled woman to work fewer hours, packaging the offer as an advantage. But in reality, part-time work often strips them of health benefits." As one women added, "My CPP is less than \$1000 a month. I really had to save because my job was always on call and temporary, and I never got the benefits of a full-time employee."

Older women who had worked in the non-profit sector or on a contract basis described the additional challenges of working with limited health benefits and paying for prescriptions and medical leave out of pocket. They also often did not have a pension plan. Women expressed concern that as life expectancy increases they must further stretch pensions and savings that were never adequate to begin with.

Many of the women we spoke with are living in severe poverty. They shared stories of food insecurity, not knowing where their next meal would come from, and "always running out of food halfway through the month." Some women told us that the only way they get by is with help from family. Other women told us that they do not have the option to accept money from family, or prefer not to rely on family "as it puts us in a very bad situation." Many older women find they need to work part-time into their 80's to supplement Canada Pension Plan (CPP) and Old Age Security (OAS) benefits.

Disability and ageism can add challenges. A number of women shared stories of having to reduce their hours of employment due to disability or retire early, and the impact that change had on their ability to save for retirement. Women with disabilities underscored the precariousness of health in later years, and how illness can disrupt even the best financial plans. As one woman explained, "I was told at

"We are all a partner, a job or an illness away from poverty. All three are layered on me." 50 I had to stop working for health reasons. I thought I would work for another 15 years. That has really impacted my finances. I didn't expect to get this health crisis."

Some women described having their work hours cut and given to younger workers. Many older women felt the breadth of their experience and skills was not valued by employers.

Further, women explained that if you need to flee an abusive relationship you may have to give up your job. It can be challenging to find a decent employment position later in life, a dynamic that is often compounded by disability or trauma from abuse.⁵ One woman shared that "The stigma associated with fleeing abuse is huge... you have no clean clothes and people look at you differently when you have to tell them why you left."

As a result of poverty in old age, older women face housing insecurity and homelessness. As one woman explained, "I have been homeless for 16 months and I had a hard time as an Elder. There is a long waiting list with BC Housing, and even though the doctor said I needed housing for my health, I could not get it. I had to carry around all of my belongings for 16 months."

Traditionally, and to this day, women earn on average significantly less than men.⁶ The reasons for this wage gap are complex, including discrimination, the prevalence of female workers in lower income earning sectors, and the reality that women are more likely to work part-time, often due to caregiving responsibilities.7 Women are also more likely than men to be employed in precarious work positions characterized by job instability, lack of benefits and low wages, posing challenges to saving for retirement.8 Ensuring financial security for older women is a complex challenge given this variety of factors that contributes to limited savings and lack of significant occupational and work-related pension benefits (private employer pension or CPP).

"Single old people's pensions are too low, and I don't know how they are able to support themselves. It makes me angry. I'm 78, and our friends in their 80's are really struggling with small pensions, and it is so devastating."

BOX 1.

Canada's Pension Regime

Canada's retirement system is generally considered to have three tiers. Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) are financed by the Government of Canada through tax revenues to provide a basic pension for individuals who meet the eligibility requirements. OAS is clawed back based on annual income. GIS is an additional pension for low-income seniors. The CPP, to which people living in Canada contribute through paid employment (with 50% of contributions made by the employer) provides a pension based on lifetime pensionable earnings. The third tier consists of private pensions and savings, including individual savings plans, such as RRSPs, and employer-sponsored plans. Although the last tier is considered a private type of plan, pension savings that fall into this third tier are heavily subsidized by the federal government through tax incentives.9

"It's grinding to be constantly living with the very real fear of homelessness."

Many senior women (women age 65 and older) are living on very limited incomes and relying exclusively on OAS and GIS. OAS is an important source of income for senior women, particularly when compared with senior men: in 2013, 26.3% of senior women in Canada relied exclusively on GIS and OAS for income compared to 16.7% of men.¹⁰

Over the years, numerous studies and reports have highlighted the inadequacy of OAS.¹¹ This problem is especially true of an expensive city like Vancouver: in 2016 a single person receiving full OAS and the maximum GIS receives \$16,129.44 per year (\$1,344.12 a month)¹²—barely enough to pay for a one-bedroom apartment in Vancouver.¹³

Although the entire public pension regime may require an overhaul, in the meantime, women tell us that OAS and GIS rates are not adequate. The current government promised to increase GIS for single seniors by 10%.14 This would increase GIS by approximately \$77.36 per month, or \$936.32 a year, producing an annual income of \$17,057.76 for single women entitled to full OAS and GIS. The most recent Statistics Canada data place the Low Income Cut Off, the most commonly used and fairly conservative index of poverty in Canada, at \$23,298 for large urban centres with a population over 500,000.15 Accordingly, the promised 10% increase in GIS for single seniors would not lift the poorest older women living in the Lower Mainland out of poverty.

STRATEGY 1

Enhance the Old Age Security and Guaranteed Income Supplement programs to ensure that senior women are not living in poverty.

Although OAS and GIS reform will not address the complex underlying structural causes of poverty for older women, reform of our national public pension program would assist the poorest older women in BC.

BARRIER 2.

Inadequate Public Funding for Prescription Medication and Oral Healthcare

"Some medication isn't paid [by MSP], so I end up not buying it, even though I need it."

For many women medication costs become prohibitively high as they age. In particular, women with disabilities expressed concern that older women are taking second and third mortgages against their homes to pay for prescriptions and access to oral healthcare, hearing aids and mobility devises, or simply not purchasing essential medication. For women in this situation, poverty also often means going without mobility devises such as walkers.

Women residing in assisted living also described challenges arising from the fact that 70% of their already meagre income goes to housing. As one woman told us, "I was doing fine living on my own. But now 70% of my income goes to assisted living. Out of the remaining 30% I must pay for transportation, medication and other medical expenses... there are things I need to buy right now, but I cannot afford them because housing is such a large part of my income."

In response to this issue, one of the OWDP tool-development groups developed a lobbying campaign focused on universal Pharmacare, identifying access to prescription medication as the most urgent policy issue impacting their lives. The Institute for Research in Public Policy recently confirmed the importance of this issue, identifying a national Pharmacare program as an essential aspect of a national seniors strategy for Canada. ¹⁶ An adequate universal Pharmacare program could go a long way toward addressing the poverty of older women by relieving women of significant and crucial expenses.

STRATEGY 2

Create a national Pharmacare program to ensure that low-income seniors can afford the medication they need.

"The medicine for Parkinson's is very expensive. [In order] to not spend so much on medicine, I take two pills a day instead of the three that I'm required to take."

"I worry about my dental care more than ever. I often get painfully swollen gums. I cannot afford to see a dentist. All I do is endure the pain."

Women told us the lack of publicly-funded dental care is also a significant barrier to well-being, given their low-incomes in old age. One of the OWDP tool development groups identified access to dental care as their most urgent issue and chose to develop a campaign to lobby the provincial government to develop such a plan. Older women in this group shared many stories of how poverty contributed to poor oral health, and lack of oral healthcare resulted in a variety issues, such as heart problems, inability to chew or digest food and related nutritional problems, chronic pain, shame about the appearance of their mouths, and family tensions when they must appeal to their children for financial assistance with dental care.

When you compare services across Canada, BC offers the least financial assistance to seniors in the area of dental care: Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Quebec and Saskatchewan all have dental care programs for low income adults. Alberta and Newfoundland have programs for low-income seniors. ¹⁷ All three territories fund oral care for all senior residents. ¹⁸ BC does not have a universal program that ensures that all low-income older residents have access to oral health and dental care.

STRATEGY 3

Create a dental care program for low-income seniors.

"My teeth are decaying and have been hurting for a few months now. I can't eat or sleep. As a last resort, I had to ask my children to pay. I feel like I am a burden to my family."

BARRIER 3.

Unpaid Family Caregiving Reduces Pension Income

"Respect us older women more for taking care of the family, for raising grandchildren, for the second job, for all the things we don't get paid for."

Caregiving is a huge part of women's lives. Women care for partners, children, grandchildren, parents and others in their families and communities. Unpaid caregiving work has a significant impact on women's earning power and ability to save for retirement.

Older Indigenous women in particular described living in poverty in old age, after a lifetime of unpaid work in the home raising children and grandchildren, and the vulnerability that comes with financial dependency on a spouse. Added to this dynamic is the reality that women statistically outlive men, and therefore are relying on a lower income for a longer period of time. This situation was summarized well by one woman who said, "Men may be the bread winners but women are the ones holding the family together. We spend our years taking care of the family, and when the men die we are left with no pension."

Women identified a lack of affordable childcare as one of the barriers to earning enough money to save for retirement, stating that a "universal childcare program would benefit the whole community" and support women of all ages. As one woman explained, "What's the use of women working if we have to then pay childcare out of our pockets? If there weren't grandparents around to help, there is no way I could have worked. I would have needed to make at least \$50 an hour to cover care." Childcare costs reduce women's capacity to save for retirement, and lack of childcare means women sometimes cannot earn any income from employment.

Elder lesbians and queer older women were very concerned with the financial impact of illness and caregiving in later life. One woman shared her story of supporting her partner with dementia and how this impacted her life twofold: first she wasn't able to work while caregiving for her partner, and secondly, when her partner transitioned to a residential care facility, her household income decreased and she was no longer able to afford to live in her home

The pension regime in Canada does not address the significant caregiving women provide across their lives. CPP calculates monthly benefits based on pensionable earnings. As a result, women who earn less income due to caregiving responsibilities experience a reduced income.

The Plan currently has a number of drop-out provisions designed to reduce some of the disadvantage to caregivers. Section 48(2) of the CPP includes a child rearing provision ("CRP"), which allows a parent to exclude time spent out of the paid workforce caring for children (under seven years of age) from the time used to determine pension entitlement.19 There is also a general low-earnings drop-out provision, which allows up to 17% of the contributory period, or up to eight years, to be excluded from the calculation of CPP benefits.20 However, for many women, pensionable earnings are impacted by caregiving for a greater number of years than is recognized by these two drop-out provisions.

In 2010 the CCEL published a study paper on law and policy changes to consider in order to better support unpaid family caregivers. One of the key policy issues that emerged from this research was the loss of pensionable earnings experienced by unpaid family caregivers. CCEL recommended an expansion of the CRP to include eldercare and other forms of adult caregiving or the introduction of a parallel adult caregiving drop-out provision.

STRATEGY 4

Amend the Canada Pension Plan to include a drop-out provision parallel to the Child-Rearing Provision that would be applicable to all years of full-time family caregiving.

Strategy 4 will only benefit women who are engaged in paid work. For many women lack of affordable childcare during their years of parenting young children significantly reduces pensionable earnings and pension savings. Other women are unable to undertake paid employment at all due to the high cost or unavailability of adequate childcare. In its recent report on the impact of the lack of childcare on the rights of women in BC, West Coast LEAF highlights many of the negative consequences for women and children as a result of a lack of affordable childcare in BC. West Coast LEAF calls on the Government of BC to take leadership in addressing the childcare crisis in BC by developing a coordinated public childcare system that provides affordable and accessible care for all children in BC, and, in particular, West Coast LEAF supports the \$10 a day plan advocated for by Coalition of Child Care Advocates of BC & the Early Childhood Educators of BC.21

"A lot of times in the Chinese community kids are supposed to help seniors out, but a lot of us aren't being supported."

STRATEGY 5

Develop a coordinated public childcare system that provides affordable and accessible care for all children in BC.

A number of the immigrant women we spoke with had come to Canada later in life and less than 10 years ago, and consequently are not eligible for either OAS or CPP. Some women have no retirement income because they have no entitlement to a public pension as a result of immigrating to Canada late in life, very often to provide care for grandchildren. This financial dependence on sponsors may not be a problem for older women who are safe and well-supported by family. However, for older women who are trapped in abusive relationships due to financial dependency, limited access to publicly funded programs is harmful. Some of these women are able to access income assistance programs. With limited to no income, older immigrant women tell us they often rely on community resources, such as food banks, clothing donations and meal programs for their survival.

To qualify for CPP, a woman must be a month past her 59th birthday, have worked in Canada, and have made at least one payment to CCP. To qualify for OAS, she must be living in Canada and be 65 or older, a Canadian citizen or legal resident, and have resided in Canada for at least 10 years after turning 18. OAS benefits are reduced based on the number of years of residency in Canada. Immigrant women are entitled to the GIS if they meet the criteria for OAS, whether or not they receive the full OAS pension. Neither the OAS or the CPP program is able to provide much assistance to older immigrant women who immigrated to Canada later in life.

STRATEGY 6

Review Old Age Security and Guaranteed Income Supplement eligibility criteria respecting access for older immigrant women who otherwise have no financial support.

BARRIER 4.

Lack of Financial Support for Grandmothers Raising Grandchildren

"A lot of grandmothers are raising their grandchildren. Social assistance does not help us enough."

A number of women, especially of Indigenous heritage, are caring for children long into old age, and bearing the costs of supporting their grandchildren, often with little to or financial support from the government. As one woman told us, "Elders are raising grandchildren, up to 7-12 [children], and it's expensive." Another woman added, "Elders in our community have meagre incomes. Yet where do people end up eating? Everyone piles into her house. You have to wonder how they have groceries at the end of the month."

Women questioned why foster parents receive more financial support than grandmothers raising grandchildren, since grandmothers often step in to keep a child from going into the foster care system and ensure a child remains in culturally appropriate kinship care. Grandmothers are making at least as much of a social contribution as foster parents, with the benefit of keeping the children in the family. Older women criticized Ministry for Child and Family Development (MCFD) policies for not recognizing traditional Indigenous values around extended family, and failing to support children to stay with their own families and cultural communities.

In BC, the amount of government financial assistance a grandparent can receive to pay for a child's needs depends on whether the grandparent has a custody, guardianship or adoption order, or is a foster parent. A family member can at times get foster parent status by

agreeing to look after a child who is in the care of MCFD. The amount of financial assistance will depend on whether the grandchild has been diagnosed with special needs. The system is also complicated and difficult to navigate.

Many older Indigenous women who are guardians of their grandchildren are critical of the difference in financial support available to guardians compared to foster parents, and the resultant impact on the ability of kinship caregivers to meet their grandchildren's needs. In BC, foster parents are provided \$554.27 per month for a child aged 0-11, and \$625.00 for a child aged 12-19.22 Foster parents of children with physical, mental, behavioural or emotional needs requiring specialized care receive a service payment in addition to the basic monthly rate per child. There are three levels of service payments that depend on how many children a foster parent is taking care of and their level of support needs, ranging from an additional \$458.02 a month for a child in level 1, to \$3,113.12 for two children in level 3.23 A guardian is not eligible for these payments because she is not a foster parent.²⁴

According to 2011 census data, 30,005 children in Canada aged 14 and under live with one or both grandparents where no parents are present.²⁵ It is well known that, on average, health and social outcomes of children who remain within the family are higher than for children who are placed in foster care.²⁶

"Grandparents suffer because they are spending their modest incomes taking care of 6, 7, 8 grandkids at a time."

Kinship care is recognized as a top priority of the MCFD.²⁷ However, in 2010 the primary financial benefit program for these children, Child in the Home of a Relative (CIHR), stopped accepting new applications, and the Extended Family Program (EFP) was introduced. Unlike CIHR, EFP cannot help families most in crisis because of stringent eligibility criteria and the exclusion of cases where a caregiver has been awarded guardianship.28 BC's support group for grandparents caring for grandchildren, Parent Support Services Society of BC (PSSBC), has identified the disadvantage to grandparent caregivers and the children they care for when they are excluded from financial assistance programs, and has recommended benefits be available to all kinship caregivers, regardless of legal status.²⁹

STRATEGY 7

Create a financial benefit program for kinship caregivers that will permit appropriate financial and other supports regardless of guardianship orders.

"It's not just that older woman are treated poorly, but if you're older, a woman and not white, you're treated worse. There are different levels and kinds of discrimination that stack up one on another. PART II. When vou're like me and poor, notwhite, older and a woman—well, then you're in trouble." DISCRIMINATION, AGEISM, SEXISM AND RACISM

Most women negotiate discrimination, sexism and ageism in old age, and their experiences are not shaped by age or gender alone, but also by many overlapping aspects of identity, such as to ethno-cultural background, immigration status, Indigenous identity, sexual orientation, disability and poverty. Older women are as diverse as the general population and consequently experience different kinds of discrimination.

Conceptually, discrimination and 'isms' such as ageism, sexism and racism denote different but related concepts. Age discrimination refers to actions, such as differential treatment that denies a benefit or imposes a barrier, as well as similar treatment that fails to recognize an older person's unique needs. Ageism, sexism and racism refer to belief systems that can result in discrimination.³⁰ The Ontario Human Rights Commission identifies two different kinds of ageism: incorrect assumptions and negative stereotypes about older people; and the social construction of institutions, programs and laws based on the assumption that everyone is young, resulting in a failure to address the needs of older people in society.³¹ For older women, ageist, sexist and racist attitudes in healthcare, social services, housing and other sectors result in barriers to accessing much-needed services.

The sections below are organized to reflect the unique barriers experienced by different communities of women, such as Indigenous women, women with disabilities and elder lesbians and queer older women. Older women's stories highlight a need for increased awareness about age discrimination, racism, sexism and ageism, and underscore the importance of recognizing equality.

BARRIER 5.

Ageism and Age Discrimination

"Daughters say 'this way mom', and turn and push them along. It's taking away the independence of an older person when you treat them like that."

Older women described many instances of being disrespected or ignored. Many women shared stories of professionals speaking to a younger person who was present, and assuming a younger person would make decisions on their behalf. As one woman explained, "I've had cancer and have had to go through a series of treatments. My first interaction with my doctor I brought a good friend with me. He looked at my friend, who looked younger than me, and started talking to her first. I'm the one who had cancer."

This ageist dynamic was particularly common with respect to financial and business transactions, and often linked to assumptions related to an older woman's ethnicity. As one woman explained, "I went to have my car serviced, and instead of talking to me, he talked to my daughter. Eventually I said, 'Excuse me, I speak English." These kinds of ageist practices are particularly troubling given the prevalence of financial abuse.³² As discussed in Your Words are Worth Something, immigrant women are particularly vulnerable to financial abuse. The focus on communicating with younger family members and not learning about older women's perspectives undermines institutional capacity to detect abusive family dynamics and theft of an older person's money.

Family members are often a source of ageism. One woman told us, "I own a condo, been there for 40 years. I like it. But my family is trying to force me to move to live with one of them. I don't want to." One woman summarized things this way: "I didn't work so hard to be

disrespected. I've earned my stripes and sores and do not deserve to be treated like this."

Some women described how they internalize this ageism. As one woman said, "I feel stupid anytime I do or say something because older people are told they are feeble minded." Older women face the ageist mindset that, "You're not from this generation, step aside", and the assumption that older generation cannot keep up with younger generations. Women feel the impact of media stories presenting the aging of our population as a threat to our economy and healthcare system. One woman explained that "It is infuriating to see people assuming that aging is something we want to prevent from happening. Our generation is a potent force because we are a huge demographic. In terms of being older, retiring, and coming to be someone who is identified as older and a drag on the economy, is terrifying."

"If I am shopping at a department store, and I approach someone, they will just walk away, and I am ignored. I think it is because I am older."

A number of women shared stories that reflected discrimination based on age. One area where discrimination is particularly common is housing. One woman said, "The lady who tried to evict me told me I should be in a rest home because I am older." Another woman told us, "I moved to go to school and put an ad in saying I was a mature student seeking housing. As soon as the landlords saw me you could tell they didn't want me as a student because I was old." Disability often compounded discrimination. Women who are deaf and hard of hearing said they are often denied housing. One woman explained that a potential landlord inquired, condescendingly, "Can you live alone, do your own laundry?" before denying her the apartment.

Data collected by Revera³³ underscores the prevalence of ageism in Canada. In their 2012 survey 63% of seniors aged 66 or older confirmed that they have been treated unfairly or differently because of their age, and 35% of Canadians across age groups admitted they have treated someone differently because of their age.³⁴ The report identifies ageism as the most tolerated form of social prejudice in Canada.³⁵ A more recent publication by Revera highlighting gender-based findings related to the 2012 data indicates that women are more likely to experience ageism than men—68% of female older adult respondents said they had experienced ageism versus 57% of male respondents.36

In terms of addressing ageism in the community, both the Ontario Human Rights Commission (the only human rights

"Someone is always making decisions on your behalf." commission in Canada that has undertaken a study of age discrimination) and Revera and its research collaborators emphasize education and awareness-raising activities as key to combatting ageism, starting with school children and continuing with adults working in various professional sectors.³⁷ In its report on age discrimination the Ontario Human Rights Commission also identifies its own role to support anti-ageist education, committing to "develop and implement a broad public awareness campaign that addresses ageism and age discrimination."³⁸

One of the OWDP tool development groups addressed public education on discrimination against older women. A group of older women from the Downtown Eastside created a series of three short video documentaries describing the barriers they experience living in, and trying to find, housing in their community, and developed a workshop to assist housing providers and policy-makers to better understand the racism and lack of safety older women confront. The BC Centre for Elder Advocacy and Support (BC CEAS) and the BC Association of Community Response Networks have also undertaken some public education activities regarding combatting ageism. However, more work is needed to address this subject.

"At the bank, the teller will talk to everybody but you about your money."

STRATEGY 8

Develop programs and activities to raise awareness within public, private and post-secondary learning environments about the positive contributions of older women to community and family and encourage people of all ages to develop a more positive view of older women.

Unlike many other provinces and territories, there is no public body with a mandate and adequate funding to undertake the Minister of Justice's responsibilities vis-à-vis human rights public education in BC. In 2002, the government of BC eliminated the BC Human Rights Commission, introducing a tribunal with very limited human rights education responsibilities. No public body has been installed in its place to take on the role of public education

regarding human rights. In their recent review of the tribunal-only model of human rights protection in BC, leading human rights researchers Gwen Brodsky and Sheilagh Day underscored a need for more comprehensive public education regarding human rights in BC.³⁹

STRATEGY 9

Undertake comprehensive public education regarding human rights, discrimination and aging with particular attention to ageism and the experiences of older women.

STRATEGY 10

Prioritize public legal education activities aimed at enhancing understanding of, and preventing, ageism and age discrimination.

BARRIER 6.

Racism and Racial Discrimination Against Indigenous Women

"When you're First Nations, you get poor treatment everywhere."

Older Indigenous women described racism and racial discrimination as a constant part of life. They experience it from people in the community and staff at government agencies and public service offices. One woman noted that, as a result of conditioning, older Indigenous women often will not even react to inappropriate comments: "Elders have a high tolerance for abuse from residential school, and sometimes when it's going on we don't even notice."

Landlords often refuse to rent housing to Indigenous women based on an assumption that they are all on welfare and unable to pay the rent. As one woman explained, "I look for housing and when I go to see a house, they tell me it is already taken. A week later the house is still available. There are subtle forms of racism we have to deal with." One woman shared, "I was called horrible names and was told to do my laundry at a separate time from everyone else because I am a 'lazy Indian' and do not have a job, when I do [have a job]. I told management and they did not do a thing. They told me that it was my fault I could not prove I was called bad names, and there was nothing they would do about it."

Older Indigenous women at multiple consultations described emotionally painful experiences with the Ministry of Social Development and Social Innovation (MSDSI). Women expressed concern that the staff do not have enough empathy or cultural sensitivity training to relate to older Indigenous women, especially women with disabilities. Women said they were treated like 'second class' citizens, and told stories of assistance workers calling them derogatory names.

Some women also shared how they would never trust the MSDSI or the MCFD after their

experiences in the residential school system, and, even if they need help, are hesitant to seek help from either.

The stories older Indigenous women shared with us reflect racism throughout their lives and continuing into old age. The prevalence of racism described by older Indigenous women we met as part of this project is consistent with data and stories reflected in other studies of Indigenous people in Canada. Canada's colonial history is founded on attitudes of racial and cultural superiority, which supported the active and often violent suppression of Indigenous languages, culture, values and spiritual practices. This history and legacy of colonialism of Indigenous people in Canada is well documented in the recent report of the Truth and Reconciliation Commission of Canada (TRC). The report notes that the legacy of the residential school system "is reflected in the intense racism some harbor against Aboriginal people and in the systemic and other forms of discrimination Aboriginal people regularly experience in this country."40 The report emphasizes education as key to reconciliation.41

"There needs to be more mainstream cultural sensitivity."

STRATEGY 11

Provide BC public service staff with anti-racism, human rights and cultural competency training with particular attention to the experiences of older Indigenous women. "The social worker was lecturing me that only immediate family are allowed in the hospital and I turned and said well we are all immediate family. There is really a big cultural clash and not recognizing First Nations family values."

Older Indigenous women experience cruelty and discrimination in trying to access health-care. Sometimes the antagonism Indigenous women experience is connected to the myth that all Indigenous people receive free health-care to which other Canadians do not have access. In actuality, Indigenous women face great health disparities. One woman explained, "Last weekend I ended up in hospital. Nurses were being very mean and were getting mad at me because they couldn't find a vein. When the doctors said I was okay to go I asked them if they could help find me a ride home. She said, 'Take a bus.'"

Sometimes discrimination is a result of the overlapping impacts of being Indigenous, older and female. One woman shared a story of how difficult it was to get a diagnosis and understand the nature of her disease, and how this treatment put her at risk. She stated, "The doctor treats you the same until he sees your name and Aboriginal status on the file then he discounts your symptoms. I was misdiagnosed for two years and I was sent for an ultrasound and the doctor points at my chest and goes uh yeah, you have something there and vaguely waves hand in the direction of my breasts.... It was substandard care."

Older Indigenous women from two consultations spoke to negative experiences in

"As soon as you disclose that you are First Nations you will be treated differently no matter where you go. It follows you in the doctor's office, the hospital, and clinic and wherever else you go." hospital trying to connect with Aboriginal Patient Navigators. Aboriginal Patient Navigator positions exist within the various health authorities to improve "the healthcare experience of Indigenous patients within the hospital system."42 Women appreciated the role of an Aboriginal Patient Navigator, in theory. However, none of the women we spoke with were able to access help from a navigator when they needed it. Women described conflicts with hospital staff, and problems accessing services, and were very frustrated that their concerns were repeatedly dismissed with a catchall phrase: "Go see the Aboriginal navigator." Women felt the role of an Aboriginal Patient Navigator was window dressing for Indigenous cultural sensitivity in the hospital because there are not enough navigators available and they are difficult to access.

A recent evaluation commissioned by the First Nations Health Authority and Provincial Health Services Authority found that the Aboriginal Patient Navigator program played an essential role in fostering culturally competent healthcare. However, as of 2014, there were only 49 Navigators working in BC across six health authorities. He review identifies lack of weekend and evening staffing as a particular challenge and provides a number of strategies for improving care, including action to ensure that there are an adequate number of positions, especially within hospitals.

STRATEGY 12

Review the delivery of the Aboriginal Patient Navigator program with a view to enhancing its capacity to serve Indigenous women in the Lower Mainland.

Although enhancing the patient navigator program should improve access to healthcare for older Indigenous women, women deserve respectful and compassionate care from all healthcare providers. As was called for in the TRC report, education of healthcare providers is essential to enhancing healthcare delivery to Indigenous people.⁴⁶ Researchers from Canada, Australia, New Zealand and the United States are currently collaborating to develop a set of core competencies for Aboriginal public health called CIPHER: Competencies for Indigenous Public Health, Evaluation and Research. Their work highlights evidence-based and emerging best practice cultural competency programs for healthcare facilities, universities and service providers across Canada.47

Although anti-racism education is fundamental, it is also important to enhance accountability and avenues for redress when racism and racial discrimination occur. Indigenous women must be informed of what steps they can take to enforce their rights. Fair and transparent processes must exist for holding the public service sector accountable to treat older Indigenous women with respect.

STRATEGY 13

Provide healthcare staff engaged by BC Provincial Health Authorities with cultural competency, human rights and anti-racism training with respect to serving Indigenous people.

STRATEGY 14

Display prominently within government agencies information regarding staff codes of conduct in relation to racial discrimination and racism that describe clearly the steps older women may take to address violations.

BARRIER 7.

Lack of Interpretation for Women Who Are Deaf or Hard of Hearing

"Today, in the 21st century, we should be at a better place. 50 or 60 years ago there was talk about human rights. I think most people don't realize that deaf people and hearing people are all humans."

"Finally, the nurse...
got an interpreter...
Why was I being
told no for two
weeks. That was
discrimination."

Lack of American Sign Language (ASL) interpretation emerged as a significant problem facing older women who are deaf or hard of hearing, especially in terms of access to emergency healthcare. We heard stories of women in crisis at hospitals, day surgery centres and outpatient clinics receiving inadequate assistance or care because healthcare staff could not understand them and they could not understand healthcare staff. One woman shared, "My husband had a heart attack. At hospital they refused to get an interpreter. They were relying on my children. My son was only 16. I kept asking for an ASL interpreter for two weeks. It was really tough."

Older women emphasized the inaccessibility of services for hearing-impaired older women, particularly in the healthcare system. Women said the TTY system is not adequate. In one woman's words, "Government info is not accessible to deaf people. No option to meet someone in person...TTY system is slow... not accessible, is not good enough." A number of women said they had requested freelance interpreters, but that interpretation was never provided to them. Women questioned why the health authorities do not hire permanent translators and signers to help patients from their communities.

The British Columbia Health Services Authority funds ASL interpretation for health-care services. The program, entitled Medical Interpreting Services (MIS), is operated by the Western Institute for the Deaf and Hard of Hearing, with a mandate to provide interpretation for emergency and non-emergency health related appointments in communities across BC, including appointments with family doctors. Interpretation is dependent on interpreter availability and women are encouraged to book as far in advance as possible. For emergencies, the program relies on an on-call list.

In the 1997 Supreme Court of Canada decision of *Eldridge v. British Columbia* (Attorney General) the Court affirmed the right of people who are deaf and hard of hearing to equal access to healthcare.⁴⁸ The case arose as a result of a reduction in access to ASL interpretation due to lack of funding of the MIS program. The Court found that the BC Government discriminated against the appellants by failing to fund ASL interpretation that would allow people who are deaf and hard of hearing to communicate with healthcare providers.

Given the existence of the MIS program, older women should have access to ASL interpreters. Women's reported experiences suggest that there may be a need for increased awareness of the program among healthcare staff. According to the Canadian Association of the Deaf, family, friends, acquaintances, social workers, teachers, educational assistants, ministers and others are often expected to replace the role of a qualified professional interpreter. Other research indicates that there has been little effort to conduct effective outreach and utilize health promotion strategies that are specifically targeted to women with disabilities.

STRATEGY 15

Research healthcare accessibility for older women who are deaf and hard of hearing with a view to reducing barriers to service and raising awareness of existing American Sign Language interpretation services amongst healthcare staff.

BARRIER 8.

Systemic Discrimination Against Elder Lesbians and Queer Older Women Living in Long-term Care

"She's scared and anxious...Three times I found they have been putting her in a dress."

Elder lesbians and queer older women were clear that their gender and sexual orientation must be respected and protected in order for them to feel safe. Women shared stories of health and residential care staff putting women "back in the closet" by not respecting gender identity.

Some women spoke of the fear of loss of identity if and when they lose mental or physical capacities or transition to dependent care. Lack of autonomy can pose a threat to identity and safety for elder lesbians and queer older women. One woman's current experience supporting her partner, who has dementia, in residential care highlights this issue: she stated, "I told them she doesn't want to wear dresses—she hasn't for 40 years. She was forced to wear dresses in her home country to avoid being persecuted for being a lesbian. She keeps asking me if we are in danger."

The experiences of elder lesbian and queer older women raise issues around long-term care placement and staff competency to care for elder lesbian and queer older women. Historically long-term care facility research has excluded the experiences of LGBTQ older adults, leading to their invisibility; however, this is starting to change.⁵¹ Based on American data, we know that social isolation remains a major issue as LGBTQ older adults are three to four times less likely to have children, twice as likely to live alone, twice as likely to be single, and deal with significant economic and health disparities compared with heterosexual older adults.⁵² Addressing the invisibility of elder lesbians and queer older women in long-term care is crucial to inclusion and safety.

Aging Out, a 2012 report by Qmunity highlights some of the systemic barriers LGBTQ seniors face in long-term care:

- 1. The InterRAI⁵³ intake assessment tool, which is the standard intake assessment tool used by assisted living and community care providers in BC, does not include any questions regarding sexual orientation or gender identity. Therefore, an assessor is not able to capture information that is essential to making an appropriate facility placement for LGBTQ seniors.
- 2. In residential care, the First Appropriate Bed Policy requires a person to accept or refuse the first appropriate bed they are offered within 48 hours. This may not provide enough time for elder lesbians or queer older women to determine whether the assigned facility is appropriate and safe. It is vital to determine if staff have had LGBTQ competency training, the number of 'out' staff or residents, and the existence of anti-homophobia and anti-transphobia policies and practices.⁵⁴

These two factors can lead to circumstances where an elder lesbian or queer older woman, or her healthcare decision-maker, accepts placement in facility where a woman will not feel safe or be respected. However, as Qmunity points out elsewhere in its report, it is challenging for LGBTQ older adults to find an appropriate placement because few appropriate facilities are available. Qmunity identifies the following six factors as relevant to an assessment of appropriateness:

- Facility regularly provides LGBTQ competency training to staff and supports staff in being LGBTQ competent
- Facility provides programs and activities supporting LGBTQ residents
- Family of choice has ability to make healthcare decisions
- Facility has policies in place to support LGBTQ residents
- Facility provides access to appropriately gendered room placements, washrooms and other spaces
- Facility provides appropriately gendered dress, pronoun use and trans* competent medical care⁵⁵

Their report indicates there is only one facility within the Vancouver or Fraser Health authorities that "openly states they provide a queer and trans positive living environment" and that some "other facilities have undergone some limited staff LGBTQ competency training." ⁵⁶

In its report on age discrimination, the Ontario Human Rights Commission identified homophobia in the healthcare system and lack of recognition for LGBTQ people and their partners as significant concerns, concluding with the recommendation that "healthcare and social service providers receive training to enable them to appropriately address the needs of older gay, lesbian, bisexual and transgendered persons." Organizations such as Rainbow Health Ontario are starting to deliver training in this area, and US research has identified core competencies for such training. §8

STRATEGY 16. Ensure assisted living and community care facility staff across BC receive training in cultural competency and respect for the human rights of elder lesbians and queer older women.



BARRIER 9.

Poor Treatment on Public Transit

"One older lady was trying to get off the bus and the driver sped away... The woman fell down and hurt herself."

"Someone offered me his seat at the very back of the bus, but I heard another younger one say 'how come all grey haired people think they have the right to everything?"

Across all groups, the most universal experiences of discrimination and poor treatment occurred on the bus. Women's stories revealed tremendous insensitivity and a lack of respect for older women's rights—and sometimes also hostility.

Many women commented that people do not give up a seat for their elders. Invisible disabilities create additional barriers: as one woman explained, "On public transit the people are very rude and do not acknowledge seniors or disabled people boarding the bus unless you're in a wheelchair."

A lack of courtesy and awareness of accessibility issues makes public transit less safe for older women. As one woman told us, "[There] was a very old woman who was standing. I couldn't just watch her, so I tried to get the attention of a young man to give up his seat and he gave me the finger and no one else did anything about it. It brought me to tears. I had to get off."

Translink currently addresses accessibility concerns in part through its Access Transit Users Advisory Committee. Translink characterized the issues raised by older women at our consultation events as issues of courtesy and priority seating, and confirmed that the topic comes up fairly regularly at meetings of the Committee. Translink relies on customers to self-regulate access to priority seating, without staff involvement, in order to protect the safety of their staff; however, they maintain some signage regarding accessibility seating priorities. 60

BOX 2.

Translink's Record for Enhancing Accessibility

In 2005, Translink completed a service survey of transit users, which identified a concern that "some front line transit staff display limited understanding and sensitivity to people with disabilities."61 The review resulted in a number of recommendations, including the very broadly worded recommendation that Translink "Foster an inclusive, welcoming environment for all transit users. This will include developing a new customer service strategy," and "Staff training in assisting people with disabilities must be standardized and consistent throughout the transit system."62 Based on the latest published board report on efforts to meet the recommendations set out in the report, staff training to date is focused on serving persons with disabilities, and not on the related issue of serving older adults with respect.63

In 2011, Translink published an Access Transit Strategy and Implementation Paper. Although the paper was focused on supporting older adults to age in place in the context of a rapidly aging population, it primarily discussed innovations aimed at HandyDART improvement and other alternatives to bus travel, rather than identifying strategies for enhancing accessibility, safety and respect for older people using the bus.⁶⁴ The report commends Translink for the accessibility of bus design but fails to recognize the essential role of staff in creating a climate that is inclusive of older people. Similarly, Translink's Universal Accessibility Guidelines in 2007 focus on bus design, signage and sky train stations.

STRATEGY 17

Identify and implement strategies for enforcing the rights of older people and people with disabilities to priority seating on public transit. Strategies could include: a policy that drivers regularly announce priority seating rights; a partnership with the BC Ministry of Education to develop mandatory curriculum for primary and secondary school children that includes the rights of older people regarding transit use; more visible transit signage in a range of languages; and transit police enforcement of accessibility to priority seating when they observe violations.

This section on discrimination, ageism, sexism and racism calls for education and training in a number of areas. It is important to evaluate impact and ensure the effectiveness of practices introduced to improve programs and service delivery in this area.

STRATEGY 18

Conduct regular service audits to ensure that measures implemented by public bodies to address racism, discrimination and ageism are having a positive impact.



Although we did not specifically ask older women about barriers to well-being in the area of healthcare, this topic emerged as a universal concern. Older women negotiate diverse barriers to accessing appropriate healthcare. Women with disabilities, Indigenous women and elder lesbians and queer older women confront discrimination and racism, as discussed in section II. Further, poverty and lack of income security, discussed in section I, have a significant impact on access to appropriate healthcare.

BARRIER 10.

Problems Accessing Physician Care for Women with Disabilities

"Finding a doctor is very difficult."

Women with disabilities experience systemic barriers to accessing quality healthcare. Older women living with Multiple Sclerosis (MS) shared particular difficulties finding a doctor. They described family doctors as less willing to take on patients with complex disabilities.

Walk-in clinic doctors often rotate their days of practice, and combined with a limited time to spend with each patient, cannot provide the level of one on one care older women living with MS need. As one woman explained, "It is very important to have a doctor that understands a person's disabilities." She added, "Doctors may simply not want to have disabled patients, and will transfer disabled patients to other doctors or clinics." There is a general sense that women with disabilities and complex health needs are not welcome.

Some older women have been unable to access much needed specialist care. These women said often their family doctor would not understand all aspects of their disease but be unreceptive to women researching their disease and impose a "too many questions" rule. Older women with various disabilities also noted challenges obtaining care from dentists or optometrists, who use specialized equipment and chairs that are often incompatible with mobility aids.

Many older women report a need for support and assistance to ensure their basic healthcare and home support needs are met. Although the idea of an advocate supporting a patient to access healthcare is not new, formal patient navigation models are a relatively recent innovation. Patient navigators provide a range of support aimed at reducing personal,

provider, cultural and health system barriers to accessing healthcare services and facilitating timely and appropriate care.⁶⁵ Formal navigators can be healthcare professionals, nurses, or social workers. In the community, volunteer navigation can be provided by family and friends, but not everyone has someone to assist them in accessing healthcare. This is especially true of older women, who tend to outlive their partners if they have been in a long-term heterosexual relationship, or play caregiving support roles within their family.⁶⁶

Evaluative data suggest that the patient navigator model is successful at providing patient-centered care to support patients with complex and chronic conditions to receive timely, seamless, culturally appropriate guidance and support for developing health literacy. Although there is no specific research on patient navigation for older women, available research indicates the patient navigator model is beneficial for chronically ill seniors transitioning across care settings.

STRATEGY 19

Develop a patient advocate or navigator program to provide support and assistance to older women who experience barriers to receiving timely and appropriate healthcare.

Older women's stories suggest that the current fee-for-service billing model encourages physicians to limit appointment time and the number of items addressed during each patient visit. This model of care arguably produces systemic discrimination against older women with disabilities or complex health needs, who are often dealing with multiple health problems simultaneously, all requiring physician care. Older women with disabilities and chronic and degenerative diseases require holistic care from a health practitioner who is familiar with their overall health status and able to treat multiple health issues in a single appointment.

A number of health clinics in BC have been funded to provide care using a population-based payment approach as opposed to the fee-for-service model. Under the population-based health centre model, doctors are paid the same amount regardless of how many patients they see in a day, and the centres may house a mix of healthcare practitioners. Payment is based on the number of patients served by the clinic. As Roy Romanow pointed out in the Royal Commission report on healthcare in Canada, "for general practitioners and family physicians, fee-for-service payment plans can be a major obstacle to primary healthcare."

Further, a Community Health Centre (CHC) model of holistic care with integration of physician care might better serve older women with complex health needs than private practice care. CHCs offer team-based services and programs, including primary care from allied health professionals, health promotion, illness prevention and community development—all in one location. There are a number of CHCs in the Lower Mainland but few of them include primary physician care.

Research suggests that CHCs provide effective and cost-effective care, achieving better overall outcomes than other traditional medical models. Multidisciplinary care teams, such as form part of a health centre approach, have also been found to improve care and maintain independence of older people as they age. Romanow has advocated for the CHC approach, encouraging the federal government to consider a national strategy for expanding community health centres across the country, with new federal dollars targeted specifically for that purpose in order to deliver more efficient and holistic care.

STRATEGY 20. Explore models of healthcare delivery that better serve women with complex health circumstances. Two such models are the population-based payment model currently in use in a number of health practices across BC and Community Health Centres that bring together primary care physicians and allied health professionals.

BARRIER 11.

Barriers to Accessing Appropriate Home Support

"There is a gap in services. Why take an Elder away from their home when all they need is a little help [with] cleaning?"

"There used to be a group that did housekeeping for Elders that chose to stay at home. There doesn't seem to be money for this anymore. The money just stops when you get your pension."

Older women at each of the consultations identified a desire to remain in their homes as they age. Aging in place allows older women to remain connected to their home, social circles, family and community, and therefore also to their support systems.

Women discussed the erosion of services and how difficult it is to obtain any home care supports from regional health authorities. Further, when help is available, it is generally medical support, such as assistance taking medications, whereas women often require different kinds of support in order to continue to live independently.

Women are frustrated that there is often a mismatch between their needs and the services provided. One woman told us that, "Older women need physical help with laundry and housekeeping, but Fraser Health home support only comes by to give medication... Half the time they just sit there... I say to case managers that I do need help with medication but I need more help with little things around the house, like getting in and out of a bathtub. But when I say this the case manager threatens to take away all of my services because they say I must not need them if I'm asking for help with other things."

Many older women fear that housekeeping will become too much for them to handle independently, especially if they are single or widowed, and that they will be forced to transition into assisted living or long-term care, or move in with family. Older women with capacity and good mobility want to be supported with light housekeeping duties so they can remain in their homes for as long as possible. This issue is very much connected to income level. As one woman explained, "I can't even pay someone to help. Nobody will come help me for \$10, even \$15 an hour. Money is tight and I would have to pay a lot out of my own pocket."

In BC access to home support services has steadily declined for the last 16 years. From 2001 to 2010, access to support home services for people 75 and over declined by 30%, and services were increasingly restricted to clients with more complex care needs.⁷³ This decline puts pressure on the system to address the needs of a population of older adults that is growing in size.

The role of community health workers has narrowed significantly and become more task-oriented, limiting their ability to provide person-centered care. Light housekeeping, laundry and meal preparation are no longer provided except in circumstances deemed necessary to client safety; however, these services can be "very important for seniors to be able to age safely and comfortably in their own homes,"74 and are the services most often needed by older adults in order to maintain independent living.⁷⁵ Supporting a client who requires assistance only with activities like meal preparation, laundry and housekeeping has been shown to operate as "an early warning system" for the health system, helping to monitor changes in health status, avert health crises and delay admission to residential care.⁷⁶

Further, housekeeping, laundry and meal preparation are historically unpaid gendered labour disproportionately performed by women. Failing to properly fund these kinds of supports has a greater impact on women because their needs are more likely to be unmet. Research by the BC Seniors Advocate indicates that the majority of the older people living in residential care and receiving home support are women, and that up to 15% of people living in residential care in BC could live independently or semi-independently with the right community supports, such as home support.⁷⁷ This information suggests that home support and other publicly funded services are not meeting existing needs in this area, particularly for women.78

Some women will lose capacity to perform tasks such as housekeeping, laundry and meal preparation as a function of aging or disease. Research indicates that women are more likely than men to outlive a spouse and not have a spouse to help them with care in old age. Therefore, a seniors strategy that addresses the needs of women must consider funding activities such as light housekeeping, laundry and meal preparation.

The 2016 report of the BC Seniors Advocate on home support confirms what older women tell us regarding their home support needs. 28% of the respondents to the Seniors Advocate's survey on home support identified help with housekeeping as the service they would most like to receive that they are not receiving, and 12% identified help with meal preparation as a current unmet need for assistance. Her report concludes that "the need for more service, particularly housekeeping services, is also an important message that warrants a more focused exploration." 81

In its 2012 report on healthcare for older people, the Ombudsperson for BC expressed concern about the decline in available services under home support. The Ombudsperson recommended that the Ministry of Health "analyze whether the current home support program is meeting its goal of assisting seniors to live in their own homes as long as it is practicable and in their and their families' best interests."82

The 2015 Report of the Expert Group on Home & Community Care in Ontario, *Bringing Care Home*, suggests that flexibility in determining which services a client and their family caregivers receive, and how they wish to receive them, is key to providing appropriate support. The report illustrates this point with the following example: although an individual may be eligible for assistance with bathing, a family member may be willing and able to provide this assistance, and the individual might prefer to allocate her funding for home support assistance to support assistance with other activities, such as a social activity.⁸³

In BC, some light house-keeping and other assistance is provided to older women through Better at Home, a program of the United Way for the Lower Mainland. Better at Home reports that the most frequently used service of the program is light housekeeping (42%), provided primarily by paid staff and contractors.⁸⁴

STRATEGY 21

Develop or enhance publicly-funded programs aimed at providing house-keeping assistance, such as meal preparation, laundry and housework, in order to assist older women to live independently or semi-independently.



Concerns about safety and abuse were a central issue at consultation events. Violence and abuse are linked to identity, discrimination and racism, and so older women live with diverse fears. For example, women who grew up in residential schools described different fears from women who came to Canada as immigrants and speak very little English. This section discusses diverse kinds of violence, abuse and fear that characterize the lives of some older women living in the Lower Mainland, and proposes a range of law and policy strategies for addressing different safety and abuse related barriers to well-being.

BARRIER 12.

Living with Fear

"For me, safety with my son who is a chronic drug addict is an issue. I get really scared that he will beat me up but I try to not show fear. I tell him to leave until he gets help."

A great number of the older women we met live with significant and ongoing fear of violence. They do not feel safe in their communities, and sometimes even in their own homes.

Although many women shared stories that suggest a lifetime of violence, abuse and fear, some women talked about how vulnerability is compounded by aging. For example, women discussed being less able to defend themselves from younger assailants as their bodies aged. Women conveyed limited confidence in the police or others in positions of authority to help keep them safe in their communities, and some women's stories reflected fear and distrust of police officers. Although safety emerged as a universal concern, the issue was particularly prominent for Indigenous women and immigrant women.

Older Indigenous women living on reserve told stories of large, violent Indigenous gangs entering the community, patrolling the streets, selling drugs and victimizing residents and their property. Many women were shocked by how quickly drug-related violence had spread throughout their communities. Some older Indigenous women spoke of break-ins and feared assault in their homes. Women described police storming into their community in full force one day, and the next day, no police presence at all. As one woman explained, "Cops were everywhere hiding with massive guns. It was terrifying... So one day you have a SWAT team in your backyard and the next day nothing. We had a meeting with police after the fact, but you have to question how safe our community is." Older Indigenous women questioned why there are not more safety measures in place on reserve when gang violence is prevalent.

The experiences of Indigenous women living on reserve identify unique and urgent safety issues. Older Indigenous women are very concerned about the overrepresentation of Indigenous people in the Canadian criminal justice system. Trust must be built by recognizing colonization as the root cause of harm and taking a holistic inclusive approach to reform that reflects the values and principles of Indigenous cultures to improve safety and security for Indigenous people.⁸⁵

"I'm scared when I am walking around by myself. There's a thing where a group of kids will go up to a stranger, hit them, then run away. They post the attack on [social] media and think it's funny."

STRATEGY 22

Consult with older Indigenous women and band leadership in order to better understand community safety challenges and strengths from an Indigenous and feminist perspective and support older Indigenous women to be safer in their communities and their homes.

"I want to see the drugs out of our community. Safety is huge."

"We have nobody [working] here on the weekends and this is an Elders building. It's just not safe."

Older Chinese women described, in great detail, the many tactics they use to keep safe in the community. A degree of social isolation has become a survival strategy for them. They rarely travel alone, and if they do not have friends to walk with they stay home. Most feel unsafe at night and only go outside during daylight hours. They do not carry a lot of cash and avoid wearing noticeable jewelry.

Language barriers also play a large role in older Chinese women's pervasive fear. Women feel uneasy when they do not understand what people are saying about them and many prefer to stay in their community. As one woman shared, "When we go out, people push us around because we are seniors, and we are not always agile." They feel they are targeted for violence.

As noted in *Your Words are Worth Something*, one of the reasons older women live with abuse or violence is because they lack information on their rights and options. Until recently, no rights-based resources existed specifically targeting older women in BC. In 2016 West Coast LEAF partnered with the CCEL to develop a plain language handbook on rights and options for women living in abusive situations. The resource proved to be very much in demand and few print copies remain. There is no funding for further printing and distribution across the province. Furthermore, there is no remaining funding for translation of the handbook.

STRATEGY 23. Support the printing, translation and distribution of accessible legal rights information for older women, including the handbook *The Roads to Safety: Legal Rights for Older Women Fleeing Violence.*



BARRIER 13.

The Impact of Historic Trauma on Older Indigenous Women

"One of the nuns threw a little boy down the stairs and killed him. He had a disability and nobody wanted to take care of him... At school you were always living in fear."

Physical and emotional safety is an extremely complex subject for older Indigenous women. Women who attended our consultation events shared horrific stories of abuse and neglect—some recent and some from many years ago. They also live with the ongoing stories of missing and murdered women from their communities. Addressing the impact of trauma on their people and the damage to their communities and families is a key priority for older Indigenous women—not only because of how it affects them personally, but also because of their acute sense of responsibility for younger generations. There is clearly much work to be done to better support all survivors of the residential school system in their healing, including older women.

Some of the women we spoke with were raised by parents or family members who attended residential schools; others attended residential schools themselves. Women pointed to the erosion of family resulting from colonization and systemic abuse through the residential school system and mass child apprehensions that followed. From one generation to the next, colonial processes have disrupted Indigenous traditional family values. Women shared stories of returning from residential school to unsafe homes with no supports to help them deal with trauma.

Women described how the cycle of family violence impacts not only the woman who experienced the abuse, but also the whole family and community. At one consultation with older Indigenous women the group discussed child abuse, expressing anger that more is not being done to protect children in their communities: "Everybody seems to hush-hush the issue. Well, it is time to start thinking 'this is not okay."

The Aboriginal Healing Foundation defines historic trauma as "a cumulative emotional and psychological wounding across generations resulting from massive tragedies". 86 The findings of our consultation underscore historic trauma as a fundamental barrier to the well-being of older Indigenous women; however, the need to support healing of all Indigenous people, their families and communities is well documented.

In Researched to Death: B.C. Aboriginal Women and Violence, Pacific Association of First Nations Women and others note that "what is required is on-going funding to support culturally relevant Aboriginal programming and services that are designed, delivered and implemented by healthy, Aboriginal women, Elders and community workers." The Highway of Tears Symposium Recommendations Report made a number of recommendations regarding counselling and support for victims and families, including "increase[ing] locally-based, and culturally sensitive, long-term counselling and support services to Aboriginal families who have experienced a traumatic event."

STRATEGY 24

Fund initiatives to enable older Indigenous women, women Elders and their communities to develop locally-based and culturally appropriate programming to support healing within their communities.

"I don't feel safe within my own family."

"It affects the grandparents when trouble happens with the grandchildren. You see your grandchildren in terrible, abusive relationships, and it hurts your soul."

BARRIER 14.

Abuse and Neglect by Family Members

"There is not just a little financial abuse going on in our community. I know because I see the Elders' children coming in on pension day—the only day they visit."

Many older women shared stories of being exploited or neglected by family. A number of older Indigenous women expressed concern that family neglected them, only coming to them for money or practical help, such as babysitting. The oldest Indigenous women we met with felt isolated in their seniors housing buildings and each knew at least one older women whose only contact with family was on pension cheque issue day.

The stories of abuse that older women shared with us generally involved low-income women living in congregate housing arrangements such as seniors housing, community care and Indigenous housing societies. Women discussed how difficult it is to intervene to help an older woman who is being abused by family. As one woman shared, "Sometimes, even if you wanted to help the Elder, they would not have support systems in place to sustain themselves. I know a lot of neglected Elders and it's very hard to get kids involved" in a positive and meaningful way. Women living in long-term care are often particularly vulnerable as a result of health issues, and fear the impact of intervention.

Although in the context of our consultation the topic of abuse and neglect by family was primarily raised by Indigenous women, research tells us that issue is not limited to them. The recently completed national prevalence study on mistreatment of older adults in Canada confirms that abuse of older people is a serious issue: in 2014-2015, 7.5% of older adults reported experiencing some form of abuse, ⁸⁹ with 74% of perpetrators being family members. ⁹⁰ The aggregate prevalence for abuse and neglect for that year was 8.2%. ⁹¹

As is the case with women of all ages, even when older women are aware that they are being abused, exploited or not treated with respect it can be difficult for them to figure out what to do to protect themselves. Family relationships are often very important to older women and they will live with abuse in order to preserve connections to family.

Older women who are being abused require access to advocacy and support. In some instances, they may benefit from access to a mediator or social worker who can help them communicate with family members who are hurting them or could be a source of support. In Canada, women who experience violence often seek an average of two services to help them cope, ranging in uptake from police or court-based services (6%), to counselling (39%). Counselling (39%).

"In the casino, Elders would come in with their grandchildren and see that the person taking as much as they can from the Elder, but because the Elder didn't want to do anything about it, there wasn't much you could do."

In 2012, Atira Women's Resource Society, working with a national advisory committee of women with experience working with older women, commenced a three-year review of promising practices for housing older women fleeing violence or abuse. The work culminated in a 30-page document entitled *Promising Practices across Canada for Housing Women who are Older and Fleeing Abuse* which outlines barriers older women confront accessing services and leaving situations of violence, and identifies 11 promising practices for enhancing capacity to serve older women.⁹⁷

The promising practices report points out that outreach can be particularly helpful to older women experiencing abuse because women who are older often negotiate barriers to leaving their home or leaving an abusive situation. The report highlights the practice of developing outreach strategies tailored to women who are older as a promising practice. The report's research methodology included interviews with service providers from the transition house sector and a number of the women interviewed emphasized outreach to older women in their homes or community as key to providing support. 99

BOX 3.

Taking Action to Reduce Elder Abuse in BC¹⁰⁰

The BC Government has recognized the prevalence of abuse of older people in BC and the importance of taking action to enhance capacity to prevent and respond to abuse. In 2012 the Ministry of Health conducted a province-wide consultation resulting in the publication of its Together to Reduce Elder Abuse Strategy (TREA) and the appointment of an inter-sectoral Council to Reduce Elder Abuse to guide its work. In 2015 the Council funded a number of elder abuse capacity enhancing initiatives throughout the province. In TREA the government committed to the creation of an Office to Reduce Elder Abuse located within the Seniors Directorate of Ministry of Health, in recognition of the value of developing a coordinated BC-wide response to elder abuse.¹⁰¹ The office was disbanded by government in 2016.

STRATEGY 25. Enhance support for organizations that assist older women experiencing or fleeing abuse, including transition houses, safe houses, seniors-serving agencies and immigrant-serving agencies, specifically to develop or enhance outreach to older women.

BARRIER 15.

Barriers to Accessing Transition House Services

"Elderly people need to have more information about transition houses."

When accessible, transition houses are a source of safety and support for older women. We heard stories of women supporting each other by sharing knowledge of transitional housing services in the community. However, many women were not aware of transition houses, how to access them, whether staff or volunteers speak their language, or whether transition houses can accommodate disability or medical needs. As one woman shared, "Once I went to a transition house, and because I speak English, I knew the process. Transition houses need more immigrant workers and people who can speak other languages."

Some older women were critical of policies at transition houses regarding length of stay. Others criticized the system for placing responsibility on an older woman to flee violence, rather than holding an abuser accountable. One woman explained, "When you're fleeing violence and you find a transition house you have a bed for 30 days and then you have to call to see if another house will take you. One time nothing was available and I didn't like the fact that I had to move, that I had to flee, while he stayed behind with the house, with everything."

Another woman felt transition houses were not doing enough to include older Indigenous women in leadership: "There are not enough Aboriginal women in the anti-violence sector. Transition houses don't let Aboriginal women sit on their boards."

Action is required to enhance awareness of transition housing among a diverse range of older women; otherwise older women will continue to feel they have no alternative to living with abuse, or trade one experience of abuse

for another. The following story illustrates this dynamic:

"When you're fleeing abuse, and need to find a place to live on the disability allowance of \$910, there are not a lot of options. So you go to a shelter, but there are men there, or women who are using [drugs] and want to fight you. So you leave. And then you find a cheap room in someone's house off Craigslist. You wake up to a man groping you and know why the rent was only \$300. It happens again and again. But where are you going to go? If you call the police you'll just end up back at the shelter, so you stay."

The Atira report, *Promising Practices across Canada for Housing Women who are Older and Fleeing Abuse* identifies 11 promising practices for enhancing capacity to serve older women.¹⁰² Implementing many of these strategies requires funding support to transition and safe houses.

STRATEGY 26

Enhance support for transition and safe houses across BC to implement practices identified in the Atira Women's Resource Society' report *Promising Practices Across Canada for Housing Women who are Older and Fleeing Abuse.*



Older women identified difficulties accessing legal representation and legal advice as a major barrier to well-being. Most of the women we spoke with said they cannot afford legal representation when they need it and do not know how to find a lawyer when they need help. Women in every group identified cost as the largest barrier to accessing legal help. Immigrant and Indigenous women identified additional barriers to getting legal help when they need it.

BARRIER 16.

Lack of Legal Representation for Grandmothers

"My great-granddaughter is in foster care right now, off reserve. We are all trying really hard to get her back...I really want to care for her."

One of the most commonly identified areas of unmet legal needs was family law assistance related to caregiving for grandchildren and great-grandchildren, including child protection issues, custody and child support. As one woman explained, "The stats on foster parents are bleak. I had to prove to the federal government my granddaughter's status to be able to adopt her...It is really hard getting the legal documents together."

Grandmothers can bear an enormous responsibility for ensuring their grandchildren are safe and they often require advocacy to assist them to meet these obligations. These caregiving responsibilities can continue after children turn 19, especially if a child has special needs. One woman described it this way: "Aging kids out of care is a big issue. If it is grandma taking care, how do we advocate for them so that you can still survive?"

As pointed out earlier, many grandmothers are the primary caregivers for grandchildren, and it can be very challenging for them to meet expenses given the limited financial support they receive from government. One grandmother raised an issue with respect to child support for grandchildren. She argued, some of us are "Looking after our grandkids because their fathers are lazy and off getting into trouble. There are so many grandparents picking up this slack. If you're supposed to be paying child support, someone should reimburse the grandparents." In these instances, the family law regime is failing to address the circumstances of older women caregivers and their grandchildren. As

another woman explained, "Child protection stuff, it just sits and sits in court. For men to have to pay child support they need to be working so their wages are garnished, but so many don't work or are doing illegal things under the table. The legal system needs to be doing more."

Indigenous women experience unique barriers accessing legal assistance in civil and family matters. Legal issues on reserve can be complex. Family and civil matters often raise jurisdictional questions that lawyers unaccustomed to working in the reserve context will have no experience addressing. It can be difficult to find an affordable lawyer in the Lower Mainland who has the appropriate legal expertise. As one woman explained, "it's hard for lawyers to come here because they don't know how to help you. You can own your house, but not the land it's on, and things get complicated. Many lawyers don't want to deal with all the Federal/ Provincial back and forth and legislation for First Nations."

"There is one Native court worker in North Van and she offered to find me a lawyer but in the end she couldn't. Lawyers stay away from First Nations issues." With constrained options, women often rely on Native Court Workers and legal advocates. Advocates provide crucial services but they cannot replace legal representation. The issues at stake are often very important, and so women should not be deprived of adequate legal advice and representation simply because they are low or middle income, or due to the complexity of the legal issues with which they are dealing. Although jurisdictional complications can make it harder to find legal help, these jurisdictional issues can make it even more important for an Indigenous grandmother to have access to a lawyer.

In BC, grandparental custody claims typically arise in two circumstances: (1) where the Ministry has placed the child with a grandparent because a parent is not able to care for a child by reason of addiction, mental health concerns, or other issues, or (2) where a parent has asked a grandparent to care for the child or left the child with the grandparents.¹⁰³ These circumstances raise a host of concerns that may require additional legal and financial support for both grandparents and grandchildren. In addition to these difficult family situations, grandparent caregivers face a challenging legal landscape. As J.P. Boyd, a well-known family lawyer and commentator, notes, grandparents "enjoy no presumptive entitlement to custody of or access to their grandchildren and face a difficult challenge in securing any right of involvement in their grandchildren's lives absent a significant history of parental neglect or incapacity."104

The lack of legal assistance for grandmothers caring for children has been documented in a number of sources. In its survey of women's access to community-based legal information and services in BC, West Coast LEAF noted that there is not enough legal representation to meet existing need, particularly for Indigenous women in BC. ¹⁰⁵ Advocates who responded to West Coast LEAF's survey on the needs of Indigenous women identified a need for both legal representation and print resources to help

grandparents with custody and access issues. 106

The inadequacy of the BC legal aid regime is not a new issue. In her report on access to justice in Canada, Dr. Melina Buckley identified "shrinking government funding for legal aid" as a "silent crisis" in Canada. ¹⁰⁷ A BC study published by the Law Foundation of BC confirmed that legal aid is not meeting the level of need. ¹⁰⁸ Substantial legal aid funding cuts began in 2002, ultimately resulting in the Legal Services Society (LSS) closing many of its law clinics. ¹⁰⁹

Legal assistance with family law matters is a particular problem for women in BC. West Coast LEAF has commented that the provincial government's cuts to legal aid disproportionately affect women because "[1]egal aid coverage in the province is now almost exclusively for criminal law matters", but women overwhelmingly need legal services and representation in the areas of family and other civil law. Ten years later, this problem persists: in its 2014 report, *Putting Justice Back on the Map*, West Coast LEAF identifies family law representation, and the consequent exclusion of women from access to justice, as the most significant unmet legal need in the province. 111

Family and civil law resources in BC do not come close to meeting the actual need: in 2014/2015, 60% of applicants for family legal aid representation were denied, 112 and approximately 41% of family litigants in BC Provincial Courts were self-represented. 113 Pursuing a family law case without access to a lawyer is daunting, especially for women marginalized by language barriers, literacy challenges, a low level of education, age or the presence of violence in their relationships. 114

The complex problem of ensuring access to legal representation for women who need it demands a multi-faceted solution. In one report West Coast LEAF advocated for "a mix of legal aid clinics, private lawyers paid through a tariff system, and staff lawyers in community

organizations."¹¹⁵ In its most recent report on access to family law representation, West Coast LEAF recommended two potential models to enhance access to justice for women in BC: "the strategic placement of staff lawyers 'in house' in community-based women-serving agencies, and the development of a student-driven women's clinic providing free and low-cost family law services to women-identified clients."¹¹⁶

Responding to the need identified it its report, in 2016 West Coast LEAF partnered with the Peter A. Allard School of Law at UBC to launch Rise Women's Legal Clinic, which currently offers legal assistance on family matters to self-identified women. Students and lawyers work together to provide either full legal representation or unbundled services depending on the client's issues. ¹¹⁷ Donations provided the funding to open the clinic. This clinic is addressing some of the unmet needs for family law representation in BC; however, the organization is already finding demand is greater than its capacity.

The BC CEAS Elder Law Clinic is not able to assist with family law and child protection matters. Since 2012, BC grandmothers can access legal telephone assistance through the Parent Support Services Society of BC (PSSBC) Grandparents Raising Grandchildren Support Line. However, PSSBC does not have sustainable program funding for the support line or current funding to provide legal representation to grandparents.

STRATEGY 27

Provide sustainable funding for programs that provide legal representation to grandmothers who are the primary caregivers of children, including in-house staff lawyer positions within key community agencies.

BARRIER 17.

Lack of Knowledge About Options for Legal Assistance

"I know a lady who wanted to get her pension back from her kids, but she could not."

Older women's comments indicate that women often do not know how to access pro bono legal services that are available in the Lower Mainland. One woman told us, "Many people do not know how to access legal help and there is very little awareness of what resources are available." This is especially true for women with disabilities, who may encounter additional barriers to reaching out for information through informal networks. As one woman explained, "Many of us deaf people don't know how to choose a lawyer. [We] don't know where to start. [There is a] lack of information. Hearing people hear other people talking, word of mouth, but we don't have that."

In spite of the existence of a number of free community agencies providing free legal help, many women expressed concern that they could not find affordable assistance to draft a will or a representation agreement. One woman said, "As an Elder I haven't done a will. There isn't anything out there that says how to get one."

A number of services are available to women living in the Lower Mainland. BC CEAS runs an Elder Law Clinic that provides free legal assistance and representation to adults over the age of 55 with civil legal matters such as tenancy, debt, pensions, discrimination, abuse and neglect, consumer rights and guardianship. Access Pro Bono offers a weekly wills clinic in Vancouver. Law students are also able to draft simple wills and representation agreements through the Law Students Legal Advice Program. Although these agencies undertake

significant community outreach regarding their services, there remains a lack of awareness amongst older women regarding available services. There is a need for greater, targeted outreach to help older women understand what free legal resources are available if they need assistance with a legal problem.

In the summer of 2016, LSS launched MyLawBC, a website that provides interactive online tools and educational legal resources, such as "guided pathways" that generate a plan to help users resolve their legal issues. The site offers assistance related to family law, wills and personal planning matters. Again, if this program is to be successful in assisting older women, outreach specifically targeting older women is necessary. Further, as MyLawBC is an online service, access will require language and computer literacy. Online services will not effectively address the legal assistance of many older women.

"There is not enough information about how to make a will."

There is a shortage of research focused on the unique access to justice needs of older women. The Ontario Women's Justice Network and METRAC report, Expanding Access to Justice for Older Women, developed recommendations based on focus groups of, and interviews with, older women and service providers. 119 While this Ontario report focuses on situations of violence against older women, it also makes recommendations that pertain to improving access to justice for older women generally. 120 The report underscores the need to make legal information accessible in public areas that older women use, such as community centres, libraries, seniors' homes and doctors' offices. It also emphasizes that it is important that legal information "come to them because many older women are not likely to venture out to look for it," partly due to mobility issues and isolation associated with aging.121

STRATEGY 28

Identify practical solutions to barriers to access to justice facing older women in BC, with particular attention to outreach strategies that have proven effective in reaching older women.

BARRIER 18.

Lack of Language Interpretation to Support Access to Legal Advice for Immigrant Women

"As an immigrant I did not know where to turn, and they charged me \$100 an hour—just for translation, not even legal help."

Although during Phase 2 we met with only a few groups of older immigrant women, lack of access to legal information and advice in a language in which they are fluent still emerged as a key barrier. Women questioned why there is not more outreach to their communities, and criticized the lack of multicultural legal resources.

In-person legal services are more expensive than providing information in the form of print or online resources; however, print and online resources are accessible only to people who are functionally literate and/or have Internet access. Print and online materials provide limited assistance because an estimated 40% of British Columbians for whom English is their first language (and 70% of seniors) struggle with literacy. 122 As noted in *Your Words are Worth Something*, translated print resources are not an ideal solution for many older immigrant women because many of them have never been given the opportunity to learn to read in any language.

Older women requiring language interpretation encounter barriers to accessing legal representation even where free legal assistance is provided. Women identified two problems which are related to the reality that language interpretation extends the time needed for discussion.

First, organizations providing free legal advice (pro bono) appointments do not account for the time it takes to interpret the discussion.

Standard 30-minute appointments are not adequate where a person requires language interpretation. As one woman explained, interpretation adds a lot of time to the process. She said, "I asked if I could have an appointment. They only gave me 30 minutes. I asked for an extension because I needed an interpreter, but they refused. We didn't get through what we needed to."

Second, LSS provides interpretation, but using an interpreter will reduce the hours of service available because of caps on hours. As a result, a woman using interpretation services may effectively get a reduced amount of legal assistance, as compared with individuals' not requiring assistance, and may not receive an adequate amount of legal aid.

In BC, the courts will provide an interpreter for a limited range of activities. In addition, there are community services that provide interpretation / translation services. The Seniors Abuse & Information Line offers language interpretation services, and MOSAIC provides legal translation services. However, many services are available only in English, and women having to pay for legal interpretation encounter barriers linked to cost and availability. Interpretation for appointments can cost upwards of \$70-100 an hour.

The lack of availability and cost of language interpretations services results in pressure on family and friends to act as an interpreters.¹²³ This raises specific concerns for women who

are seeking advice or representation related to family law matters, for example, does the family member respect the older woman's right to leave a violent relationship? However, there are also general concerns with using such individuals as interpreters. Like the client herself, family members and friends may also have difficulties communicating, and legal terminology may be particularly challenging. There may be concerns over confidentiality and conflicts between the client and the proposed interpreter.¹²⁴

The alternative, using a professional interpreter, raises its own set of difficulties, which may be heightened by cross-cultural and gender issues. One scholar notes that, "[i]n order to carry out the role effectively, the interpreter must have the respect, trust and confidence of the client. Anything less may cause the client to withhold important information." Aside from issues of funding, finding an appropriate interpreter for women from various cultures may present a barrier to access to justice.

One publication reports that, in 2010, BC saw a 25% increase in demand for court interpreters over a 12-month period, and a 30% increase between 2005 and 2010 for Cantonese, Mandarin, French, Spanish, Farsi, and ASL interpreters in court proceedings and court interviews. ¹²⁶ In addition to the rise in demand for language interpreters in court proceedings, the study notes that "[t]he most prevalent gap in providing quality court interpretation services ... relates to the use of court interpreters for services outside of court proceedings, ³¹²⁷ such as appointments with lawyers.

As the Interpreters Working Group of the Equity and Diversity Committee of the Law Society of British Columbia notes: "[t]he lack of services for non-English speakers creates significant barriers even before they step into a courtroom." This is particularly true for women. One 2008 study from Ontario concludes that, based on statistical information, "the need for language training and support is

higher among women."¹²⁹ Linguistic barriers are further entrenched by culturally gendered responsibilities and discrimination that limit women's ability to learn English. ¹³⁰ Thus, the need for interpreters is an issue that may disproportionately impact non-English speaking women.

STRATEGY 29

Increase the number of hours of funded legal representation in instances where an older woman who qualifies for legal aid will require language interpretation in order to communicate with her lawyer.

STRATEGY 30

Provide individuals who qualify for free legal advice appointments with a one-hour appointment, as opposed to the standard 30-minute appointment, where language interpretation is required.

SPOTLIGHT OLDER WOMEN LIVING WITH A DISABILITY

"Education and breaking stereotypes... is so important."

In Phase 2 of the project we consulted with older women living with a variety of disabilities and chronic conditions. Although older women with disabilities attended every consultation event, we organized three forums specifically for women from three disability communities: women living with Multiple Sclerosis; women who are deaf or hard of hearing and blind and partially sighted older women.

Top 3 Concerns: "I got turned down a lot looking for an apartment because I was deaf." Housing Discrimination Legal Aid

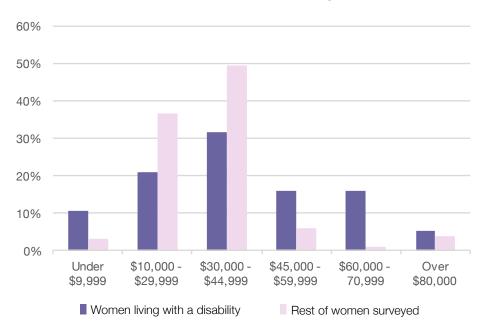
KEY THEMES Accessibility

Barriers

Older women with disabilities identified a number of barriers to their well-being, including:

- Lack of community accessibility—It is difficult to stay active and connected to other people in the community when sidewalks, crosswalks and wheelchair ramps are non-existent or unmaintained.
- Barriers to accessing appropriate healthcare—It is hard to find a general practitioner who accepts patients with complex medical needs and it is difficult to locate specialist care.
- Housing challenges—It is difficult to find suitable housing because landlords don't want older women with disabilities as tenants, low income public housing is limited, and women fear of loss of their disability community when they move into seniors housing.
- Financial insecurity—Workplace discrimination, pressures to retire early, and challenges accessing disability assistance result in unplanned early retirement.

FIGURE 1. Income levels of women living with a disability whom we surveyed, as compared to the rest of the women in the survey group.



"In the last two years it took me to access my disability benefits, when I was unable to work, it wiped out all my savings and homelessness is a very real possibility."

TABLE 1. A list of consultations with older women living with a disability. Women living with a disability also attended other consultation events.

DATE	HOST AGENCY	GROUP SIZE	CHARACTERISTICS	PROMINENT THEMES
SEPTEMBER 2014	Kitsilano War Memorial Community Centre	11	Older women living with Multiple Sclerosis	 It is important to stay connected to others in their disability community Challenges emerge when family is providing care There are many barriers to accessing appropriate healthcare
OCTOBER 2014	Bonsor Community Centre	19	Hearing impaired older women	 Government information and services are not accessible Housing is expensive and hard to find There are many barriers to accessing appropriate healthcare
MARCH 2015	West Coast LEAF	3	Blind and partially sighted older women	 Ableist attitudes result in cruelty and exclusion Intergenerational education is absent but important Streets and buildings are not sufficiently accessible

Invisible Disabilities

Older women often told us they felt pushed aside and invisible. Women with "invisible disabilities" may experience an additional layer of ill treatment, insensitivity and discrimination.

Older women with Multiple Sclerosis spoke of invisibility from family members as particularly hurtful because they often rely heavily on their families for emotional and physical support. When people cannot see an obvious mobility limitation they may not offer support. Women also shared stories of not being offered seats on the bus because they did not appear disabled.

Women expressed concern that most people do not understand what is required to enhance community accessibility and inclusion for women with disabilities.

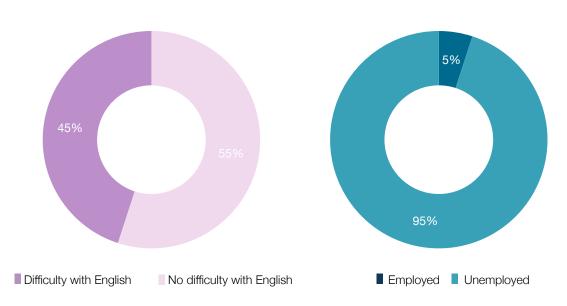
Finding Community

Older women living with a disability have grown into old age fighting assumptions about the limits of their abilities, systemic lack of concern and outright exclusion. Women were outspoken on the need for social support groups, youth education on disability and inclusion, and access to technology to keep people with disabilities connected to each other.

Finding and sustaining a sense of community can be a key to survival. Women fear losing community when they move into residential care. This is especially true of deaf women. As one woman shared, "The thought of being the only deaf person in the home is very isolating.

FIGURE 2. Proportion of women with a disability we surveyed who have difficulty communicating in English.

FIGURE 3. Employment rate amongst women with a disability we surveyed.



admiring the flags when a man grabbed my cane from me and said, 'well you're looking in a window so you must not be blind and need the cane."

"I was standing out-

side a flag shop and

SPOTLIGHT OLDER INDIGENOUS WOMEN AND ELDERS

The Enduring Impact of Colonization

Women told us that colonization, including the residential school system, has had an enduring, significant impact on the lives of older Indigenous women. They have survived a great deal of abuse and trauma, and witnessed extraordinary violence. Many women from their communities have gone missing or been murdered. They live with ongoing emotional loss and pain.

Women are concerned about how their extended family systems have been damaged by the residential school system and the mass child apprehensions that followed, in addition to the harm young people experienced in residential schools and foster care. Some older women feel isolated from their families and find young people take advantage of them, visits coming mostly on cheque issue day. They mourn a loss of traditional family values and respect for Elders, as well as a lack of connection with family.

Women experience ongoing racism, at a personal and systemic level. They meet racism trying to access housing, social services and healthcare. They recognize this mistreatment as a legacy of colonization.

The women were clear that a comprehensive policy response to the quality of life of older Indigenous women must address support for older women survivors of the residential school system as well as healing of all the generations within their communities. Older Indigenous women see their children and grandchildren being harmed and feel tremendous responsibility for the well-being of younger generations.

"Family breakdown lines up with the fallout of residential school. The fallout trickles down to everyone. Mother to child. It doesn't stop when the person dies, their family carriers the pain for them."

Key Issues

Older Indigenous women shared some similar barriers on and off reserve including:

- Difficulties finding affordable and appropriate housing
- Lack of financial and community support for grandparents raising grandchildren
- Poor treatment and racism by social services and healthcare staff
- Systemic barriers accessing healthcare
- Community safety
- Poverty

Unique to on-reserve consultations, older Indigenous women also discussed:

- Band governance and the importance of women and female Elders in Band leadership
- The financial impact of late inclusion for status Aboriginals in the Canada Pension Plan
- Matrimonial property rights on reserve
- Inadequate housing and over-crowding on reserve

OF THE 162 OLDER
WOMEN WE CONSULTED WITH, 51
SELF-IDENTIFIED
AS OLDER FIRST
NATIONS OR
ABORIGINAL. 17
LIVE ON RESERVE.



TABLE 1. A list of consultations with older First Nations women.

DATE	HOST AGENCY	GROUP SIZE	CHARACTERISTICS	PROMINENT THEMES
JUNE 2014	Aboriginal Mother Centre	9	Elders	Racism and discrimination, Common Experience Payment Program
OCTOBER 2014	Vancouver Aboriginal Community Policing Centre	18	Residential school survivors	Enduring effects of residential school, racism and discrimination
MARCH 2015	Aboriginal Seniors Housing	7	Elders over 80	Enduring effects of residential school, housing barriers, and disrespect for Elders
MARCH 2015	Musqueaum Nation	11	On-reserve First Nations	Matrimonial property rights, racism and discrimination, housing barriers and women band in leadership.
JULY 2015	Tsleil Waututh Nation	6	On-reserve First Nations	Unfairness of residential school settle- ments, racism and discrimination

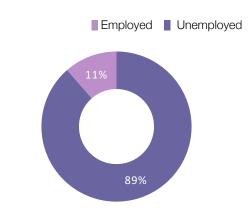
Self-governance on Reserve

Participants of both on-reserve consultation events said that it is important that women Elders be involved in band leadership. On one of the reserves, older women were very proud that women had always been involved in, and continued to participate, in band governance. The women of this nation were politically aware and shared many ways that the band, specifically women in leadership, were forwarding self-governance, including the creation of interim treaty agreements, land management

codes and maternal property rights. One woman noted, "Women are very strong in our culture. We have had a lot of female Chiefs and women are always part of the decision making process."

Women from the second reserve felt their roles as older Indigenous women and Elders were undervalued. They felt isolated from decision making processes and questioned why the band Chief and Council were all men.

FIGURE 1. Employment rate among First Nations and Aboriginal women.



"Education is higher among Aboriginal women and yet the leadership of the Band is usually all men. Men do not have any education but are making more money. It's systemic."

FIGURE 2. Income of First Nations and Aboriginal women compared to BC average.



BC data retrieved from Canada Revenue Agency at cra-arc.gc.ca

Very few First Nations and Aboriginal women we surveyed are employed.

Relationship with Caregiving

Many of the older Indigenous women we spoke with are caregivers of children and grandchildren. They often cared for many people in their families. Indigenous women cherished their caregiving role. However, in the absence of adequate financial support from government they juggled tremendous responsibilities that negatively impact financial security, housing and health.

Women identified two particular barriers linked to caregiving:

- Lack of financial support for grandmothers raising grandchildren
- Lack of legal representation for grandmothers in relation to family law and child protection

"Elders are raising grandchildren, up to 7-12, and it's expensive."

FIGURE 4. Number of persons to whom the women provide caregiving.

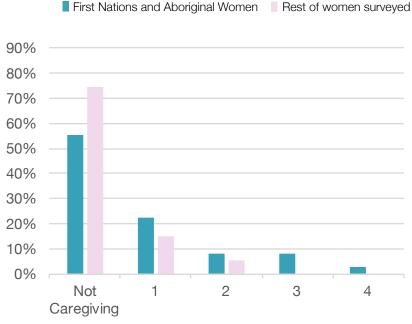


FIGURE 3A. Caregivers amongst First Nations and Aboriginal women

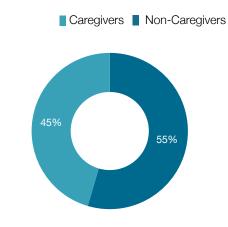


FIGURE 3B. Caregivers amongst rest of

women surveyed

Caregivers Non-

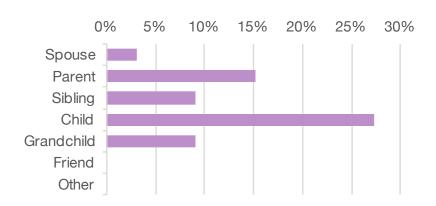
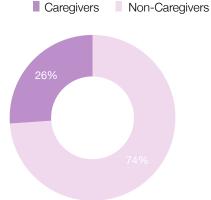


FIGURE 5. Relationship with the person receiving caregiving.



SPOTLIGHT ELDER LESBIANS AND QUEER WOMEN

We met with 8 older women who self-identified as elder lesbians and queer older women. These women were participated as part of a group of older women who meet regularly in the community.



KEY THEMES

The Impact of Discrimination on Work and Income in Old Age

Many elder lesbians and queer older women experienced discrimination throughout their lives, which had a significant impact on financial security in later years. Sexual orientation was not included under the *BC Human Rights Code* until 1992 and same sex marriage was not legal in BC until 2003. An elder lesbian or queer older woman who is 65 today would have lived decades without workplace protection from discrimination or legal recognition of her relationship.

Elder lesbians and queer older women have lived with systemic discrimination that has denied, attempted to erase, and undermined them in many ways. They described harassment at work, being turned away at job interviews and alienation in the workplace. Many work environments continue to be unsafe for them, resulting in fewer career opportunities and lower income throughout their lives and into old age. This reality results in anxiety about retirement. As one woman explained, "I am facing retirement with terror because all of my life I have supported myself and if I needed extra money I could go out and get an extra job. Well, now I will be dependent on my pension, and if anything changes, I'm hooped."

Fears about Care and Healthcare Decision-Making in Old Age

Elder lesbians and queer older women expressed a great deal of concern about who would care for them when they were older and who would be making decisions about their healthcare. Would their chosen decision-maker be recognized by family or healthcare providers? Who would care for them if they became too ill to care for themselves? What end of life care options would be available to them?

A number of women mentioned they do not have children. Others indicated they did not trust their children, or that they did not think they could count on their children to be there for them. Many spoke of estrangement from or difficult relations with biological family. Women identified chosen family, life partners and friendships as central to their lives and well-being. As one woman shared, "I am beginning to feel that friends can take the place of family. Lesbians do exes very well, and mine has made it clear that if I need support she will help take care of me." However, they are concerned about whether the legal or healthcare system will recognize these relationships of support that are particularly important in lesbian and queer community.

That said, women also worried about their capacity to care for each other in old age. As one woman explained, "In terms of blood family, I can't imagine going where they are. There is an expectation that family takes care of each other, but I'm not sure this is true. There may be a time when I can't take care of myself. Friends are good, but I can't count on them, especially when they are the same age as me, and have the same health concerns."

Women also expressed concern about the availability of options to control the experience of end of life, such as respect for "do not resuscitate orders" and anxiety about being forced into institutional care. A number of women said they wanted physician-assisted death to be available in addition to palliative care and home support.

FIGURE 1. Employment rate of lesbian and queer women we surveyed.

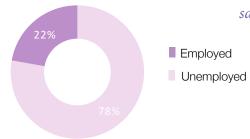


FIGURE 2. Caregivers amongst lesbian and queer women we surveyed.

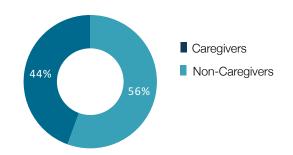


TABLE 1. A list of consultations with older elder lesbian and queer women.

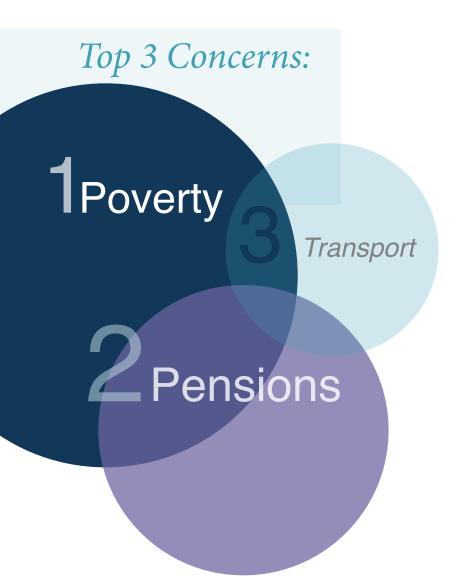
DATE	HOST AGENCY	GROUP SIZE	PROMINENT THEMES
DEC 2015	Kitsilano War Memorial Community Centre	8	 Fear of poverty Family dynamics, homophobia and lack of children result in concerns around who will care for them in old age

"My partner and I both took care of her parents. Her brother doesn't accept that she is a lesbian. Family is not supportive—its like, family: what's that?"

"As a couple of women together, my partner and I have both had to give up our pensions when we came out because our jobs were not safe."

SPOTLIGHT OLDER IMMIGRANT AND REFUGEE WOMEN

We have consulted with over 225 older immigrant and refugee women.



In Phase 1 we made a particular effort to include women immigrant, refugee and ethno-cultural minority women from diverse language communities. As discussed earlier, in Phase 2 we focused on reaching other marginalized older women and held only three events with interpretation, following up on relationships we had started developing in Phase 1.

This spotlight includes findings from Phase 1 and 2 in order to provide an overview of barriers to well-being for older women in the Lower Mainland in a single publication.

TABLE 1. A list of consultations with older immigrant women in Phase 1. Older immigrant and refugee women also attended other consultation events.

PHASE 1 IMMIGRANT GROUPS

DATE	HOST AGENCY	GROUP SIZE	LANGUAGE
OCT 2012	South Vancouver Neighbourhood House	18	Punjabi
OCT 2012	SUCCESS (Richmond)	13	Cantonese
OCT 2012	Royal Arch Masonic Apartments (Burnaby) 60% Filipino women	19	English
OCT 2012	Richmond Women's Resource Centre	25	Mandarin
OCT 2012	DIVERSEcity (Surrey)	19	Punjabi, Urdu
NOV 2012	Vancouver and Lower Mainland Multicultural Family Support Services Society (Burnaby)	12	Polish
NOV 2012	Gordon Neighbourhood House	16	Farsi/ Persian
NOV 2012	South Granville Seniors Centre (Vancouver)	12	Spanish
NOV 2012	West End Seniors Network	16	Russian
FEB 2013	ISS Afghan Refugee Group (Burnaby)	27	Dari

TABLE 2. A list of consultations with older immigrant women in Phase 2. Older immigrant and refugee women also attended other consultation events.

PHASE 2 IMMIGRANT GROUPS

DATE	HOST AGENCY	GROUP SIZE	LANGUAGE
NOV 2014	Downtown Eastside Women's Centre (Vancouver)	18	Cantonese
NOV 2014	BC Muslim Association	15	Urdu
FEB 2015	Progressive Intercultural Community Services	20	Punjabi, Urdu

KEY THEMESLanguage Barriers

"A lot of women are locked up in their houses because they don't know English or anything about the system".

For immigrant women, lack of English fluency can be a large barrier to accessing services and understanding their rights. Women told us that they cannot access appropriate healthcare because they cannot describe their symptoms and sometimes get misdiagnosed because of language issues. They have difficulty getting legal help, not only because of the cost of legal services, but also as a result language issues: they must find interpretation or pay for it, and they do not get any additional hours of pro bono legal assistance to compensate for the fact that interpretation is time-consuming. Said one woman, "When I got sick, I had to pay translators to talk to the specialist. This was a really expensive cost for me."

Translated print materials are not the ideal solution for all women because many women have never been given the opportunity to learn to read in their first language. Providing services in appropriate languages is very important.

"We need womenonly English classes for seniors." Many older immigrant women would love to learn to speak English. However, family responsibilities can get in the way of finding time to take English classes. Some women need access to language classes designed for older adult learners. A number of women said they require access to women-only classes because cultural values impose limitations on their interactions with men. As one woman explained, "In some families, women are not allowed to go to mixed gender groups. Therefore, women-only classes would be ideal."

FIGURE 1. Proportion of immigrant women we surveyed who are native English speakers.

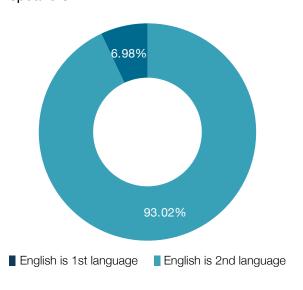
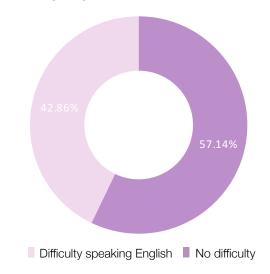


FIGURE 2. Proportion of immigrant women we surveyed who have difficulty speaking English.



Abuse and Lack of Access to Information

Poverty, Dependency on Sponsors and Abuse

Older immigrant women are vulnerable to abuse when they cannot access legal and banking information in their language. As one woman explained, children or grandchildren of older immigrant women typically take over their finances for them and immigrant women often "do not have any say in their families, even in regard to their own affairs". Many of the women are afraid to go to the bank and do not understand what is happening to their money. As one woman explained, "Many do not know how to access legal help and there is very little awareness of what resources are available".

The effective provision of services to older immigrant women requires outreach strategies tailored to the lifestyles of immigrant women in a range of communities and circumstances. As one woman explained, "Senior Muslim women primarily go to grocery stores and the mall. They don't know where to go for help." Some older immigrant women experience a kind of social isolation that makes it particularly difficult to learn about their rights and options, and even if they do reach out for assistance, some women find that service agencies are illequipped to support them because of language barriers.

"Elders give their ATM cards to their kids and then their bank accounts are emptied... so many do not get to see the face of their pension cheques." Older women who immigrated to Canada under the family sponsorship program generally have to wait out the 10 to 20-year sponsorship period before they are entitled to receive publicly-funded benefits such as GIS and BC Housing. They also may face barriers accessing income assistance from the MSDSI. Women shared stories of experiencing greater poverty and risk of abuse because they could not access these programs. Many women said that sponsorship periods are too long and foster financial dependency and vulnerability to abuse.

Financial dependency often means that women cannot access the health and dental care they need. There is also a related need for sponsors to be educated on their responsibilities to the family members they sponsor, as older women's stories suggest that sponsors do not always understand their obligation to ensure sponsored persons' access to healthcare.

Poverty is a huge issue for older immigrant women. Refugee women and women with no immigration status particularly struggle. Older women with serious health problems described living in overcrowded and inadequate housing due to poverty and sleeping on friends' couches.

"Because you're only getting \$1000 a month, paying rent for \$500, plus electricity, you're left with \$500 a month for everything else... It is hard to live."

CONCLUSION

We started the Older Women's Dialogue Project (OWDP) in 2011 in order to develop a body of work that documented barriers to the well-being of older women. At the time we noticed that aging policy tended to ignore gender-related impacts and most feminist research did not consider the experiences of older women, resulting in a significant gap in knowledge that undermines capacity to further law, policy and practice reforms that will benefit older women. In 2013 we published the report, Words are Worth Something: Identifying Barriers to the Well Being of Older Women, documenting our findings from 22 consultation events with older women from across the Lower Mainland, and identifying 24 barriers to well-being and 31 strategies for change in law, policy and practice.

This second report documents findings from Phase 2 of OWDP consultation activities and provides 30 strategies for change. In each discussion of a barrier to well-being identified by older women we include research to help contextualize the problems older women described and identify possible solutions. We embarked on Phase 2 in order to expand our consultation work to better include older women we had not been able reach in Phase 1, such as older Indigenous women, women over age 80, women living with a disability and elder lesbians and queer older women—women particularly vulnerable to exclusion from discussions of policy and law reform.

An overarching finding of this report is that older women are so diverse that generalizing can be difficult. Older women are as diverse as the general population and negotiate different barriers to their well-being. As a result, in addition to strategies that might benefit all older women, such as anti-ageism training within government agencies, many of the strategies identified in this report target specific groups of older women, such as grandmothers caring for grandchildren, older Indigenous women, women living with a disability and immigrant, refugee and ethno-cultural minority women. OWDP work confirms that applying an intersectional lens to our analysis of the experiences of older women is crucial to moving forward law, policy and practice change aimed at enhancing quality of life for older women. This approach is particularly important because issues caught by an intersectional lens disproportionately impact low-income, vulnerable or politically marginalized women—the older women in our communities who most desperately need law and policy to change. As one woman told us, "It's not just that older woman are treated poorly, but if you're older, a woman and not white, you're treated worse".

This report identifies 30 practical strategies for addressing 18 pressing barriers to the well-being of older women. The strategies included in this report represent opportunities for governments, health authorities, public agencies, funders, researchers, non-profits, professional bodies, housing providers, school boards and academic institutions to take action to address quality of life for older women in their communities. In some areas we make new suggestions based on our findings; in other sections we underscore previously published research and affirm past recommendations that continue to be valid and urgently needed. Some of the problems women identified for us are not new; however, our analytical approach, which brings together age and gender-related impacts, sometimes reframes the issue and highlights different impacts.

We invite policy analysts, educators, governments and communities to leverage the findings and strategies included in this report in their work. We look forward to working with you to bring about positive change for older women, and we anticipate initiating projects to take action on some of the barriers and strategies contained in this report. Finally, we look forward to continuing our work with older women. There is still a lot to do, and older women continue to be a great source of wisdom informing our work.

STRATEGIES FOR REFORM

Part A. Law Reform

STRATEGY 1: Enhance the Old Age Security and Guaranteed Income Supplement programs to ensure that senior women are not living in poverty.

STRATEGY 2: Create a national Pharmacare program to ensure that low-income seniors can afford the medication they need.

STRATEGY 3: Create a dental care program for low-income seniors.

STRATEGY 4: Amend the *Canada Pension Plan* to include a drop-out provision parallel to the Child-Rearing Provision that would be applicable to all years of full-time family caregiving.

STRATEGY 5: Develop a coordinated public childcare system that provides affordable and accessible care for all children in BC.

STRATEGY 6: Review Old Age Security and Guaranteed Income Supplement eligibility criteria respecting access for older immigrant women who otherwise have no financial support.

STRATEGY 7: Create a financial benefit program for kinship caregivers that will permit appropriate financial and other supports regardless of guardianship orders.

Part B. Policy Reform

Healthcare and Home Support

STRATEGY 12: Review the delivery of the Aboriginal Patient Navigator program with a view to enhancing its capacity to serve Indigenous women in the Lower Mainland.

STRATEGY 19: Develop a patient advocate or navigator program to provide support and assistance to older women who experience barriers to receiving timely and appropriate healthcare

STRATEGY 20: Explore models of healthcare delivery that better serve women with complex health circumstances. Two such models are the population-based payment model currently in use in a number of health practices across BC and Community Health Centres that bring together primary care physicians and allied health professionals.

STRATEGY 21: Develop or enhance publicly-funded programs aimed at providing house-keeping assistance, such as meal preparation, laundry and housework, in order to assist older women to live independently or semi-independently.

Anti-violence and Healing

STRATEGY 24: Fund initiatives to enable older Indigenous women, women Elders and their communities to develop locally-based and culturally appropriate programming to support healing within their communities.

STRATEGY 25: Enhance support for organizations that assist older women experiencing or fleeing abuse, including transition houses, safe houses, seniors-serving agencies and immigrant-serving agencies, specifically to develop or enhance outreach to older women.

STRATEGY 26: Enhance support for transition and safe houses across BC to implement practices identified in the Atira Women's Resource Society' report *Promising Practices Across Canada for Housing Women who are Older and Fleeing Abuse.*

Ageism and Discrimination

STRATEGY 8: Develop programs and activities to raise awareness within public, private and post-secondary learning environments about the positive contributions of older women to community and family and encourage people of all ages to develop a more positive view of older women.

STRATEGY 9: Undertake comprehensive public education regarding human rights, discrimination and aging with particular attention to ageism and the experiences of older women.

STRATEGY 10: Prioritize public legal education activities aimed at enhancing understanding of, and preventing, ageism and age discrimination.

Cultural Competency

STRATEGY 11: Provide BC public service staff with anti-racism, human rights and cultural competency training with particular attention to the experiences of older Indigenous women.

STRATEGY 13: Provide Healthcare staff engaged by BC Provincial Health Authorities with cultural competency, human rights and anti-racism training with respect to serving Indigenous people.

STRATEGY 16: Ensure assisted living and community care facility staff across BC receive training in cultural competency and respect for the human rights of elder lesbians and queer older women.

Legal Aid and Legal Assistance

STRATEGY 27: Provide sustainable funding for programs that provide legal representation to grandmothers who are the primary caregivers of children, including in-house staff lawyer positions within key community agencies.

STRATEGY 29: Increase the number of hours of funded legal representation in instances where an older woman who qualifies for legal aid will require language interpretation in order to communicate with her lawyer.

STRATEGY 30: Provide individuals who qualify for free legal advice appointments with a one-hour appointment, as opposed to the standard 30-minute appointment, where language interpretation is required.

Information About Rights

STRATEGY 23: Support the printing, translation and distribution of accessible legal rights information for older women, including the handbook *The Roads to Safety: Legal Rights for Older Women Fleeing Violence.*

STRATEGY 17: Identify and implement strategies for enforcing the rights of older people and people with disabilities to priority seating on public transit. Strategies could include: a policy that drivers regularly announce priority seating rights; a partnership with the BC Ministry of Education to develop mandatory curriculum for primary and secondary school children that includes the rights of older people regarding transit use; more visible transit signage in a range of languages; and transit police enforcement of accessibility to priority seating when they observe violations.

STRATEGY 14: Display prominently within government agencies information regarding staff codes of conduct in relation to racial discrimination and racism that describe clearly the steps older women may take to address violations.

Part C. Research and Consultation

STRATEGY 15: Research healthcare accessibility for older women who are deaf and hard of hearing with a view to reducing barriers to service and raising awareness of existing American Sign Language interpretation services amongst healthcare staff.

STRATEGY 18: Conduct regular service audits to ensure that measures implemented by public bodies to address racism, discrimination and ageism are having a positive impact.

STRATEGY 22: Consult with older Indigenous women and band leadership in order to better understand community safety challenges and strengths from an Indigenous and feminist perspective and support older Indigenous women to be safer in their communities and their homes.

STRATEGY 28: Identify practical solutions to barriers to access to justice facing older women in BC, with particular attention to outreach strategies that have proven effective in reaching older women.

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