



Your Words
are Worth Something

Identifying Barriers to the Well Being of Older Women



CANADIAN CENTRE FOR
ELDER LAW

Older Women's Dialogue Project Report

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The Older Women's Dialogue Project Advisory Committee

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This project was CCEL's first formal collaboration with the West Coast Women's Legal Education and Action Fund. West Coast LEAF was an instrumental partner in organizing and hosting the consultation events. This project marks the first time CCEL has conducted consultation events in multiple languages, and our success in this area is in large measure due to the contributions of West Coast LEAF, in particular, Shahnaz Rahman, Manager of Community Outreach, Family Law Project.

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- » Minoru Activity Centre
- » South Burnaby Neighbourhood House
- » South Vancouver Neighbourhood House
- » SUCCESS
- » South Granville Seniors Centre
- » Richmond Women's Resource Centre
- » Langley Seniors Resource Centre
- » John Braithwaite Community Centre
- » Seniors Services Society
- » DiverseCity
- » Vancouver & Lower Mainland Multicultural Family Support Services Society

- » Gordon Neighbourhood House
- » West End Seniors Network
- » Parent Support Services Society of BC
- » DeltaAssist
- » Ama Transition House
- » Downtown Eastside Women's Centre
- » Immigrant Services Society of BC

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EXECUTIVE SUMMARY

In 2012 the United Way Lower Mainland provided the Canadian Centre for Elder Law (CCEL) with one year of funding for a community engaged research project focused on older women living in the Vancouver Lower Mainland. The goal of the project was to investigate and identify the barriers to well being for older women, and pinpoint some strategies for addressing these social policy and legal issues.

During this first year of work on the Older Women's Dialogue Project, the CCEL collaborated with the West Coast Women's Legal Education and Action Fund to hold a series of consultation events. We held 22 events in 9 different languages, working with local organizations stretching from Surrey to Gibsons to Langley. The events were attended by 5-27 women, and included women in their 50s, 60s, 70s and 80s.

The consultation events followed a focus group format, with an independent facilitator leading the women through a series of open questions asking women to identify current barriers to their well being and quality of life. The facilitators asked about barriers connected to: poor treatment and discrimination; income security, poverty and pensions; legal systems; family dynamics; personal safety and abuse; housing; and immigration. We permitted discussion on any problem that resonated with older women. At the consultation events women also completed a three-page survey questionnaire.

An advisory committee of older women with expertise in gender and aging issues met throughout the year to provide guidance to project staff.

This report summarizes what we learned from the women. The report identifies six general thematic categories where women experience barriers to well being:

- » Income security, pensions and poverty
- » Housing insecurity and homelessness
- » Work and the impact of caregiving across the life course
- » Family dynamics and vulnerability linked to immigration
- » Safety and freedom from abuse
- » Access to justice and information

Below we juxtapose 31 key pressing issues women describe as barriers to their well being with 24 strategies for change identified during this project:

INCOME SECURITY, PENSIONS AND POVERTY

1. Older women are struggling to survive on limited fixed incomes.

2. Health and disability issues limit mobility, but women can't afford transportation.
3. Many women cannot afford health care, medication and dental care.
4. Women need access to better information on pension rights.
5. Women on CPP Disability who have custody of grandchildren lose entitlement to the CPP child benefit when they turn 65.
6. Age 50-65 can be a difficult time: women are aging but too young to access many free services.

HOUSING INSECURITY AND HOMELESSNESS

7. Housing costs are very high, and rent consumes most of women's incomes.
8. Women live in unsafe, inappropriate housing: they cannot afford decent housing.
9. Women find the BC Housing application process confusing and feel ignored or treated unfairly.

WORK AND THE IMPACT OF CAREGIVING ACROSS THE LIFE COURSE

10. Older women experience challenges caring for loved ones and for themselves.
11. Older women's incomes are low partly because caregiving limits their work history.
12. Many older women desire to work but encounter barriers to staying in the workforce, such as discrimination.
13. Older women worry: how they will pay for end of life care? Who will care for them?

FAMILY DYNAMICS AND VULNERABILITY LINKED TO IMMIGRATION

14. Many women immigrate to Canada through family sponsorship, but encounter unanticipated changes in their children's lives, or their own health, that cause hardship.
15. Immigration has a significant, lasting impact on women's lives.
16. Women experience greater poverty and risk of abuse because they cannot access certain publicly funded programs as sponsored immigrants.
17. Separation from family, especially adult children, affects a huge loss.

SAFETY AND FREEDOM FROM ABUSE

18. Some older women experience bullying by family, or a chronic lack of respect.
19. For older women it can be especially difficult to leave an abusive situation.
20. Many women experience pressure to buy health insurance plans of limited value to them, or other products they did not want.
21. Many women experience financial abuse and controlling behaviour by family.
22. Older women experience significant pressure to sign powers of attorney, but fear lack of oversight over how their money is managed.
23. Some older women feel unsafe in their communities and on public transit.

24. Older women can lose contact with grandchildren due to elder abuse and family conflict.

ACCESS TO JUSTICE AND INFORMATION

- 25. Many women need information on rights or options for maintaining relationships with grandchildren.
- 26. Women cannot get legal aid when they need it, and many find the legal system confusing.
- 27. Women with limited English fluency have difficulty accessing information.
- 28. Many communities stress a need for clear, plain language material on their rights.
- 29. Many older women say health care providers treat them as less valuable than younger people.
- 30. The new mandatory testing for adults over age 80 is being enforced in an insensitive and ageist manner.
- 31. Income assistance staff can be uncompassionate and cruel.

STRATEGIES FOR CHANGE

This report concludes by offering the following strategies to address barriers to well being raised by older women:

INCOME SECURITY, PENSIONS AND POVERTY

1. **STUDY THE GENDERED CAUSES OF POVERTY AMONGST OLDER WOMEN:** There are recognized structural and systemic reasons for poverty amongst older women. It is useful to explore the gendered causes of poverty amongst older women so that strategies can be adopted to address this problem.
2. **RAISE INCOME ASSISTANCE AND OLD AGE SECURITY RATES:** A national strategy is required to address poverty amongst older women. This requires consideration of raising income assistance and Old Age Security rates.
3. **RESCIND PLANS TO RAISE OLD AGE SECURITY ELIGIBILITY AGE:** The federal government should reconsider its plans to increase the Old Age Security entitlement age beyond age 65. Poverty impacts on aging and life expectancy.
4. **INCREASE FINANCIAL SUPPORTS FOR GRANDPARENTS RAISING GRANDCHILDREN:** These grandparents must find a way to support young children on limited incomes with no time to save for this unexpected expense. They require additional financial supports.
5. **AMEND THE CANADA PENSION PLAN ACT CHILD BENEFIT PROVISIONS:** Older women with disabilities who have custody of grandchildren lose the child benefit when they turn 65 and switch to regular CPP. The federal government should amend the *Canada Pension Plan Act* to address the inequity.
6. **IMPROVE ACCESS TO HEALTH CARE, MEDICATION, AND DENTAL CARE FOR OLDER WOMEN:** Options should be explored to improve access to health care, medication, and dental care for low and fixed income older women who cannot afford these items.

HOUSING INSECURITY AND HOMELESSNESS

7. **DEVELOP AN AFFORDABLE HOUSING STRATEGY:** Vancouver requires an affordable housing strategy for older women. Far too many older women are living in housing circumstances that are unsafe, overcrowded, or inappropriate, especially given disabilities and mobility limitations.
8. **IMPROVE SERVICE BY BC HOUSING:** BC Housing should provide greater clarity about the right to housing and waitlist priority. Older women report being ignored and treated poorly.

WORK AND THE IMPACT OF CAREGIVING ACROSS THE LIFE COURSE

9. **AMEND THE CANADA PENSION PLAN ACT:** Women provide unpaid caregiving across the life course, which has a significant impact on pension security. As discussed previously in our study paper on family caregiving, we propose amending the *Canada Pension Plan Act* to include a drop-out provision parallel to the Child-Rearing Provision that would be applicable to all years of full-time family caregiving.
10. **DEVELOP A CHILDCARE STRATEGY:** A provincial or national childcare strategy is required to address the pressures on older women to provide unpaid childcare. The absence of affordable, safe childcare is resulting in older women being pressured to spend their retirement years providing childcare, often at the expense of their health.
11. **ENHANCE SUPPORTS TO OLDER WOMAN CAREGIVERS:** Caregiving impacts so many aspects of the lives of older women, including housing, finances, and health. Older women require greater access to information, support, and services to assist them as caregivers.

FAMILY DYNAMICS AND VULNERABILITY LINKED TO IMMIGRATION

12. **ENHANCE ACCESS TO INFORMATION AT THE TIME OF IMMIGRATION:** Older women say that a lack of information on their rights in relation to issues such as domestic violence and financial abuse by children places them at greater risk of abuse. Immigration Canada and other government agencies should enhance the access of older women immigrants to information on their rights and options in Canada.
13. **ENHANCE SUPPORTS TO OLDER WOMEN SPONSORED IMMIGRANTS:** Older women who immigrate to Canada under the family sponsorship program are particularly vulnerable to abuse and abandonment. Greater ethno-culturally specific support and outreach is required to reduce the extensive barriers these women face and keep them safe in our communities.
14. **EDUCATE IMMIGRATION SPONSORS:** Government agencies should educate sponsors about their responsibilities to dependent older family members they sponsor. This education should include the responsibility to ensure they receive adequate health treatment and medication, are protected from abuse, and are not pressured to provide excessive help with housework and childcare.

SAFETY AND FREEDOM FROM ABUSE

15. **ADDRESS BULLYING OF OLDER WOMEN:** Many older women say they experience bullying, especially by family. Older women require strategies and support for dealing with bullying.
16. **IMPROVE ACCESS TO SERVICES FOR SPONSORED IMMIGRANTS:** Older immigrant women sponsored into Canada are particularly vulnerable to abuse and neglect because they cannot access many important public services during the period of time covered by the sponsorship period. Policy and practices at the provincial level should be changed to enhance access to services and options for older immigrant women sponsored into Canada.
17. **ADDRESS SYSTEMIC ABUSE OF OLDER WOMEN:** The Provincial Council to Reduce Elder Abuse must include systemic and institutional abuse by government agencies and their staff as part of its mandate. Many women find the practices of some government offices to be abusive.
18. **DEVELOP A STRATEGY FOR SUPPORTING OLDER WOMEN LEAVING ABUSIVE RELATIONSHIPS:** There is a need for greater supports, and education on options, for women across the life course who are experiencing abuse. The elder abuse and domestic violence communities should collaborate to learn more about how domestic violence affects older women, enhance services, and reduce violence.

ACCESS TO JUSTICE AND INFORMATION

19. **ENSURE PUBLIC EDUCATION STRATEGIES REFLECT LITERACY ISSUES:** Often older women require in-person legal advocacy in their mother tongue, or another language they speak well and understand.
20. **EDUCATE OLDER WOMEN ABOUT RIGHTS AND OPTIONS AS GRANDMOTHERS:** Often, when family conflicts occur, grandmothers lose the ability to see or contact their grandchildren. Further study is required to develop strategies to address this social problem that is alienating older women from their families.
21. **IMPROVE ACCESS TO LEGAL ASSISTANCE AND ADVICE:** Older women require access to legal aid, legal representation or legal advocacy for matters such as advance planning, family reunification after immigration, and many family and civil law matters not currently covered by the tariff.
22. **ADDRESS AGE DISCRIMINATION IN THE WORKPLACE AND BARRIERS TO EMPLOYMENT FOR OLDER WOMEN:** Employers would benefit from information and education on the value of older workers and age discrimination in hiring practices. Older women workers require better access to information on their rights and options in relation to age discrimination in the workplace.
23. **DEVELOP AN AWARENESS CAMPAIGN REGARDING ACCESSIBILITY SEATING ON PUBLIC TRANSIT:** Translink must clarify rules on access to priority seating on the public transit. Strategies are required to enforce the rules so that older women who need seats get them.
24. **IMPROVE TREATMENT OF OLDER WOMEN AT WELFARE OFFICES:** The Ministry for Social Development should evaluate and improve service to older women. Offices need to be elder friendly, and staff require education to help prevent ageism and discrimination.

PROJECT OVERVIEW AND METHODOLOGY

PROJECT OVERVIEW

WHY GENDER MATTERS

In recent years there has been much focus on the reality that our population is aging, but little attention to the experiences of older women. This is true even though we know:

- Women live longer;
- Poverty rates among older women remain high; and
- Women continue to experience discrimination and barriers to equality throughout their lives.

There is a need to understand better the experiences of older women from diverse communities, so we can develop law reform and policy solutions that address the pressing barriers to their well being. The Older Women's Dialogue Project was born out of a desire to address this knowledge gap.

WHAT ARE THE BARRIERS TO THE WELL BEING OF OLDER WOMEN?

Women are experts in their own experience, so the starting place for the Older Women's Dialogue Project was to talk to older women. This project is a community-engaged research initiative that aims to support further work to enhance the quality of life of older women by documenting what older women say needs to be done to improve their lives. For this first year of work, we met with small groups of older women living in various communities throughout the Vancouver Lower Mainland, to talk to them about the current barriers to their well being.

GOALS OF THIS PROJECT

The Older Women's Dialogue Project aims to:

- ❖ Empower older women in the Vancouver lower mainland to be involved in creating more responsive law and social policy, and to inform legal and social change;
- ❖ Enhance the capacity of professionals and practitioners to understand issues through a lens that considers both aging and gender;
- ❖ Develop collaborations between key influencers working on both seniors issues and women's issues;
- ❖ Identify and increase public awareness of the key law reform and social policy issues impacting older women; and

- ❖ Raise recognition of the uniqueness and urgency of older women's issues as distinct from older adults issues or women's issues.

METHODOLOGY

Between September 2012 and February 2013 we held 22 consultation events. Most of the consultation events were organized and conducted in collaboration with the West Coast Women's Legal Education and Action Fund. During the consultation process we met with 312 women. Details of the 22 consultation events are summarized in the table at pages 58 and 59 of this report.

We held consultation events in various geographic and cultural communities throughout the lower mainland. We organized the events by contacting local community organizations, and asking interested agencies to provide meeting space and register participants. The events ranged in size from 5-27 women. We generally asked host agencies to limit registration to 25 women, but we did not turn away any woman who showed up. In one instance this practice resulted in a group of 27 women.

We held events in a range of communities served by the United Way Lower Mainland, including Richmond, Surrey, Delta, Burnaby, Vancouver, North Vancouver, Langley, New Westminster, and Gibsons. We organized a number of events in languages other than English, in order to include immigrant older women from various ethno-cultural communities in the project. Working with interpreters, we held events in Mandarin, Cantonese, Punjabi, Spanish, Russian, Polish, Farsi and Dari.

Every event was attended and introduced by staff from West Coast LEAF or the CCEL. Most of the events were facilitated by a team of two independent facilitators, hired specifically for the project. A few of the events were facilitated by CCEL staff, due to scheduling issues with facilitator availability.

At the outset of each event women were asked to review and complete a confidentiality agreement, according to which women indicated they were voluntarily participating in the project, and CCEL agreed to keep women's personal information anonymous.

At each event women were asked to complete an anonymous, three-page survey. Onsite interpreters and project staff assisted women to complete the surveys. The survey was not compulsory and at almost every event at least one woman declined to complete the survey. Roughly 85% of the participants completed the survey.

A series of open-ended questions structured the discussions. We asked women, "What are the barriers to your well being?" in the following general categories:

- ❖ Poor treatment and discrimination based on age or gender;
- ❖ Income security, poverty and pensions;
- ❖ Legal systems;
- ❖ Family dynamics;

- ❖ Personal safety and freedom from abuse;
- ❖ Housing; and
- ❖ Immigration

Immigration was discussed at the interpreted events where all of the participants were immigrant women. Women were permitted to identify any barriers to their well being, whether or not they fit into the above seven categories. The discussions lasted from 1.5 to 2 hours, with additional time allotted to complete the survey. At some events we got through all six or seven categories; at others we ran out of time before we got through all the categories. Different key issues emerged at the various events, and we allowed participant interest to set the focus of each event.

At some of the events we used a talking stick to help manage the discussion in an equitable manner. Volunteer UBC students and staff recorded the women's comments.

At every event we brought food, coffees and tea for the women, which was provided at the beginning of the event. Every participant also received a \$20 cash honorarium in recognition of her contribution to the project at the conclusion of the event.

We imposed no age limits on participation. Any woman who considered herself to be an older woman was welcome to attend a consultation event.

THE OLDER WOMEN'S DIALOGUE PROJECT

This community-engaged consultation work was part of a larger initiative focused on older women, funded by the United Way Lower Mainland. The Older Women's Dialogue Project involved:

- (1) A series of consultation events to offer older women the opportunity to identify key issues requiring law reform, social change or public policy development;
- (2) A stream of the 2012 Canadian Conference on Elder Law focused on women and aging; and
- (3) An International Women's Day event focused on and celebrating older women.

Details on the International Women's Day event can be found on the CCEL website at: <http://www.bcli.org/ccel/projects/older-women's-dialogue-project>

Phase 1 and 2 of the Older Women's Dialogue Project were designed to address the current separateness of the elder law and equality rights communities. There is a need to support the growth of the practice of analyzing elder law issues through a lens that considers gendered impacts, and also to bring together these separate communities to develop a rich foundation of anti-ageist and age-sensitive feminist theory. This project aims to take steps toward meeting this need.

“Just because we are older women, does not mean we have no more intelligence. We have things to say.”

INTRODUCTION

This report summarizes what we learned from older women about the barriers to their well being and quality of life. The title of this report, “Your Words are Worth Something”, quotes one of the older women who participated in this project. Indeed, the words of older women are the foundation of this report. All the statements in this report that appear in quotation marks were contributed by older women at the consultation events.

The feedback from older women is organized under six thematic categories:

- » Income security, pensions and poverty
- » Housing insecurity and homelessness
- » Work and the impact of caregiving across the life course
- » Family dynamics and vulnerability linked to immigration
- » Safety and freedom from abuse
- » Access to justice and information

Each of these sections is self-contained, and readers can navigate the report by reading the full report or those sections of particular interest. One-page community snapshots are threaded throughout the report to highlight differences and similarities between the various groups of women we met.

We return to these six categories throughout this report. Toward the end of this report we identify 31 key pressing issues, as well as 24 strategies for change to address a number of these pressing issues. In both instances we organize the material according to the six thematic categories.

A table of consultation events provides an overview of the scope of our consultation process.

The project survey questionnaire is included as an appendix to this report.

Although participants were not selected for the Older Women’s Dialogue Project based on income, and we spoke with women from diverse communities, the project included a greater proportion of low income women than exist in the overall population of the Vancouver Lower Mainland. These higher levels of poverty likely reflect a methodology of speaking with women who are making use of non-profit community organizations. In this sense the report does not purport to broadly reflect the experience of all older women, and is slightly skewed toward identifying barriers to well being experienced by more vulnerable, lower income women in the Vancouver Lower Mainland.

Throughout this project older women shared painful stories and described tremendous challenges. This report, being focused on barriers to well being and quality of life, is problem-centred. It discusses difficult circumstances that characterize the lives of older women. Some people will find this report an emotional read; others may be concerned that the focus is negative. We felt that identifying the pressing barriers to quality of life for older women was an important first step in our work. The next phase is to move forward from this report to take action on some of the issues identified by older women.

That said, in spite of this emphasis on problems, throughout this project older women demonstrated strength, resilience, resourceful and optimism, often offering solutions and strategies which inform the concluding section of this report.

“Poverty takes a toll on people’s spirits, minds, bodies.”

EMERGENT THEMES — BARRIERS TO WELL BEING

1. *Income security, Pensions and Poverty*

INCOME SECURITY IS OLDER WOMEN’S KEY PRESSING ISSUE

Poverty and fear of poverty were the most commonly expressed concerns. The older women we spoke with were living on very limited incomes: the vast majority (approximately 81%) earned incomes below \$30,000, and one third earned less than \$10,000 a year.

This level of poverty is slightly higher than recent research data on poverty in the lower mainland, which indicates that more than 60% of women over age 65 have a total annual income of under \$25,000, and 8.3% earn less than \$10,000 a year.¹ Although participants were not selected for the Older Women’s Dialogue Project based on income, and we spoke with women from diverse communities, these higher levels of poverty likely reflect a methodology of speaking with women who are making use of non-profit community organizations.

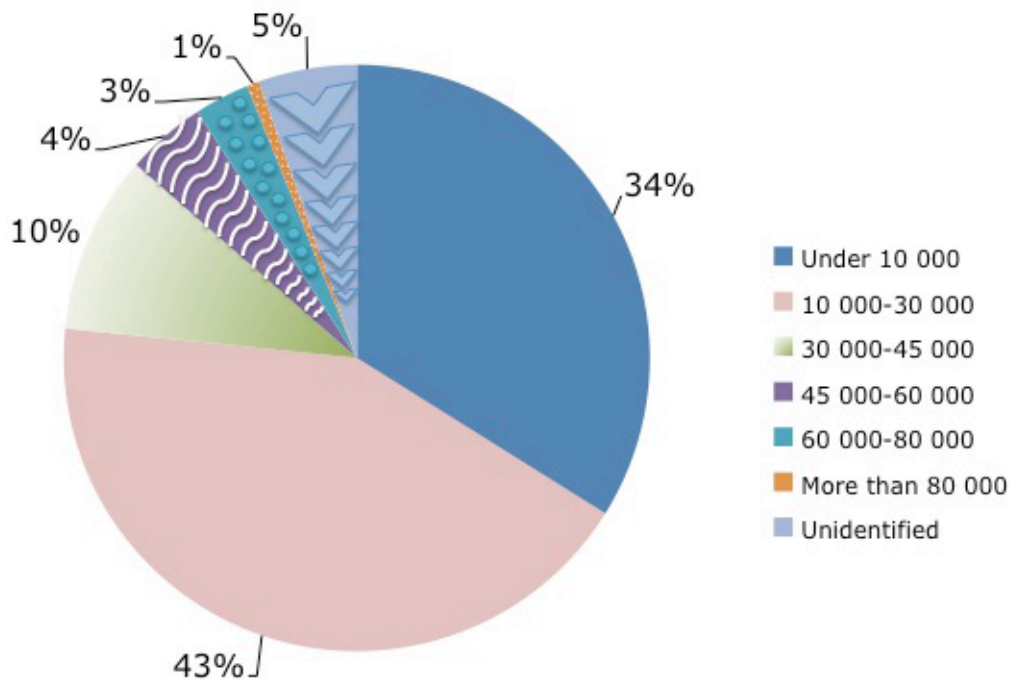
A number of participants from higher income communities emphasized that older women are living in poverty throughout the Vancouver lower mainland. As one woman pointed out, “people think ‘you must be okay; you live in White Rock—people are rich there.’ But really there is a lot of invisible poverty here too.”

“If you have enough money to make the ends meet, you are rich.”

Survey feedback underscores the pressing nature of older women’s income security. At almost every single consultation event the majority of women identified poverty and/or income security as one of the top three issues of concern. The exceptions to this pattern were the focus groups held at the Downtown Eastside Women’s Centre and with the group of Afghan refugees. However, both these groups were made up of very low income women: 75% of the Afghan women earned less than \$10,000 a year, and about 50% of the participants from the Downtown Eastside group survived on provincial income assistance rates. Both groups featured much discussion of the impact of poverty on the lives of these communities of women.

¹ Social Planning and Research Council of British Columbia and the United Way Lower Mainland, *Seniors in the Lower Mainland: A Snapshot of Facts and Trends*, March 2013, at 24.

Income Range Across All Consultation Meetings



Immigration has a significant impact on poverty, affecting pension entitlement, the right to publicly funded services, and the ability to secure employment. Women emphasized that they cannot receive Old Age Security until they have been in Canada for ten years. Women consistently said the sponsorship period, generally ten years, prevents eligibility to many programs, fostering financial dependency and enhancing their vulnerability. One woman shared that she “came on a visitor visa [and was] not eligible for a pension. I came to care for the grandkids. There was no money for six years... My daughter’s work is seasonal so half the time it is hard. I will be 76 when I become eligible for some pension.” For some immigrant women, splitting a work history between countries can also have a significant impact pension entitlement, depending on agreements between particular countries.

“I came to Canada with 25 years work experience. I worked [in Canada] for ten years with one day off. I get a pension, but [it is] so little money. Seems unfair.”

Some of the women we met have no income at all. About 4% of the women who completed our survey voluntarily clarified that they have no income. The actual percentage of women with no income is likely higher, since this question was never asked directly. It is not clear how these women are surviving, although some of the older women who participated in focus groups were helping each other out. Some immigrant women have no access to their own funds, and receive a stipend from their adult children that is inadequate to meet their needs. Others mentioned they did not know how to get money out of their own joint bank accounts.

IMPACTS OF POVERTY ON OLDER WOMEN

*“Poverty causes trauma.
There is stress and worry about money, anxiety about over spending.”*

For older women, poverty is a constant threat: they live with both the reality of poverty, and the fear of increasing poverty. As one woman summarized things, “everything is affected by poverty.”

Many women pointed out that they are stuck at home because they cannot afford bus tickets and arthritis and other health issues limit their ability to get around. This dynamic exacerbates the isolation that can accompany aging: “the whole idea of social isolation that comes from living alone—you can’t afford to go to any socializing events if you’re paying this much rent. It’s a huge issue.” One woman highlighted the cruel irony of poverty of older women in this way: “I feel that volunteering is the antidote to loneliness. I wonder how many hours are put into hospitals and other places? Seniors are saving the economy.”

A recurring theme of discussions was that older women must spend all their incomes on food and housing, and have nothing left for medication, dental care and any other health services not covered by the Medical Services Plan.

“I live in a nursing home and everything is good but I only receive \$95 a month. With that I sometimes want to colour my hair, do my nails, and buy medicine. But it is not enough.”

Older immigrant women can have an especially difficult time accessing health services. Some of these women are not eligible for MSP. Also, language barriers and isolation linked to the experience of immigration create additional challenges: some women must pay private translators to communicate with health care professionals. Another woman admitted, “I am living on my own... I am trying to get home care but it is not easy... I have to constantly ask my neighbours for help. I have no friends. I feel so helpless and feel I have no dignity.”

Women noted that age 55-65 can be a particularly challenging period if you are poor. Old Age Security rates are 40% higher than provincial income assistance disability rates, and more than 100% higher than regular welfare rates. Further, age 65 triggers eligibility for reduced fees and community programs, and age 60 is the age of eligibility for the subsidized bus pass program for low-income seniors. Says one woman, “if you receive welfare it is a minimum. Plus you cannot receive the bus pass, and you cannot go anywhere”. In contrast, for some women with disabilities, turning 65 can be devastating because of the impact of the loss of health benefits.

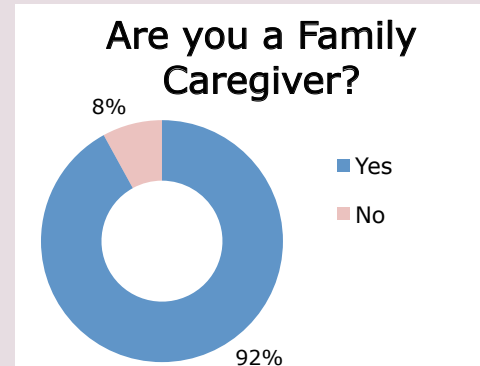
Being poor can be demoralizing and stressful, and poor treatment at welfare offices makes the experience of poverty even worse. One woman reported, “I came to the welfare office in the pouring rain. I was sick but still I was told to wait outside.” Quite a few immigrant women indicated the welfare office told them that their family should be covering their expenses, whereas the reality was there was not enough money to purchase bus tickets or medication.

HOST: IMMIGRANT SERVICES SOCIETY

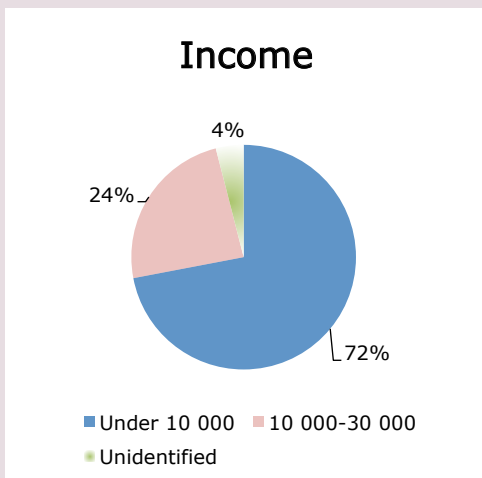
www.issbc.org

The largest organization of its kind in Vancouver, the Immigrant Services Society of BC (ISS) provides a variety of support services to immigrants and refugees. Programming includes settlement services, volunteer programs for newcomers, and basic information on schools, health care, and housing. The Moving Ahead program serves high-needs youth, young adults, adults, families and seniors. ISS offers one-on-one and group support services in over 45 languages.

	Date	February 13, 2013
	Language	Dari
	Number of Participants	27 (25 completed the survey)
SURVEY DATA	Group Characteristic	92% of the women identify as family caregivers
	Key Issues	1. Housing 2. Support for Caregiving 3. Access to Transportation



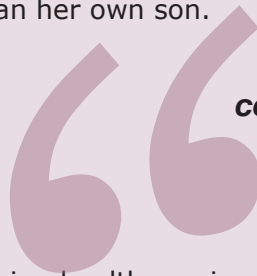
HIGHLIGHTS FROM DISCUSSION



Poverty

Some women experience problems at the time of immigration that can pose challenges later on. They describe inadequate and overcrowded living circumstances. A number of women do not have their own bedroom.

Immigration can pose challenges to accessing income assistance and pensions. One woman explained that she cannot get Old Age Security due to her immigration documents indicating the wrong age. She is in her 60s and her documents say she is 35, younger than her own son.



“We are different from some other communities because we come from a war torn country... We feel a lot of loss.”

Access to Interpretation

Language poses a huge barrier to accessing health services. Women say they have difficulty getting proper health care because they cannot describe their symptoms properly.

Interpretation services can compound this problem. Most of the women speak Dari. However, when they are offered interpretation assistance, they are often provided with an interpreter who speaks Farsi. The women emphasized that while Farsi is similar to Dari in some respects, Dari remains a distinct language, and confusion and misinformation results of providing Afghan women with a Farsi interpreter. One woman explained that she received the incorrect medical treatment due to being provided with a Farsi interpreter.

English Lessons

Many women identified the inability to speak English as a significant problem. However, standard English lessons are not effective with this community of women.

Most of the women have never had the opportunity to learn to read or write in their mother tongue, or any other language. They require specially designed or adapted lesson plans that recognize their underlying lack of ability to read or write. The women also require more time to learn due to age and trauma, which can interfere with learning.

FACTORS CONTRIBUTING TO POVERTY

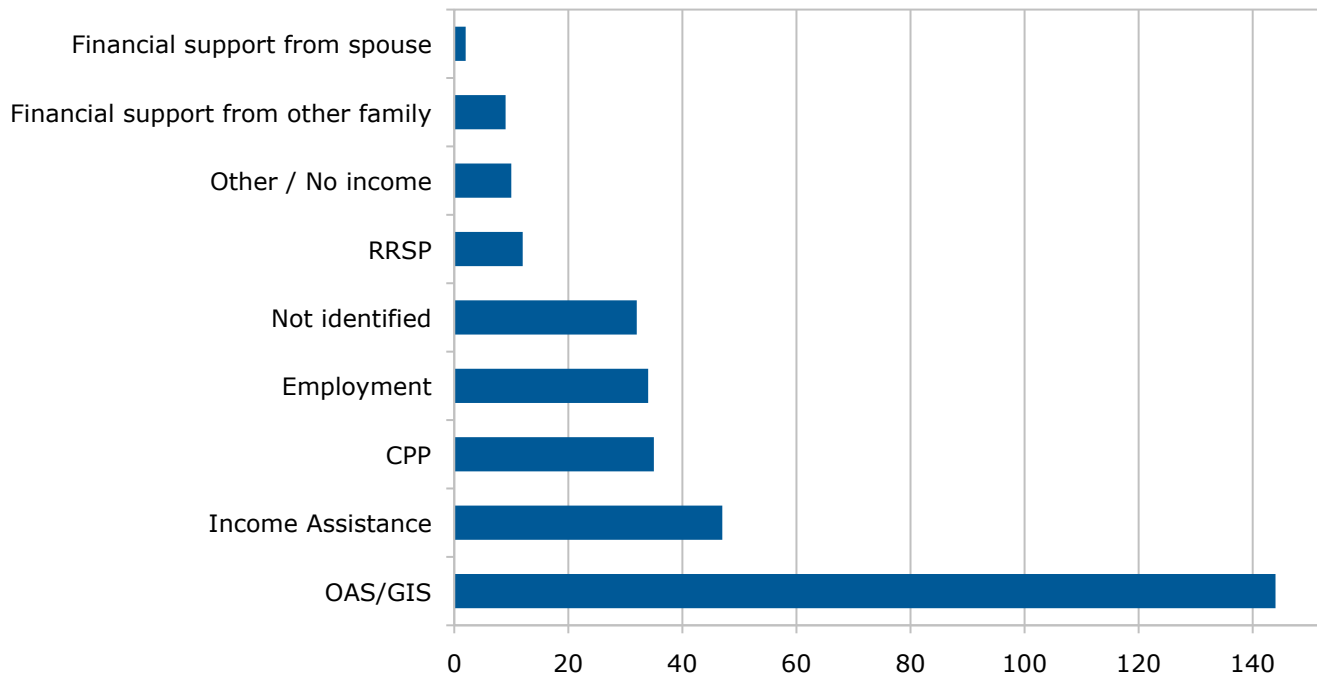
Participants identified various factors—both personal and systemic—that contributed to their challenging financial circumstances:

- Leaving an abusive family relationship
- Disabilities that prevent them from working
- The physical, emotional and spiritual toll of abuse in residential schools and foster care
- Age discrimination in hiring practices
- Being laid off in their 50s or 60s
- A lack of access to pensions and benefits throughout their work history
- Limited work history due to time spent caring for spouses and children
- Reducing hours to take care of aging parents
- The financial cost of assuming primary care of grandchildren
- Separation and divorce late in life
- The high cost of rent in Vancouver
- Death of a spouse and the challenge of maintaining expenses on a single fixed income
- Limited eligibility to Old Age Security due to immigration late in life
- Changes in the financial or personal circumstances of their immigration sponsors
- The cost of medical care for loved ones

Women expressed stress over the increase in the age of entitlement to Old Age Security from 65 to 67. As one woman summarized, “the new law...is going to hurt old people.”

“I never dreamed I would end up like this. I was always independent. I always worked to take care of the kids and grandkids. [Then] my health started to fail...”

Primary Source of Income Across All Consultation Meetings



As discussed further in section 3, work history is significantly impacted by caregiving. Women highlighted the collective impact of gendered work patterns and caregiving through their lives: “all along the line” they have fewer options for jobs, lower paying jobs, more limited savings, lower CPP payments, and little or no income to set aside in RRSPs, resulting in dependence on publicly funded pensions. Older women are very conscious of the systemic source of their reduced incomes and the way gendered divisions of labour contribute to their poverty in old age. As one woman explained, “for women, particularly women in my generation, who did not go to work until later in life, we did not have the opportunity to [earn] CPP.” Older women question the lack of an adequate social policy response to address this inequity in Canada.

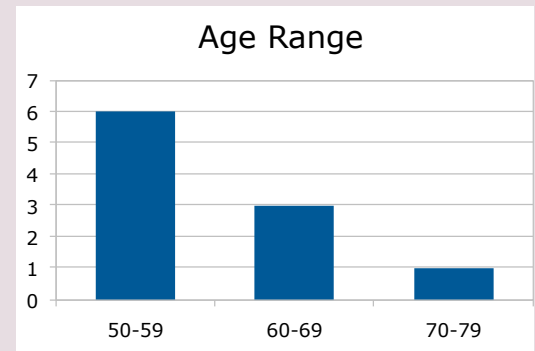
*“Why is this happening? Why are the pensions for women so much lower?
Why are there not systems in place to replace the fact we didn’t earn the income?
It is time for us to speak up.”*

HOST: VANCOUVER AND LOWER MAINLAND MULTICULTURAL AND FAMILY SUPPORT SERVICES SOCIETY

www.vlmfss.ca

Vancouver and Lower Mainland Multicultural and Family Support Services Society is a non-profit organization offering free and confidential, culturally sensitive services, including advocacy and counseling, to immigrant, visible minority and refugee women and their families who are experiencing family violence.

Date	November 7, 2012
Language	Polish
Number of Participants	12 (9 completed the survey)
Group Characteristic	Many women in the group have no immigration status
SURVEY DATA Key Issues	1. Income Security
	2. Access to Publicly Funded Services
	3. Family Violence
	4. Financial Abuse



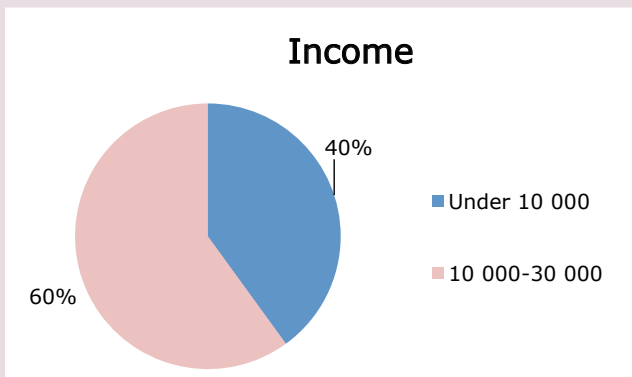
HIGHLIGHTS FROM DISCUSSION

Women Without Immigration Status

A number of women in the group have no immigration status. Women who get married in Canada while on a visitor visa, or on a temporary resident permit, can lose their immigration status, and access to many important programs, when the visitor visa or permit lapses. According to the new immigration regulations, women who come with permanent resident status under the sponsorship of a spouse can lose their status if they leave the relationship before they complete two years in the relationship (including for reasons of spousal violence) before they get permanent resident status.

These women face an uncertain future and feel invisible and underserved by existing programs. Navigating the immigration system creates a lot of stress for them. They need more information on rights and options, and they require information in their mother tongue. One women explained, "we don't know the difference between coming as a visitor, or being a permanent resident, an immigrant or landed."

"Finding information in my own language is tough."



Income Security and Poverty

Some of these women find life is not what they expected when they came to Canada, and are thrust into unanticipated lives of poverty. As one woman explained, "I came for a relationship. I discovered my husband has a mental health condition and also financial problems. I had no medical insurance."

The women are living with chronic health problems and physical pain, and they often cannot afford treatment and medication. Language can create additional barriers to getting proper treatment, as they must find assistance explaining their symptoms to a health care provider. As one women explained, "when I got sick, I had to pay translators to talk to the specialist. This was a really expensive cost for me."

“I want... a place to call home.”

2. Housing Insecurity and Homelessness

EXPENSIVE HOUSING, LOW INCOMES

In some ways an issue derivative of income insecurity and poverty, affordable housing was overwhelmingly identified as one of the most pressing issues for older women. 30% of the focus group participants who completed the survey named housing as one of the three issues of greatest concern to them, and housing was a frequent theme of discussions.

“The rents are so high. We need affordable housing.”

The high cost of rent in the lower mainland came up at almost every single consultation event. Older women in the Vancouver area are spending a significant percentage of their incomes on rent, resulting in an inability to afford other basic necessities, such as transportation, health services and medication. In the words of one woman, “there are just pennies left after you pay for housing.”

The only women who spoke favourably about their housing circumstances were living in co-op or BC Housing. As one woman explained: “I like the co-op sector better, because when you retire you can get a rent subsidy. Right now I get my apartment for \$283 cheaper than if I was John Q. Public.” A number of participants discussed the impact of rental increases, and identified a need for greater rent control in Vancouver.

“Rents are astronomical and impossible for people to handle. If you don’t own your own place you are looking at \$900, \$1,000, \$1,100, \$1,200 a month.”

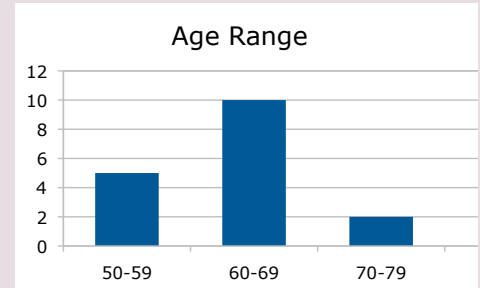
Housing that includes care or hospitality services is even less affordable. Women felt anxious about what they would do to survive if their health deteriorated. One woman noted, “I actually don’t know what the average person does,” adding the following story: “My girlfriend’s Mom had Alzheimer’s. She researched homes and she found one that was going to be \$4,000/month. Fortunately her Mom had been a realtor, so there was money there, but even then the care was not optimal. She would go and find her in diapers when she did not need diapers, and she was not clean. But they put her in diapers because she is slow, so she couldn’t make it to the bathroom.”

HOST: DOWNTOWN EASTSIDE WOMEN’S CENTRE

www.dewc.ca

The DEWC is a drop-in centre that provides basic necessities such as hot meals, free clothing, a secure mailing address, and access to secure washrooms and showers. The Centre’s programs include victim assistance, advocacy, housing outreach, and outreach to Chinese seniors.

SURVEY DATA	Date	January 22, 2013
	Language	English
	Number of Participants	18 (17 completed the survey)
	Group Characteristic	60% of the women are Aboriginal
	Key Issues	1. Housing 2. Discrimination 3. Safety in the Community



HIGHLIGHTS FROM DISCUSSION

“I want another chance to have a place to call home. I don’t want to be afraid any more.”

Safe, Affordable Housing

Women talked about compromises they make to find housing on limited incomes. Many older women live in housing that is poorly maintained by landlords and experience violence in shelters and apartment buildings, and the surrounding neighbourhood. As one women explained, “I want a place I can call home, not a place where I will get hit on or am in danger.”

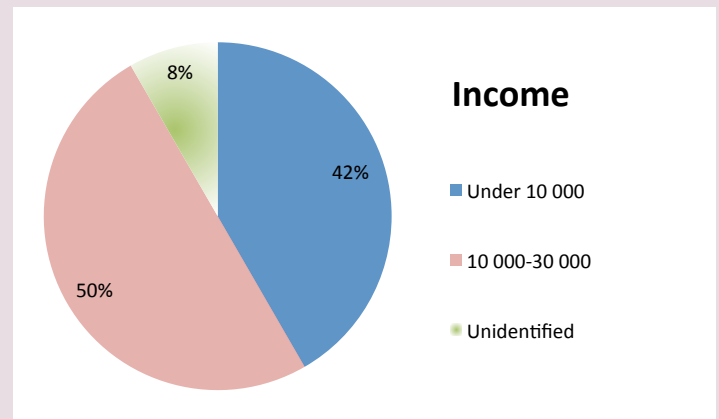
Poverty

Many participants are survivors of violence and the residential school system. They live with disabilities and other health problems that make it difficult for them to maintain employment. Surviving on welfare and Old Age Security rates is extremely difficult.

Canada Pension Plan Clawback

Women on income assistance are often pressured to apply for early CPP when they turn 60. This CCP income is deducted off their welfare entitlement: they experience no benefit from applying for early CPP. Applying for early CPP has the negative consequence of reducing their annual CPP benefit.

One participant pointed out the unfairness of this policy: “When I turned 60, they forced me to go on CPP, but I’m on welfare disability. They gave me part of my pension—\$136 a month. But welfare takes this off my cheque... I paid into this pension all my life. Why are they taking my pension from me?”



Community Suggestion

“I would like to see some changes in the government and the way that it looks at the people—elders, people with disabilities. We all have a right to survive.”

UNSAFE HOUSING, INAPPROPRIATE HOUSING

“I’d like to see better social housing for elders.”

Women described the sacrifices they make to find housing they can afford on income assistance and Old Age Security rates. The women with the lowest incomes discussed living in poorly maintained apartments, and landlords refusing to make repairs. A number of women say they have to navigate stairs to get to their rooms, in spite of worsening arthritis and chronic pain.

“The government should take responsibility for [providing] adequate housing.”

Many women said that they cannot afford housing where they feel safe. Some participants can only afford to rent a room in a house, rather than a self-contained apartment, and told us that they did not feel safe living in this kind of housing arrangement, without a private washroom. Other women shared stories of being assaulted or robbed in unsafe apartment buildings and shelters. One woman confided, “[my] last place was very unsafe. All my things were stolen... I was assaulted in a shelter. I fell and broke my hip because I was carrying too much stuff.”

As one woman explained, “If I don’t have an income, I can’t find a place to live. I’m happy but you know, when you are 60, you need a place to live. You need to feel comfortable.” Appropriate housing is particularly important as women age, as transportation becomes less affordable, and mobility limitations impact their ability to spend time away from home. Many low-income women say they feel “stuck at home.” One woman shared how aging makes her feel more vulnerable living in the downtown eastside, telling us, “I am nervous about going out of my place, afraid of falling. I have vision problems. I am immobile... I’m nervous because I can’t see well.”

PROBLEMS WITH BC HOUSING

“Some will wait 5 years; some people get in after a month. It is not fair.”

A recurring theme was complaints about treatment by BC Housing. Women often indicated they had been on a BC Housing waitlist for years. There was a general confusion about policy and entitlement to housing under the BC Housing system, and a strong perception of unfairness.

Immigrant women seem to experience the greatest challenges getting assistance from BC Housing. As one woman stated, “I feel ignored. When I went to BC Housing I was ignored by the people who work there. It was hard to communicate with them.” Women said they had to go great lengths to be heard by BC Housing. One woman said, “they were supposed to respond within a month. They did not respond until a lawyer got involved.” For other women BC Housing was a disappointment: “I’ve been in BC housing for 4 years. But there is no (private) bathroom.”

For the women fortunate enough to get into a BC Housing complex, other problems presented themselves. BC Housing policy generally prevents residents from being absent from the suite for over three months without triggering eviction. Many immigrant women feel these rules, combined with the requirement to reapply for income assistance if you leave the province for more than 30 days, effectively prevent them from visiting family abroad.

HOMELESSNESS AND EVICTIONS

“I’m 71. I have been homeless for three to four years.”

Women came forward with stories of homelessness due to poverty. The stark reality is that we have very elderly women in our communities who are forced to sleep on each other’s couches in order to avoid sleeping on the street.

Many women said they thought there should be different laws or policies in place with respect to evictions of older people. One woman stated, “there should be a law against evicting people over 65. Seniors need support options.” Another participant added, “they should have different requirements or ... help with finding new housing.”

COMMUNITY SNAPSHOT

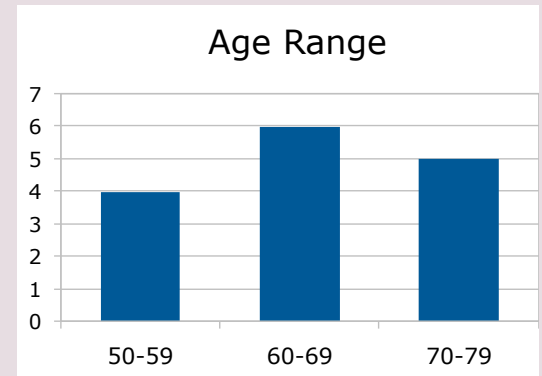
RUSSIAN WOMEN

HOST: GORDON NEIGHBOURHOOD HOUSE

www.gnh.vcn.bc.ca

Gordon House has been serving the West End since 1942, offering activities to community members of all ages. Programming for seniors includes affordable lunches, field trips to Tofino, Salt Spring Island and around the lower mainland, yoga, hair cuts for \$1.25, and computer literacy tutorials.

SURVEY DATA	Date	November 26, 2012
	Language	Russian
	Number of Participants	16 (15 completed the survey)
	Group Characteristic	Over 50% of the women have difficulty understanding and communicating in English
	Key Issues	<ol style="list-style-type: none"> 1. Income Security 2. Pensions 3. Housing

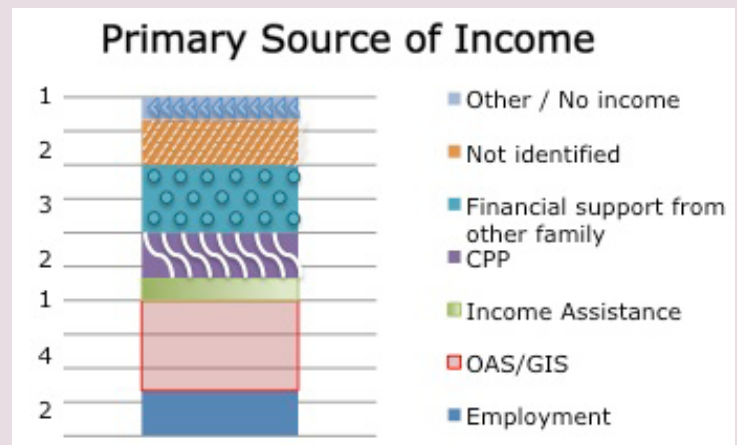


HIGHLIGHTS FROM DISCUSSION

Age 55 is a Difficult Time

This group of women identified age 55 as a difficult time of life. Firstly, they said it is hard for them to find work. The women face challenges on two fronts: they experience age discrimination from employers who seem reluctant to hire older workers; they find employers unwilling to hire women without Canadian work experience.

Secondly, although they have begun to experience health problems that impact on mobility and the ability to work, they cannot access most of the free or subsidized programs available to seniors, such as the monthly bus pass. Others have to wait until they get landed immigrant status before they can access a pension. Different women age differently, and some women need assistance before they turn 60 or 65.

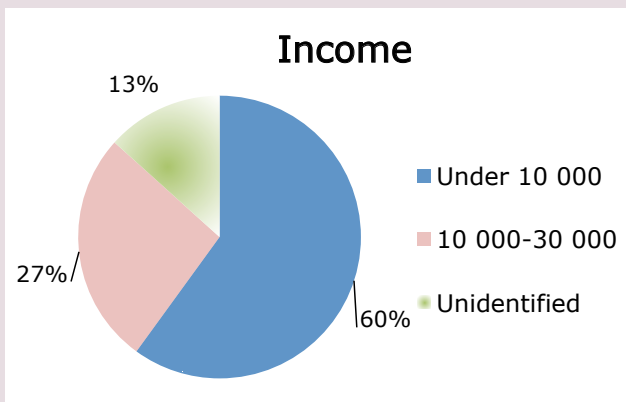


“The rents are so high all your money goes to rent.”

Affordable Housing

Affordable housing was one of the most pressing issues for this group of women. Many women said that they use almost all of their incomes on rent, and have nothing left for needs such as public transportation.

Quite a few of the women had been on BC Housing waitlists for a number of years. The women did not understand how waitlist priority works and felt that they were being treated unfairly or ignored. As one woman told us, “some will wait 5 years; some people get in after a month. It is not fair.” Difficulties communicating in English compound confusion for them. The women deserve better treatment and require support to navigate the system.



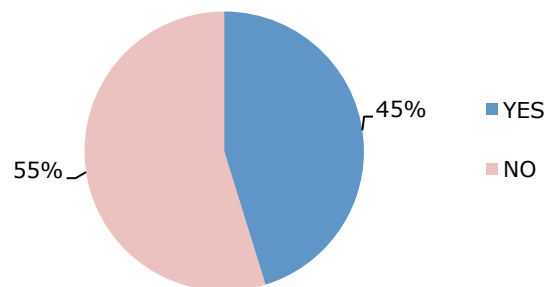
“I live with my family and continue to give mothering to everyone.”

3. Work and the Impact of Caregiving Across the Life Course

CAREGIVING SIGNIFICANTLY AFFECTS THE LIVES OF OLDER WOMEN

One of the themes that presented itself at almost every single consultation event was caregiving. Women described how caregiving had impacted different periods of their lives. At every focus group at least one participant identified as an ongoing caregiver, but in most groups the number was much higher. Overall, 55% of the women who completed the survey indicated that as an older woman they were still providing caregiving to a loved one—an adult child, a grandchild, a sibling, a parent, or a spouse. Quite a number of groups identified support for caregiving as one of the issues of greatest concern to them.

"Do you provide care to anyone?"



“I was married. I worked very hard, during and after.”

Based on our conversations with older women, it seems appropriate to discuss work and caregiving together. For women, caregiving is both a form of unpaid labour and an activity that has huge implications on their ability to engage in paid employment and save for retirement. Older women’s stories illustrate that they are performing a great deal of unpaid caregiving work that is indispensable to families, communities and the economy.

Although caregiving was a shared experience, older women presented very diverse stories of caregiving. Some grandmothers immigrate to Canada to provide regular childcare for their adult children. Others step forward to assume primary care for grandchildren when the children's own parents are unable—either temporarily or for the long term—to fulfill that essential parenting role. A number of women shared stories of caring for adult children with disabilities, spouses who are ill, and aging parents.

“As a caregiver for my Dad, who has passed away, I was mentally and physically exhausted.”

Caregiving impacts women's health and housing. Many women of quite advanced age are caring for adult children in spite of their own chronic health problems and worsening mobility limitations, and sometimes at the expense of their own well being. Some women live in cramped housing in order to make sure their adult children with disabilities remain safe. As one woman confided, “one of my sons was harmed in the war. My youngest son has a mental disability. He cannot take care of himself... I cannot live without my kids.” For this woman the inability to afford housing for her whole family is undermining her health and her ability to care for her family: she cannot afford more than one bedroom and so the family lives in unreasonably overcrowded circumstances.

IMMIGRATION AND PATTERNS LINKED TO ETHNO-CULTURAL IDENTITY

“The only thing I do is take care of my grandchildren.”

The groups that had the highest rates of caregiving, with rates above 60%, were immigrant women of Chinese, South Asian and Afghan descent. Caregiving was particularly dominant in the focus group of Afghan refugees, where 92% of the women identified as an unpaid caregiver to a family member. Most of these women were caring for children, grandchildren, and/or spouses. One woman indicated she was providing care for a parent and a sibling, in addition to grandchildren.

A great number of the immigrant women who participated in the focus groups came to Canada to assist their children with care of grandchildren. Immigration appears to contribute to expectations around family caregiving responsibilities. A majority of older women who immigrated to Canada later in life were expected to provide regular childcare for grandchildren, in part due to the reality that childcare costs are high and the financial burden associated with sponsoring family members who do not earn an income. 69% of the South Asian women we surveyed from Surrey indicated they were providing caregiving, and 60% of the Mandarin-speaking women we spoke with identified as caregivers. Further, of the immigrant women who indicated they were not caregivers, it is clear from the discussions that some of them had been caregivers when grandchildren were younger.

THE COST OF CARE

“Finding care for my mom is a full-time unpaid job.”

Becoming a caregiver can be unexpected and expensive. Some women highlighted the financial costs of caregiving later in life, such as the challenge of paying for a parent’s medical bills, or the cost of braces and summer camp for grandchildren. They pointed out that incurring these costs is especially onerous on a fixed income. Women also discussed the loss in pensionable earnings that comes from working fewer paid hours in order to make time to care for family.

Some women whose parents were in a care facility noted that advocating for their parents, making sure they were receiving appropriate care, was time consuming. As one woman shared, “I have personally orchestrated all aspects of home care, including funding and accessibility for my elderly parents to ‘age in place.’ Lack of financial support for same has resulted in my financial marginalization heading into my own senior years.” Other women indicated that just finding appropriate care for a family member took them a lot of time.

“It is almost an insult when you fill out the paperwork, and you don’t get the extra \$100 because you stayed home and cared for the children.”

Caregiving has a significant impact on older women’s lack of income security during retirement years. Many women commented that their Canada Pension Plan payments were very low because they had spent many years out of the paid work force caring for children and spouses. As one woman explained, succeeding generations of women may face the same fate, “I don’t see an improvement. I look at my daughters-in-law: they are not earning the income that their husband’s earn, and if they divorce or become destitute they are going to find themselves in pretty much the same place.” Women on CPP Disability who have custody of their grandchildren pointed out that it is unfair that they lose the child benefit when they turn 65 and go on regular CPP.

“I need CPP. 14 years I was alone with kids... I have no source of income, period.”

For stay at home mothers and spouses, women who spent the bulk of their lives caring for children, life partners and other family members, separation can be financially devastating. When a woman is in a relationship her lower income may not negatively impact on her lifestyle, but the income disparity is often felt acutely after separation. As one woman pointed out, “she is given no value [because] child bearing and child rearing are given no value... She works her buns off, and what does she get at the end of the day?”

SUPPORT, OPTIONS AND CHOICES

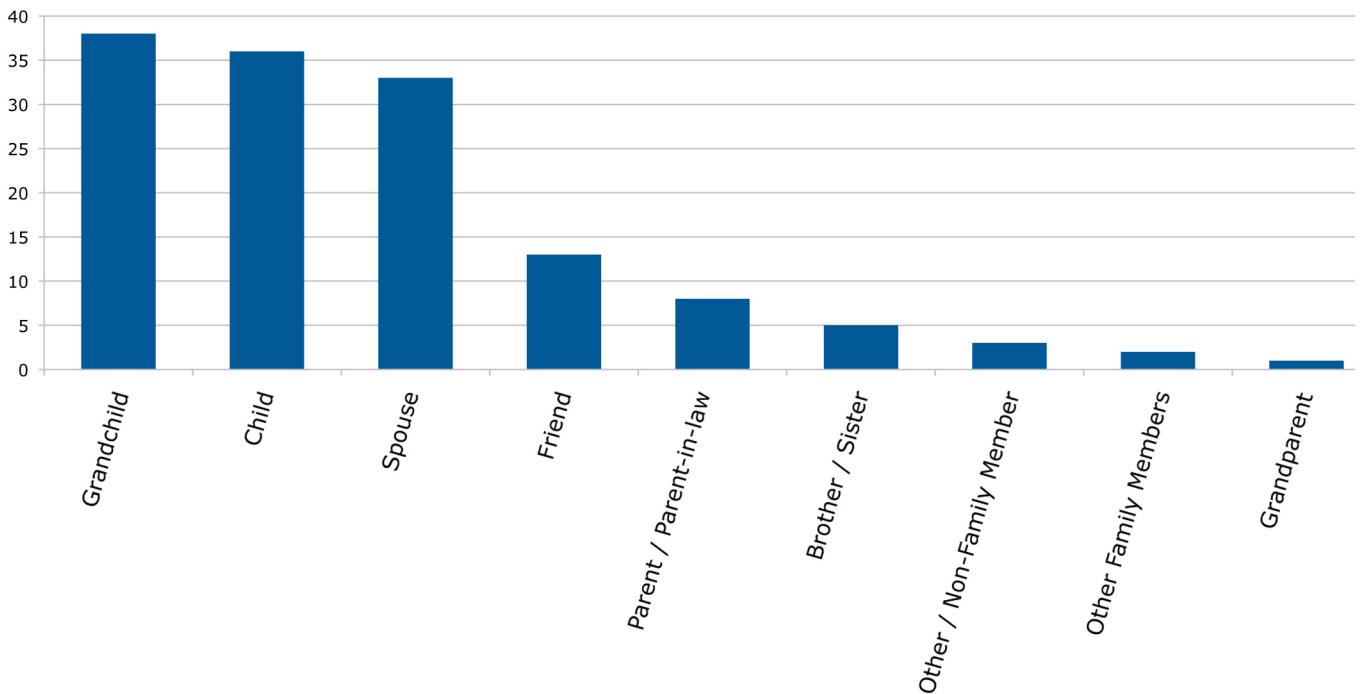
“People should be able to choose if and how much they want to help.”

A number of women described family dynamics later in the life course that left them little choice over whether or not to assume caregiving responsibilities. Women appeared quite passionate about supporting their families and helping with childcare, but found it unjust that they should be pressured into helping their children. Some women expressed a concern that women in their communities were being taken advantage of. As one woman shared, “my friend was on-call 24-7. The daughter would take off with her boyfriend and leave the friend with the child and dogs all weekend. It’s abuse.”

Older women who participated in the focus groups did not convey resentment about caregiving. Rather, they treated caregiving as an inalienable responsibility, and expressed concern over what should happen to their loved ones should they become unable to continue to provide care. Caregiving gave meaning to their lives, even as it demanded much of them, and sacrifices in the name of care were generally implied but not articulated.

Older women identified a lack of financial support to sustain caregiving as a barrier to their well being. They also indicated they required more information about rights and options. For example, many women did not know how to apply for home care. As one woman explained, “I felt I had to learn so much by trial and error. I would love a book [about] my rights.”

"To whom do you provide care?"



GRANDPARENTS RAISING GRANDCHILDREN

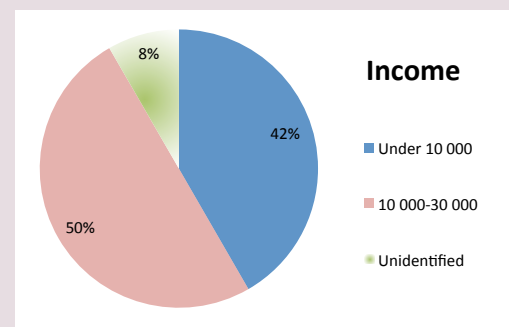
Sometimes grandparents become the primary caregiver for grandchildren when a child is not able to take care of his or her own children. Grandparents care for their grandchildren under long term or temporary circumstances, informally and more formally through custodial or foster care arrangements. They jump in when they are needed and there is no time for planning.

HOST: PARENT SUPPORT SERVICES SOCIETY OF BC

www.parentsupportbc.ca

The Parent Support Services Society of BC offers Grandparents Raising Grandchildren Support Circles in partnership with community agencies in the Vancouver Lower Mainland and other parts of BC.

Date	October 15, 2012
Language	English
Number of Participants	13 (6 completed the survey)
SURVEY DATA	Key Issues
	1. Income Security
	2. Grandparents' Rights
	3. Support for Caregiving



HIGHLIGHTS FROM DISCUSSION

Access to Legal Aid

Many grandmothers who have been the caregiver of their grandchildren lose contact with their grandchildren when the parent regains custody. Relationships with grandchildren are very important to older women who have been a grandchild's primary caregiver. Grandmothers also need to participate in family court processes when changes in custody or contact with the child are being considered. It is very difficult for grandmothers to access free or affordable legal assistance and representation.

Getting involved in the care and custody of grandchildren can be complicated and stressful. Grandmothers become implicated in family conflict, must navigate complex social support systems and government bureaucracies, and learn about family law. These women require access to advocacy and support to make the best decisions for their families.

Getting Support for their Grandchildren

Becoming a caregiver of a grandchild is unexpected, expensive and full of challenges. Grandparents struggle to support their grandchildren on limited incomes, often when they are dealing with their own health issues and expenses. They get inadequate provincial financial assistance to help raise their grandchildren, and experience barriers to accessing services.

Turning 60 or 65 can be financially devastating, because grandmothers can lose access to important programs. Women on Canada Pension Plan Disability lose the child benefit when they switch to regular CPP, and women on disability income assistance can lose access to health benefits and other financial support through the Ministry for Social Development when they turn 65. Grandmother caregivers who get legal custody of their grandchildren also lose access to services and financial assistance from the Ministry for Child and Family Development. They want the best for their grandchildren, and their families suffer when this assistance terminates.

“Some respite would be nice every once in a while to get a break. Being able to have it, knowing you could have it would be nice. But there is no funding for that.”

“Now I volunteer. I need to feel needed.”

Aging, Work and Caregiving

THE VALUE OF WORK

One reality that we discovered through the focus groups is that older women are working very hard. Although only approximately 10% of the women we met identified employment as their primary source of income, a significant percentage are engaging in ongoing family caregiving, contributing to their communities through volunteer work, or actively pursuing employment in the face of demoralizing barriers. Contrary to perceptions that the golden years are a time of rest, women continue to hold up our communities throughout their lives. The word “retirement” does not seem to fit the experience of older women in the Vancouver Lower Mainland.

“I feel like I have absolutely no value.”

For many older women, work is not just about earning an income: it brings great meaning to their lives. As one woman shared, “what is life after work? Is there life after work?... I am pretty much lost. I love to work. I want to work.” The loss of a connection to the world of work can be devastating for older women. One woman told us, “when I worked and was doing fine, I had lots of friends, and I had what I needed. But when I became ill—it was like I was thrown away.”

For many older women the need to work is clearly financial: “getting a job is the biggest issue for me. I’m not a citizen. I can pay my rent because I’m living on my savings. I must find a job: my living situation is getting worse and worse.” For mothers, their lives appear to be defined by the dyad of work and caregiving. As one woman pointed out, “women are quite often defined as being a mother or by work.” She confided, “I lost both, and now I don’t know who I am. I feel like nothing.”

BARRIERS TO EMPLOYMENT

“Once people find out your age, it’s over.”

Many older women in their 50s and 60s have a strong desire to work but find it difficult to secure employment. A consistent theme of our discussions with older women was a perception of age discrimination in hiring practices, and a lack of appreciation for the breadth of experience and skills older women bring to the workplace. Said one woman, “people don’t want to hire you. Because you’re older they think you’re going to get sick and cost them money, or you’re too old to learn new technologies. There’s a lot of ageism.”

Older women appear not to have internalized this devaluation of their worth. They recognize they have much to contribute. As one woman declared, “I’ve got all this experience, and even though you don’t write down your birthday, they can tell by the experience on your resume that you’re an older woman.” A great number of participants expressed a need for education of employers about the value of older workers, education of the general population to undermine myths about aging and employability, affirmative action policies targeting older workers, and greater resources to protect workers against age discrimination.

“I think there should be some sort of hiring practice... They should have to hire a certain amount of senior citizens.”

Some women highlighted changes in the economy and the workplace as posing particular disadvantages to older workers, noting, “there are definitely more people than there are jobs, and jobs are becoming more specialized all the time.” While some women relished an opportunity for post-secondary education in their senior years, others pointed to the futility of pursuing education if the goal was to increase employability: “I don’t want to spend all that time going to university and getting a degree, because it doesn’t guarantee a job anyways and it is expensive.”

“I would do any kind of work. It doesn’t matter if it is dishwashing or whatever. I just want to do something to get some income.”

Immigrating to Canada late in life compounds barriers to finding employment. One woman summarized things this way: “Canada discriminates in age when it comes to work force... Young adults are chosen over seniors. There is a need for legislation about old age and the job market.” As another woman commented, “I am, at 60, a person who is a hard worker with experience in my country of course. But here if you are applying for a job, you are invisible because you have no experience in this country.” For other woman the problem is the cost and process associated with getting a work Visa: “if I want to work, I have to get another form and another process which is more complicated and costs more money. So at this point I can’t work.”

WORK ACROSS THE LIFE COURSE

“I was laid off at age 57 by this government. Being so easily disposed of makes it worse.”

A number of women shared stories of being unexpectedly laid off late in their careers. One woman relayed, “you have no recompense to anything. You just go. It makes retirement planning very difficult. Now it seems imperative that you are prepared from much earlier on for retirement.” Some women who are fortunate to have well-paying positions and robust pensions still have anxiety about leaving work and surviving on a fixed income. As one woman confided, “I worked 35 years and could have retired a few years ago, but there is security in the job. I’m almost afraid to go.”

For a number of immigrant women who came to Canada with expectation of financial support from adult children, unexpected circumstances have thrust them back into the work force out of necessity. One participant explained, “kids grow up and find jobs that don’t pay a lot. Some older ladies

are supporting their kids too.” For women who came to Canada to retire, and have no pension entitlement from any country, there may be no alternative to work.

“There is a minority of people who can truly afford to retire.”

Throughout the consultation period there emerged from the discussions an overwhelming sense that older women are extremely productive members of their communities. The majority of the older women we spoke with were either working or trying to stay in the employment sector, or actively engaged in family caregiving or volunteer work.

LANGLEY SENIORS COMMUNITY ACTION TABLE

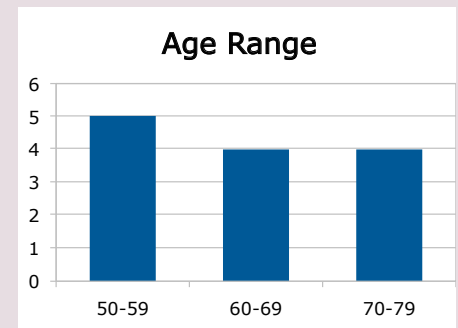
The United Way Lower Mainland funds the coordinator position for the Langley Seniors Community Action Table as well as many other community tables across the province focused on seniors' issues. Action Tables are a network of seniors and people in the community concerned with seniors who meet regularly to discuss and take action on issues.

HOST: LANGLEY SENIORS RESOURCE CENTRE

www.lsr.ca

The Langley Senior Resources Society is an independent, not for profit, charitable organization that provides health, recreational and food services to seniors and adults of all abilities. The adult day program provides specialized care and recreation for adults with physical and/or mental limitations within the Langley area who live alone or with family caregivers. The recreation program offers hundreds of activities to seniors at a low cost or for free.

Date	October 22, 2012
Language	English
Number of Participants	14 (13 completed the survey)
SURVEY DATA	Key Issues
	<ol style="list-style-type: none"> 1. Income Security 2. Access to Transportation 3. Safety in the Community



HIGHLIGHTS FROM DISCUSSION

Community Suggestion

The Government should compensate women who must retire early to perform family caregiving responsibilities, so family caregiving does not have a negative impact on CPP entitlement. The current CPP drop out provisions are insufficient.

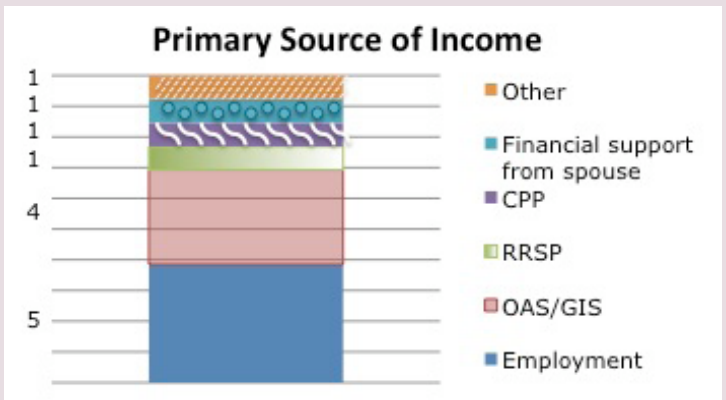
Caregiving across the Life Course

Most of the women in the group had been family caregivers at various points in their lives. Participants discussed the impact caregiving had on their ability to earn an income. They mentioned lower paying jobs, limited savings, low CPP payments, little or no ability to invest in RRSPs, and the need to take time out of the workforce for caregiving. Some women in the group were part of the sandwich generation, caring for both children and aging parents.

Transportation and Safety

Many women in the group rely on public transportation. They highlighted the long wait times for buses in rural communities as a factor that contributed to a lack of safety. Women feel vulnerable waiting for the bus. Consequently they stay home more and become more isolated.

Some of the women perceived themselves as vulnerable targets for assault, theft, fraud and other crimes, as a result of being older and female.



Community Suggestion

We need more women judges in BC. Women's perspectives are poorly represented in the courts.

“When I came here I realized what it means to be a non status woman.”

4. Family Dynamics and Vulnerability Linked to Immigration

Many of the women who participated in this project were immigrant women, many of whom arrived in Canada when they were already in their senior years. Nine of the 22 focus groups were hosted by organizations that registered women from specific immigrant ethno-cultural groups. We held events in Punjabi, Cantonese, Mandarin, Farsi, Polish, Russian, Spanish and Dari. Some immigrant women also attended English language events that occurred throughout the lower mainland. For example, a large number of Filipino women participated in one focus group.

Discussions revealed that immigration has an enormous impact on experience, even decades after older women arrive in Canada. Many of the themes discussed earlier on in this report present different or more extreme impacts on immigrant women, and so we have tried to highlight patterns related to immigration throughout this report. This section summarizes patterns related to immigration, pulling together in one place some themes already articulated under other headings, and going into greater detail regarding impacts on older immigrant women.

HIGHER LEVELS OF POVERTY

“I feel no dignity. It is not my fault if I am poor.”

Amongst the older women who completed our survey, immigrant women presented more elevated levels of poverty. Every women in the Polish, Iranian, and Afghan groups earned less than \$30,000 a year. Further, in the following groups a very high proportion of the women earned under \$10,000: South Asian women in Surrey—89%; Mandarin-speaking women in Richmond—70%; Afghan women—72%; Russian women—60%. By way of comparison, the overall averages for the project were 81% earning \$10,000 to \$30,000, and 34% earning under \$10,000.

These statistics do not represent the circumstances of immigrant populations more generally. As noted earlier, since we accessed women through non-profit agencies, our focus groups disproportionately over-represent low-income women. However, the strength of this methodology is that it sheds light on the barriers to well being for an often invisible demographic group—low-income immigrant women.

Older women who immigrated to Canada under the family sponsorship program generally have to wait until the ten-year sponsorship period is over before they become entitled to receive publicly funded benefits or subsidized programs, such as provincial welfare, the federal Guaranteed Income Supplement, and BC Housing. This circumstance fosters financial dependency and vulnerability to

abuse, as women feel they have no alternatives and must depend on their children for everything, even when they do not feel safe at home. The inability to access a low cost bus pass enhances their isolation. Some immigrant women indicated they receive a small stipend from their children that is not adequate to meet their health care expenses.

A number of immigrant older women identified poor treatment at the welfare office as a barrier to their well being. As one woman shared, “when I go to the office, I come home and cry so much. Is that the help [we can receive] in Canada?” Women said that there were often long waits at the income assistance office and that it can be very difficult for them to stand so long in line. No one offers them a seat. Some women who come to Canada are survivors of mistreatment experienced in their home country; poor treatment or a lack of compassion from staff within BC agencies is exacerbating their trauma. Some of these older women have survived a great deal already, and the hostility they experience when they apply for benefits is harming them further.

“We come from a war torn country. We are very sad. We feel a sense of loss.”

Women who come to Canada on a visitor Visa also experience barriers to getting income assistance and health care. A visitor is not eligible for the Medical Services Plan. One woman confided that she has not received health care since she arrived in Canada ten years ago, and she “is afraid to go back to Iran for medical treatment, because she fears they will not be allowed to return to Canada afterwards.”

Many immigrant women commented that that language can present a barrier to getting proper health care, as they are not able to explain their symptoms to health care practitioners. As one woman explained, “I have a modest income, and when I got sick, I had to pay translators to talk to specialist. This was a really expensive cost for me.” Lack of access to health care was a concern emphasized by immigrant older women. They indicated that the need to articulate only one health problem per visit was a barrier to getting proper treatment. As one woman pointed out, “going to the doctor who says only tell me one or two things—I have a friend who goes to the doctor almost every day because of this.” Another woman shared, “I haven’t seen the doctor in almost 4 months, and now I’m afraid I might raise too many issues.”

DYNAMICS OF CAREGIVING AND FAMILY SPONSORSHIP

The groups that had the highest rates of caregiving, with rates above 60%, were immigrant women: Mandarin-speaking women in Richmond—60%; South Asian in Surrey—69%; and Afghan women from across the lower mainland—92%. By way of comparison, 45% of women surveyed who responded to the question, “Do you provide ongoing, unpaid care to anyone, including a loved one?” answered “yes”.

Caregiving significantly impacts the life course of older immigrant women. Many women indicated that they had immigrated under the family sponsorship program specifically to provide care for the grandchildren while their adult children worked outside the home. For a surprisingly large number of these women unexpected challenges had made caregiving more difficult. Women described

situations involving: separation and divorce putting strain on the family; child sponsors moving back to China or to another country due to an inability to find satisfactory employment in Canada; disagreements with daughters-in-law regarding child-rearing values, resulting in the older woman no longer providing care for the grandchildren. In some circumstances older women appear to have been abandoned by their children. Older women come to Canada with expectation of being part of a family and receiving financial support. These expectations are not always fulfilled.

Women also described how their own worsening health, or the health decline of a spouse, made caregiving for grandchildren more demanding, or made it more difficult to continue to live in Canada. As a few women pointed out, if their original sponsor leaves, they do not have the financial ability to sponsor other younger children to help care for them as they age, so they become isolated from family at their time of need after a lifetime of caregiving for others. As one woman shared, “my sponsor family moved to the U.S., so now there is only me and my husband here, and we do not speak English well... I have had four surgeries already... I really need [my daughter] to come here to take care of me and my husband.” However, this woman does not have the financial capacity to sponsor her daughter into Canada, and her daughter has run into problems trying to immigrate as an independent professional.

LANGUAGE AND ACCESS TO INFORMATION

“I have to ask for help with forms. I do not know what they are writing.”

Many of the immigrant women who participated in the consultation events negotiate language barriers on a regular basis. 38% of the women who completed our survey indicated they have difficulty understanding or communicating in English. Immigrant older women thus have a great deal of difficulty accessing information on their rights.

Some women indicated there is a lack of plain language written information available in their mother tongue; other women indicated they were not literate in any language, and so they required access to advocates who speak their language. Pensions are a particularly complex area for immigrant women, who may have a work history in one or more non-Canadian countries, and older immigrant women emphasized over and over again that they need information on their pension rights. The need for accessible plain language information in their native language is a pressing issue for immigrant women.

“Information on your rights does need to be put into Spanish.”

Some women did not know how to dial 911 to reach the police or paramedics, or appreciate their right to safety. One woman pointed out that her husband’s children beat her up and she did not realize she could go to the police and get a no contact order until some time had passed and she was able to take an English class.

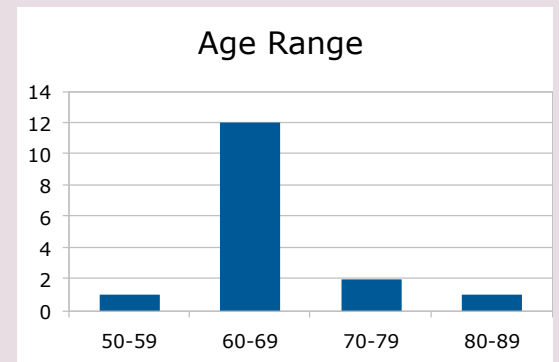
Immigrant women indicated that connecting with organizations that specialize in serving ethno-cultural populations have been of great assistance to them.

HOST: DIVERSECITY

www.dcrs.ca

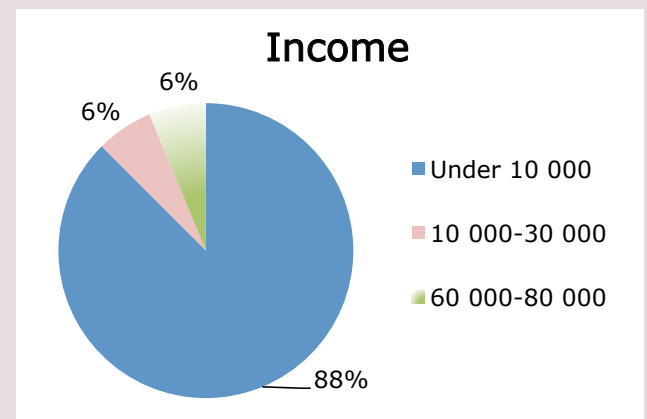
Based in Surrey, DIVERSEcity Community Resources Society (DIVERSEcity) is a non-profit agency offering a wide range of services and programs to the culturally diverse communities of the lower mainland. In particular, they assist immigrants and new Canadians in their integration into their new community. DIVERSEcity offers programming to people of all ages, in a number of languages, as well as specific programs for seniors, including a Seniors Integration Program, and Better at Home (previously known as CASI: Community Action for Seniors' Independence) Program.

Date	October 30, 2012
Language	Punjabi, Urdu
Number of Participants	19 (16 completed the survey)
SURVEY DATA	Group Characteristic
	Over 50% of the women have difficulty understanding and communicating in English
Key Issues	1. Pensions 2. Discrimination 3. Dental Care

HIGHLIGHTS FROM DISCUSSIONFinancial Dependency

Participants expressed concerns about the ten year waiting period before a sponsored immigrant is eligible to receive a pension, or apply for programs such as social assistance, the BC Bus pass for low income seniors, home care or BC housing. The consensus amongst the group was that the waiting period was far too long and fostered increased financial dependency. Participants mentioned that they often cannot afford the health and dental care they require.

Some of the participants also noted that in their extended family, their finances were kept separate, and that they had to bear many of their own costs, such as food, in spite of their limited ability to access funds.

Family Dynamics and Sponsorship

Most of the participants in this focus group live in an extended family situation. Many participants raised concerns over the attitude of family members. Some mentioned that they receive little or no respect from family, and they are viewed as a burden sometimes. One participant shared a story of an elderly woman who was abandoned by the extended family and required to leave the family home after her husband passed away.

Participants acknowledge the fact that people who sponsor a relative into Canada assume a financial responsibility, and often have to struggle to support an extended family, meaning that both spouses work outside the home. As a result of this dynamic there often is an expectation that the sponsored immigrants, especially women, will provide childcare and do housework, even when their health may not be good.

A number of women shared stories of being targeted for violence and abuse due to their cultural identity. They feel vulnerable to abuse as South Asian women, and the prevalence of racism in the community undermines their safety.

FAMILY DYNAMICS

“I don’t feel very comfortable with my family.”

Many of the immigrant women we spoke with lived in an extended family situation. Older women caring for adult children with disabilities on a small fixed income described very cramped and unacceptable living circumstances. Some women identified disagreements and differences in values as between themselves and their daughters-in-law as a major challenge they encountered. Others felt they were treated as a family burden, even though they contributed much to the family by caring for grandchildren. A number of women shared stories of experiences of abuse that are linked to immigration and cultural disconnect between generations. One woman confided, “I don’t feel very comfortable with my family. My children are different people. I worked for them all my life. They resent that now that I am older they can’t manipulate me or control me. There is a lot of friction.”

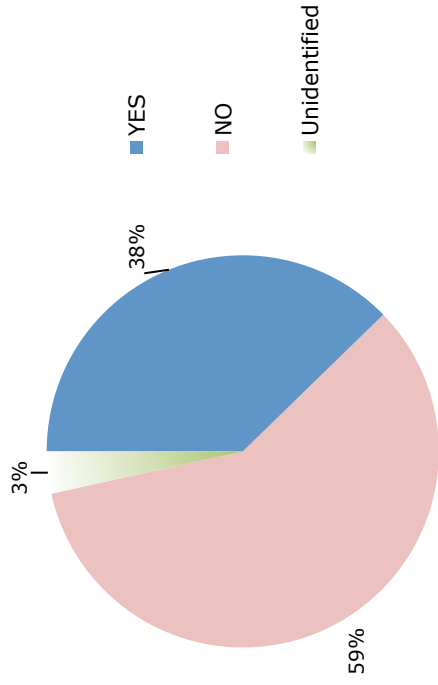
Stories of financial abuse were shared at a number of the focus groups involving immigrant women, and a lack of awareness of rights and options appears to be enhancing immigrant women’s vulnerability to pressure and manipulation by loved ones. Women indicated they or other older women they know have had to sever ties with family in order to escape abuse. For older immigrant women, who are often financially dependent on their children, it can be very difficult to leave an abusive situation. The sponsorship undertaking can prevent access to provincial income assistance for ten years, leaving older women effectively trapped in an abusive environment.

A number of women described social mores around filial responsibility that required the firstborn adult sons to support older women in the family. When the son does not assume this responsibility the older woman can be neglected because she does not feel she can accept assistance from a daughter. As one woman explained, regarding her own mother, who lives Taiwan, “I speak to my mom on the phone everyday. She sometimes feels desperate... My mom doesn’t want to depend on her daughters because of our culture. They always think the son will take care of the parents. She won’t spend her daughter’s money or live in a daughter’s house... I’m concerned, but I can’t do anything.”

“I want to bring my disabled 41 year old son to Canada. He is left behind alone.”

For other women who left behind family in their home country, separation from family, especially children, is devastating. Women identified a need for access to free legal assistance in order to explore options for reunification, and encounter many barriers to both getting legal assistance and reconnecting with family. A number of women expressed intense responsibility toward adult children, and a deep sense of powerless over how to assist their children.

"Do you have difficulty communicating in English?"



Mother Tongue of Participants in Consultation Meetings



COMMUNITY SNAPSHOT

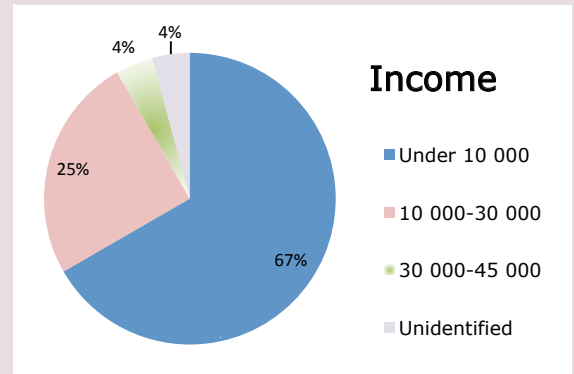
RICHMOND

HOST: RICHMOND WOMEN'S RESOURCE CENTRE

www.richmondwomenscentre.bc.ca

Richmond Women's Resource Centre is a non-profit agency run by and for women. The Centre's Grandmothers' Group meets twice a month, with the support of a facilitator. The group is made up of Mandarin-speaking women, many of whom immigrated to Canada under the sponsorship program, to help care for their grandchildren.

SURVEY DATA	Date	October 15, 2012
	Language	Mandarin
	Number of Participants	25 (24 completed the survey)
	Group Characteristic	85% of the women had difficulty understanding or communicating in English
	Key Issues	1. Income Security 2. Grandparent's Rights 3. Housing



HIGHLIGHTS FROM DISCUSSION

Immigrating as a Family Caregiver

Women work hard to care for spouses, grandchildren, and other family members in spite of their own health issues. Many women described unexpected family events that created additional challenges:

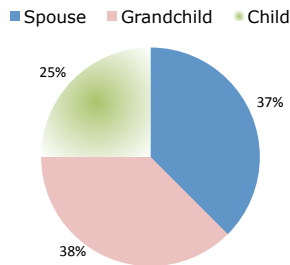
- » The woman's husband becomes ill—suddenly she must care for young grandchildren and a husband at the same time;
- » Separation and divorce puts strain on family dynamics and finances;
- » Child sponsors moves back to China without her—she and her husband have poor health and now she must figure out how to support them.

Some women were essentially abandoned by their sponsor children.

English Proficiency

Most women spoke very little English, resulting in a lack of awareness of basic information, such as how to contact the police. They must ask for help with forms and so they don't know what is being written on their behalf. Accessing English language information over the internet is impossible for them. They rely on helpers, such as children and grandchildren, and express concern that they are not getting accurate or complete information about their rights and options.

"If you provide caregiving services, to whom do you provide care?"



"I have been here for more than 10 years and was sponsored by my child. My sponsor family moved. My husband and I are ill... I tried to sponsor my child in China to come to Canada, [but] she does not have any professional skills."

Community Suggestion

Publically funded childcare for grandmothers
One woman suggested: the government should take care of grandchildren so women can go to an English class.

“There are many hidden problems here, and the women don’t know how to manage.”

5. Safety and Freedom from Abuse

Abuse and safety issues were discussed at some, but not all, consultation events. A number of women shared stories of abuse of other women from their communities, rather than sharing personal experiences of victimization. Women discussed circumstances where they felt abused by strangers and businesses, and also by family, including children, grandchildren and spouses. Women often used the term “bullying” to describe their experiences, and their stories collectively touched on financial, emotional and institutional abuse, the impact of domestic violence, as well as violence and feeling unsafe in their communities.

FINANCIAL ABUSE BY FAMILY

“In many communities children want to control their parents’ money.”

The most commonly discussed form of mistreatment was financial abuse. Women described a number of situations involving children taking advantage of them, or other older women they knew. For example, one woman confided that she shared a joint account with their children, but did not know how to access their own funds. Another woman told us that her children live in another country, but come back to Vancouver to take her savings from her. Other seniors said that grandchildren or children discourage them from spending their own money, acting as if an inheritance was their right.

Quite a few stories of financial exploitation involved property. One woman told us, “I know several families where the children have financially abused the parents. My friend sold her townhouse that she owned outright, and moved in with her daughter, husband and kids, into a suite in their house. Eventually [the abuse] became so bad that she had to leave, but then the children said the money had been a gift.” One woman told us a story of a woman who was asked to co-sign a \$5,000 loan for a house. When she asked for the money to be returned, she was told that she had signed a document renouncing any claim over the funds. But the woman had not consider the money was a gift. This second woman understood limited English, and did not appreciate that she had given the funds away.

Many women identified powers of attorney and advance planning documents as areas where they feel vulnerable to abuse and require more information. As one women explained, “we’re all being encouraged to do living wills and power of attorneys, and for those of us with families and friends we can use, this is great. But the downside is that once you give that power of attorney, there are very few checks and balances with what happens with your decision-making and financials. There’s no Big Brother to make sure that money being spent is actually going to your care.”

“Powers of attorney are a big pain for me and I feel I am being ripped off. It would be great to have more information about them.”

A lack of education about their rights was highlighted as a factor that contributes to older women’s vulnerability to abuse, especially for immigrant women. As one woman explained, “when the mothers don’t know about the rules, they don’t have the power to do anything. So the family takes over and abuses them financially.”

FINANCIAL ABUSE BY BUSINESSES

“There are horrific stories out there.”

A number of participants complained that older women are losing money because investment counselors are putting their money into products that aren’t appropriate for them. As one woman shared, “I know four different people personally who lost over 60% of their investment portfolio because they were put onto high risk products. I think a lot of seniors go to a bank or investment counselor, and they don’t understand people with finite resources. We’re being bullied into these high-risk investments and our investments are being wiped.”

Other women talked about being heavily pressured by utilities and insurance agencies into imprudent and inappropriate choices. Health insurance companies were particularly highlighted for pushing policies on seniors that do not provide coverage after age 70.

Aggressive telemarketing creates stress for seniors as well. Said one woman, “I’m concerned with financial bullying... and the push that comes from large corporation, through mail and email and callers, and how you can get these deals. There’s a lot of bullying in this.” As another woman added, “is there a legal way to get these people from companies to stop calling? They’re calling my friend about a bill years after its already been paid.”

EMOTIONAL ABUSE

*“My daughter asks, ‘how long I will live?’
Your mom died at 82. I hope you won’t live that long.”*

Women shared stories of cruelty perpetrated by loved ones. Women spoke about verbal abuse, neglect and social isolation. Some participants discussed how intergenerational disconnects can lead to emotional abuse of seniors, especially within immigrant families. Women highlighted in particular that grandchildren often disrespect their elders and speak with brutality. Women mentioned the grandchildren saying things like, “why are you here? Why are you taking our food? Why don’t you go back to your country?” One woman suggested, “they should teach the kids at school how to treat their grandparents and their elders. The kids should learn how to treat old people.”

“Is there a law that says you have a right to see your grandchildren?”

A number of older women shared painful stories of their children refusing to allow them to continue to see the grandchildren, sometimes as a punishment for speaking out on abuse or other unacceptable behaviour. Loss of access to grandchildren proved to be one of the most emotional topics women shared at our focus groups, and it was evident that separation from grandchildren affects a tremendous loss. This loss was especially acute for older women who had been a primary caregiver for the grandchildren, or lived with their grandchildren for most of their lives. Grandparents’ rights was an topic raised by many older women, and it appears that when grandparents lose contact with children they require better access to information on their options, and individual advocacy to help them find a solution.

Women also shared stories of physical isolation of older people with disabilities, people being left alone in a part of the house used by no one else, separated from the rest of the family.

FAMILY VIOLENCE

“There is a lot of fear. I’ve been there.”

Women emphasized how it can be especially difficult to leave an abusive relationship when you are older. As one woman explained, “women often stay in a situation that is very unhealthy and scary for years because they don’t know how to end it... And where do you go when you leave? The older women in their 70s and 80s are a different generation, and they got married for life. There would be a lot of shame in leaving. And they may never have worked: they have no money to leave.”

Women shared how difficult it is to talk about being hurt by your own family. As one woman confided, “I never said anything until the doctor found out—because I was under so much stress. It took a lot to open up and tell someone that I was being verbally and physically abused by my daughter.”

Immigrant women identified immigration as an appropriate time to educate men about what kinds of behaviour are acceptable, in order discourage family violence from continuing after immigration. One woman said, “when people come here, they need to know that the rules are different here, because they need to respect women.” Women felt that the failure to do preventive public education around domestic violence at the time of immigration was a lost opportunity to help protect the women in their communities.

INSTITUTIONAL OR SYSTEMIC ABUSE

“I’m on BC Disability, and they treat you like garbage.”

During at least six consultation sessions older women, especially immigrant women and Indigenous women, shared stories of feeling poorly treated by public institutions, in particular, BC Housing and the Ministry for Social Development. One woman said, “every time I come to the welfare office

COMMUNITY SNAPSHOT

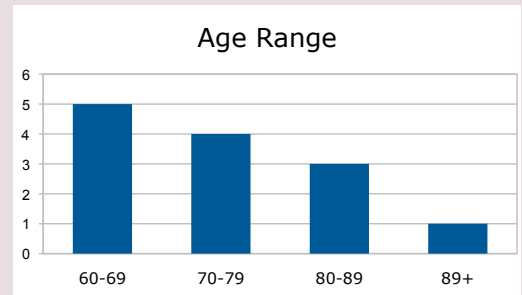
VANCOUVER

HOST: SOUTH GRANVILLE SENIORS CENTRE

www.southgranvilleseniors.ca

The South Granville Seniors Centre is a non-profit centre offering a variety of low-cost and free educational, recreational, social, and health-related programs and services to support healthy and independent lifestyles for people in the South Granville neighbourhood, Fairview district and surrounding communities.

Date	October 12, 2012
Language	English
Number of Participants	18 (13 completed the survey)
SURVEY DATA	Key Issues
	<ol style="list-style-type: none"> 1. Income Security 2. Housing 3. End of Life Care



HIGHLIGHTS FROM DISCUSSION

“I think a lot of seniors go to a bank or investment counselor, and they don’t understand people with finite resources. We’re being bullied into these high risk investments and our investments are being wiped. There are horrific stories out there.”

Financial Bullying and Abuse

Many women shared stories of bullying tactic used by sales people regarding insurance policies, utilities and investments, such as:

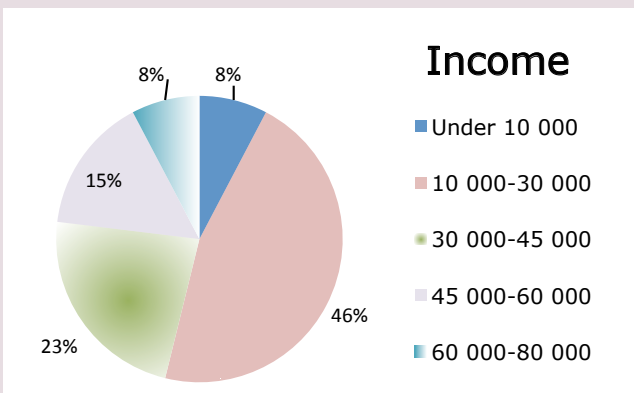
- Pressuring older people into high-risk investments;
- Selling seniors insurance products that do not provide coverage after age 70;
- Repeatedly calling the senior to push utilities “deals” in the face of consistent rejection;
- Aggressively pursuing collection of debts that have been repaid.

These practices create stress and anxiety for seniors and can result in imprudent decisions and financial losses.

Access to Information and Advice

The majority of the older women in this group were very aware and socially engaged. Yet many lacked basic information on key issues such as powers of attorney, wills, consumer rights, rights to legal aid, and pensions. Older women also need help finding appropriate housing.

One woman suggested: “The new provincial seniors’ advocate should have the power and responsibility to help seniors experiencing abuse access information and confidential legal assistance and counseling.”



Innovative Suggestions

- *Provide older women with education about how to handle bullying within the family.*
- *Clarify policy or law around access to priority seating at the front of bus. Many women expressed concern that strollers were getting priority over seniors.*

I am made to feel that I am a criminal, especially when they hear my accent”. Another woman added, “the income assistance people ask you to wait outside in the name of safety and security, but end up treating people with a lot of disrespect.” One woman admitted she cries after every appointment because she is treated as though she has “no dignity”.

SAFETY IN THE COMMUNITY

*“Housing, safety in community, family violence, financial abuse—
I’m been in the Downtown Eastside for fourteen years. I’ve seen a lot in the hotels.
It’s too much for me—I can’t go on.”*

Although quite a few immigrant women pointed out that they feel much safer now that they live in Canada, at a number of consultation sessions women talked about not feeling safe in their Vancouver Lower Mainland communities. One woman said she felt like an easy target because she has a cane and an obvious physical disability that would prevent her from being able to chase after someone who snatched her purse. She shared with the group her fear associated with that awareness of vulnerability, saying, “because of my knees, people can tell I’m not really mobile and I’m always afraid someone is going to kill me.” Her thoughts were an icebreaker of sorts, prompting other women to talk about neighbourhood safety. Another woman added, “we’ve had two break-ins [at my housing co-op] and one lady was accosted at the door.”

In some Vancouver eastside communities, older women associated this increasing sense that their communities are not safe with proximity to the Skytrain. At one focus group women discussed how poor driving in Vancouver contributed to feeling unsafe in their communities. The women agreed crosswalk crossing time is inadequate at many intersections.

Women talked about not feeling safe using public transportation, highlighting long wait times between buses, especially in communities like New Westminster and Langley, as being a large part of the problem. As one woman commented, “buses should come more frequently because it is pretty scary waiting for the bus for half an hour or an hour.” Women also expressed concern about the increase in automation and absence of security personnel, in relation to public transit, financial institutions and gas stations.

For women living in the Downtown Eastside, a lack of safety appeared to be a reality they had lived with for many years; however, personal stories illustrated how disabilities associated with aging enhance fear and vulnerability, as well as the consequences of assault. Women mentioned how declining sight and fear of falling made their community seem more dangerous.

“I see many elders at Carnegie [Centre]. It is not safe.”

In a number of focus groups women talked about feeling threatened by aggressive panhandlers. One women’s comment regarding safety was, “sometimes I don’t want to come downtown—there are people asking for money everywhere. They’re always after me.”

COMMUNITY SNAPSHOT

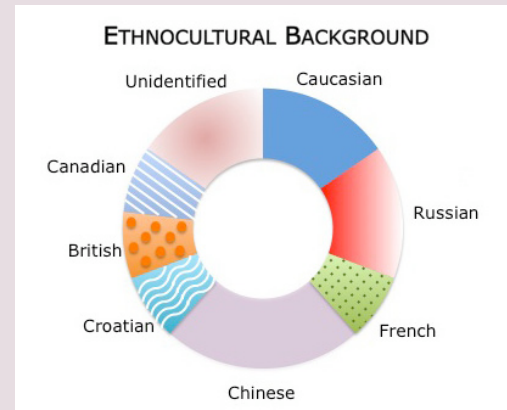
BURNABY

HOST: SOUTH BURNABY NEIGHBOURHOOD HOUSE

www.sbnh.ca

The South Burnaby Neighbourhood House offers a range of programs for seniors, including a seniors planning committee, ESL, and social events, as well as a seniors outreach program that offers various services to isolated seniors, including information, referrals and home visits. Through the outreach program senior volunteers are trained to participate in outreach.

	Date	September 14, 2012
	Language	English
	Number of Participants	12 (12 completed the survey)
SURVEY DATA	Group Characteristic	For almost half of the group English was a second language
	Key Issues	1. End of Life Care 2. Pensions 3. Income Security



HIGHLIGHTS FROM DISCUSSION

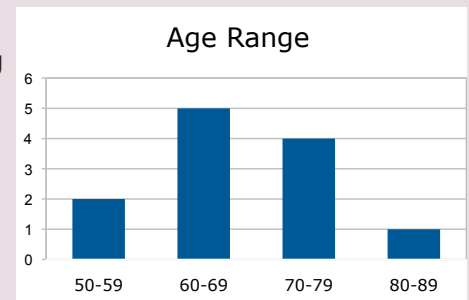
“My friend was on-call 24-7, and the daughter would take off with her boyfriend and leave the friend with the child and dogs all weekend. It’s abuse.”

Caregiving for Grandchildren

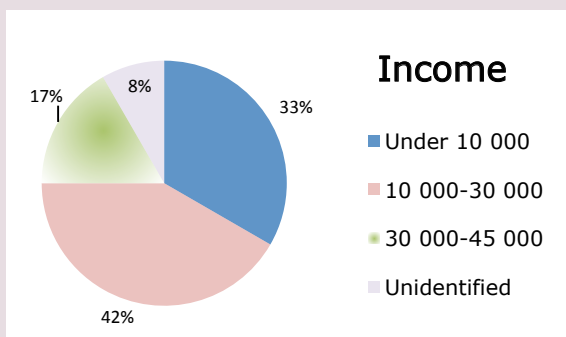
Women experience expectations and pressure around taking care of grandchildren. One woman said, “I had a friend whose daughter expected her to become the primary childcare giver when she retired. And they were surprised when she had her own plans. They really expected her to do it, because their own friends’ mothers did it.”

Community Safety

A number of women don’t feel safe walking on the street in their communities. One woman talked about feeling like an easy target because she has a cane and an obvious physical disability, and expressed fear associated with that awareness of vulnerability: “Because of my knees, people can tell I’m not really mobile, and I’m always afraid someone is going to kill me.”



Women in the session exchanged practical self-defence strategies.



Income Security and Housing

Women expressed a lot of concern about the high cost of housing compared to their incomes, especially assisted living fees. They suggested rent control is needed to set some standards for how much a landlord can charge for housing. Some women had lost their housing due to rental increases that made the apartment unaffordable. The women with the greatest security were either living in BC or co-op housing, or living on a private pension from employment.

“We have to empower women.”

6. Access to Justice and Information

OLDER WOMEN NEED INFORMATION ON THEIR RIGHTS

Access to justice and information on rights and services was a theme throughout the consultation events. Many of the themes discussed earlier in this report—housing, pension rights, abuse, immigration—raise subjects where older women felt that their circumstances would be improved if they had better access to legal advocacy or clear information.

“I’m divorced and I am supposed to receive 50% of my husband’s pension, and I haven’t received it. Who do I call to get someone to look into this?”

Women indicated they need clear, plain language information on many topics, including:

- Their rights in relation to powers of attorney
- Pension entitlement, especially for immigrant and divorced women
- Grandparents’ rights
- Making a will
- Estate planning options if you have no children or other family
- The role of the Public Guardian and Trustee
- The immigration process
- How and when to contact the police
- Entitlement to the SAFER program
- Entitlement to home care
- End of life care
- Advance directives
- How to apply for BC Housing and how the waitlists work
- Free English classes in their community

LANGUAGE BARRIERS

“Marginalized minorities need advocates who speak other languages.”

A key issue connected to access to information is English proficiency. Many immigrant women indicated that they cannot find information about their rights and options because they cannot read or understand English. As one woman explained, “there are big language barriers, and there is no way to access information and services. We need translated materials. Finding information in my own language is tough.” Polish and Iranian women shared this concern. Latin American women agreed that access to Spanish language materials is crucial. Some women indicated that in addition to

speaking limited English, they are illiterate in their mother tongue, and so they require in-person advocacy to learn about their rights.

Many women expressed a strong desire to learn English, but identified systemic barriers to learning. Illiteracy in their first language has presented barriers to learning English, as teaching methods sometimes assume adult learners are able to read and write in their mother tongue. Some women said they find it difficult to learn a new language now that they are older. Others say the barrier is time or money. One woman noted, “my daughter is in the USA and they learn English for free in the USA, but here you have to pay to learn once you become citizen. As a senior it is not so easy to pay for these costs.” Some grandmothers said the problem is finding time to take classes when they are busy caring for grandchildren.

“The government should provide childcare so I can go to an English class.”

Some immigrant older women rely on younger family members to convey information found on the internet, but they are concerned that they are not being provided with a full and accurate picture of their rights and options. Filling out forms can be very difficult and they cannot confirm whether a helper has properly completed the forms. Language barriers create additional vulnerability and dependency for some older women.

Even for women who speak English, language can pose a barrier to accessing information. Many women indicated that they have trouble filling out forms and require assistance in this area because the forms are too long and complicated. Many women said the internet is not an ideal site for informing seniors, pointing out that, “older people don’t use computers... technology can be a huge barrier.”

“The legal aid system does not work.”

ACCESS TO JUSTICE IN BC

Older women are quite critical of the state of access to justice in BC. They feel they cannot access legal aid when they need assistance. Others say that services are too limited. As one woman stated, “even if you for qualify [for legal aid] you only get a few hours.” Another problem women identified was that lawyers often do not take the time to provide clear information and translate legal terms into plain English. There was a repeated call to “speak to us in plain English!”

“The legal system is slow, confusing and unaffordable.”

Women shared stories about being confused about legal representation regarding a family law matter, and walking away from the experience with a sense of injustice. Both the legal system and entitlement to legal aid appear to be shrouded in a sense of mystery, suggesting a general need for public education regarding some legal issues and legal processes.

Limited access to legal aid for family matters is especially problematic for older women who have assumed primary care for their grandchildren. A number of grandmothers offered stories of being unable to access legal assistance when they needed it. Some women had lost contact with their grandchildren whom they had raised for many years, sometimes pursuant to a court order, when the parent came back into their lives. These women were heartbroken but did not appear to have qualified for legal aid under the limited legal aid eligibility rules. As one woman confided, “when I gave the girls back, it was because of a health issue... I was told I could come in and pursue [access] if she didn’t let me visit them. Then I get to court and the Judge says she can’t make that happen.”

For older women who do not qualify for legal aid, hiring a lawyer is generally not an option. As one woman explained, “I have a pension, but it is a small pension, so I didn’t have the kind of money to afford a lawyer.” Other women pointed out that they are forced to dip into their meager savings to do any advance planning, which is not covered by legal aid.

“I had to pay \$600 plus HST for a living will.”

Women say there is a need for more *pro bono* clinics for older adults, and advocates specifically for older women. There also appears to be a need for greater outreach with older women about existing services, for even in groups of English speaking women who were fairly engaged in their communities, there was a lack of awareness of resource organizations that currently provide free legal advocacy.

Older women also expressed concern that it is hard to reach an advocate in person. As one woman explained, “*pro bono* services are not easily accessed either. Every time I phone I get a voice machine.”

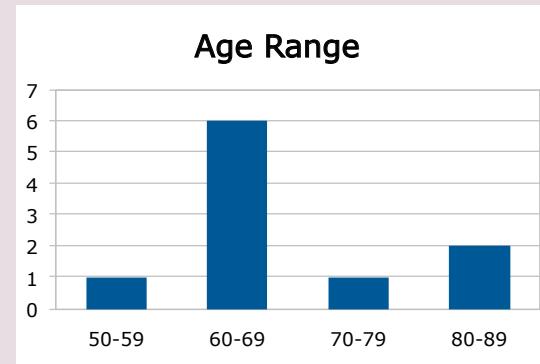
COMMUNITY SNAPSHOT

VANCOUVER

HOST: LATIN AMERICAN WOMEN

www.southgranvilleseniors.ca

The Spanish Program is a successful model aimed at Spanish speaking seniors. The program offers socialization and empowerment opportunities, health promotion, English and computers classes, and outings. The program has been provided at the South Granville Seniors Centre for more than 13 years. The group has 80 members—90% of them are women.



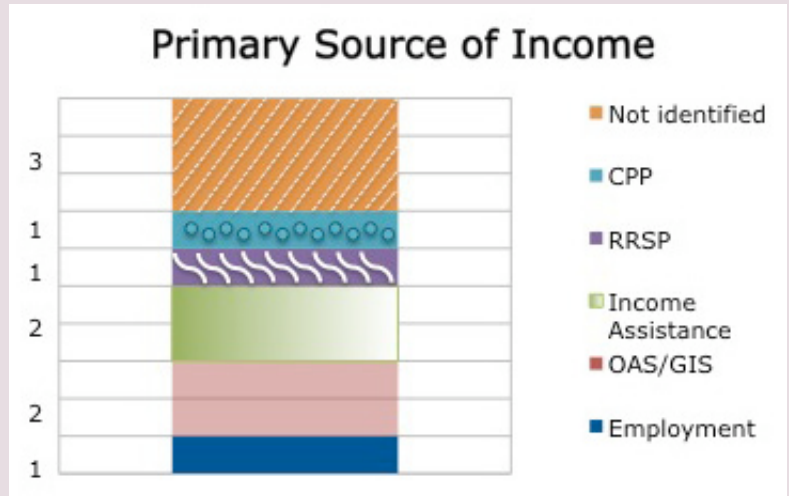
Date	November 9, 2012
Language	Spanish
Number of Participants	12 (10 completed the survey)
SURVEY DATA	Key Issues
	<ol style="list-style-type: none"> 1. Income Security 2. Pensions 3. Social Inclusion

HIGHLIGHTS FROM DISCUSSION

Language Barriers to Access to Information

Women felt that a lack of awareness of their rights enhanced their vulnerability to abuse and undermined their power to speak up for themselves and resist pressure tactics. They pointed out that older women from their community sign English documents they do not understand.

Participants felt that a good strategy would be to provide women of all ages with more information on their rights vis-à-vis abuse at the time of immigration. They felt that women tolerated family violence because they did not know assault was illegal. They stressed that the information should be published in Spanish.



Abuse and Domestic Violence

Based on the discussion, abuse by family members is a key issue of concern to Latin American women. Women shared stories involving abuse by children, grandchildren and spouses.

Women said that children financially abuse their parents, for example, by pressuring them to co-sign loans or give them cash. Women also described abuse by teenaged grandchildren. Young people can be cruel, saying things like, "Why are you here? Why are you taking our food? Why don't you go back to your country?" One woman confided, "I don't feel very comfortable with my family. My children are different people. I worked for them all my life. They resent that now that I am older they can't manipulate me or control me. There is a lot of friction."

Older women who immigrate with expectations of family support can find themselves applying for welfare in order to escape family abuse.

"In many communities the children want to control the money of their parents."

“Because I am a woman of a certain age does not mean I have no value.”

Discrimination, Ageism and Invisibility

DISCRIMINATION AND AGEISM

Throughout the consultation events women relayed many stories of feeling treated poorly or ignored because of being an older woman. As one woman commented, “they treat us as if we don’t have anything to offer. They equate aging with incapacity.”

A number of women shared stories of feeling that they received poor health care because medical professionals did not listen to them, ignored their descriptions of symptoms, or did not take their health complaints seriously. Other women relayed that they felt they were no longer offered options aimed at enhancing quality of life. As one woman explained it, “you only get decent care if it is an emergency.” One woman highlighted how even hospital décor contained negative messaging about the value of seniors: pediatrics is “very bright and encouraging, but in geriatrics it is very dull and bland... [it’s like] you have already lived your life and you are on your way out.” For older women there is a shared fear associated with feeling that health care providers no longer pay attention to them.

“It was traumatizing to realize I had no value.”

Women said they are often treated as being not intelligent enough to understand information. As one woman shared, “I noticed ageism for the first time when I went to bank, when I was called Ma’am instead of Miss, and when I told the teller I didn’t really understand investments, he gave me a brochure and said I should get my son or daughter to read it and explain it to me.” Many women related to the experience of professionals talking over them at younger family members, assuming the older woman was not able to understand the information.

“Invisible disabilities really double the issues of being an older woman... Vision and hearing loss are perceived as stupidity and lack of intelligence.”

Many women experienced poor treatment linked to age and disability or age and poverty. As one woman explained, “I live in subsidized housing... management thinks we’re all addicts, mentally ill, or something else, which means we’re not worth listening to. You can’t say it all comes from being elderly and disabled—they’re all interconnected.”

As discussed earlier, women also identified discrimination in hiring practices as a significant problem. For many immigrant women discrimination was linked to racism. One group of South Asian

women identified racism as presenting an ongoing safety issue for them. Women described frightening circumstances where they were targeted in their community for abuse because of their race.

A number of participants complained that the new DriveAble provisions were being administered in a manner that discriminated against seniors. As one woman explained things, one of the problems is that so much hinges on a doctor's opinion, and not every older person will have access to a family doctor who has known them for years: "there is an issue of fairness because if you have a family doctor that you have known for a long time, you will likely still be able to drive. But if you don't have a regular family doctor, they don't know you very well, and you are less likely to get medical clearance." Others felt the whole rationalization of the program hinged on ageist thinking. As one woman summarized things, "it's the perception out there that the older drivers are bad and dangerous".

INVISIBILITY

"It is like all of a sudden you're invisible at 60."

Older women experience a sense of invisibility within their families and in the larger community. As one woman confided, "people act as if I am not there. They hurry to get around me. They overtake me when I am walking." Another woman told us, "it's hard to get someone's attention."

"They ignore you until nobody is left, and then they look after you."

A common theme was being the last person served by a clerk. As one woman pointed out, "in general, people look down on you when you are older, especially when you're a little hard of hearing. People try to ignore you. ... We're cast aside. Clerks often ignore us and answer the phone instead. It's very rude." Quite a few women described their experience with BC Housing as an experience of "being ignored".

Although some women indicated that they are often offered a seat on the bus, other women expressed concern that younger people occupy the front area on the bus and do not offer seats to their elders. Some older women feel that younger people do not notice them.

Some women commented on the invisibility they felt within their families. One woman shared, "I feel discriminated against by my own family—the older I get the less they want to hear me." There was a sense amongst older women that in spite of the wisdom they had accumulated over the years, their words now carried less weight.

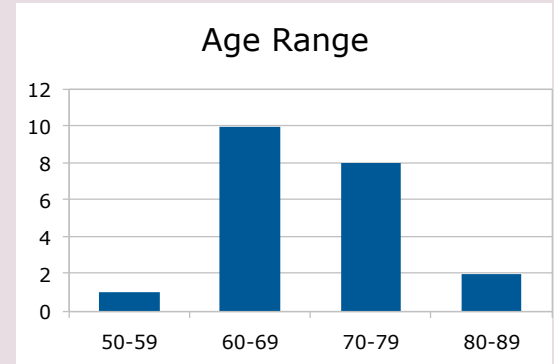
For some participants invisibility was tied to the experience of immigration and connected to racism. Participants who immigrated to Canada late in life described feeling invisible since their arrival. As one woman summarized her experience, "women without status are invisible."

HOST: GORDON NEIGHBOURHOOD HOUSE

www.gnh.vcn.bc.ca

Gordon House has been serving the West End since 1942, offering activities to community members of all ages. Programming for seniors includes affordable lunches, field trips to Tofino, Salt Spring Island and around the lower mainland, yoga, hair cuts for \$1.25, and computer literacy tutorials.

	Date	November 8, 2012
	Language	Farsi
	Number of Participants	21 (21 completed the survey)
SURVEY DATA	Group Characteristic	Over 75% of the women have difficulty understanding and communicating in English
	Key Issues	1. Income Security 2. Housing 3. End of Life Care

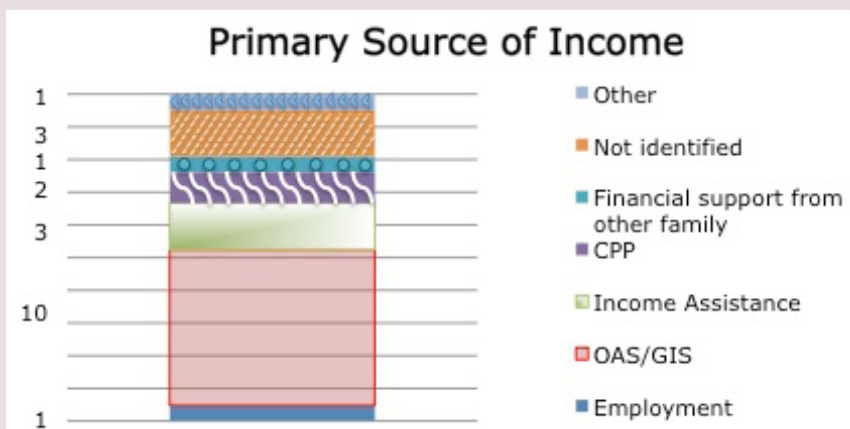
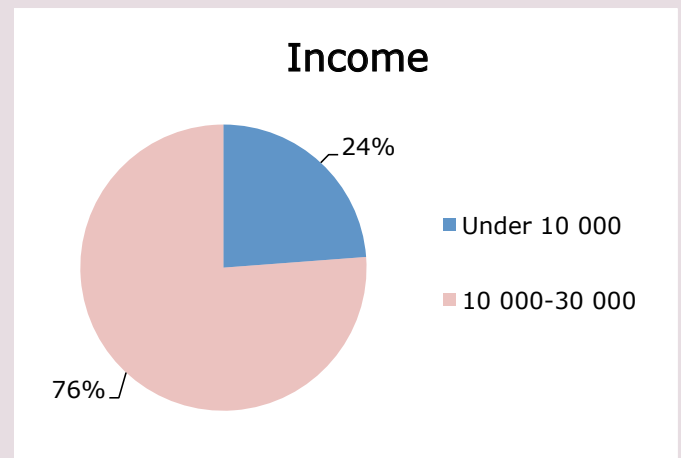


HIGHLIGHTS FROM DISCUSSION

Medication and Medical Treatment

A number of participants noted that the amount they receive from Old Age Security or Canada Pension Plan is not enough to cover many of their expenses, including rent and medicine. Many of the medications they require are not covered by MSP, and so they cannot afford them.

One participant had come to Canada on a visitor visa, which has to be renewed every 10 years. During the time she has been in Canada she has not any access to medical care, because, as a visitor, she is not eligible for MSP. Since she has been in Canada for years, she is also afraid to go back to Iran for medical treatment, because she fears she will not be allowed to return to Canada afterwards.

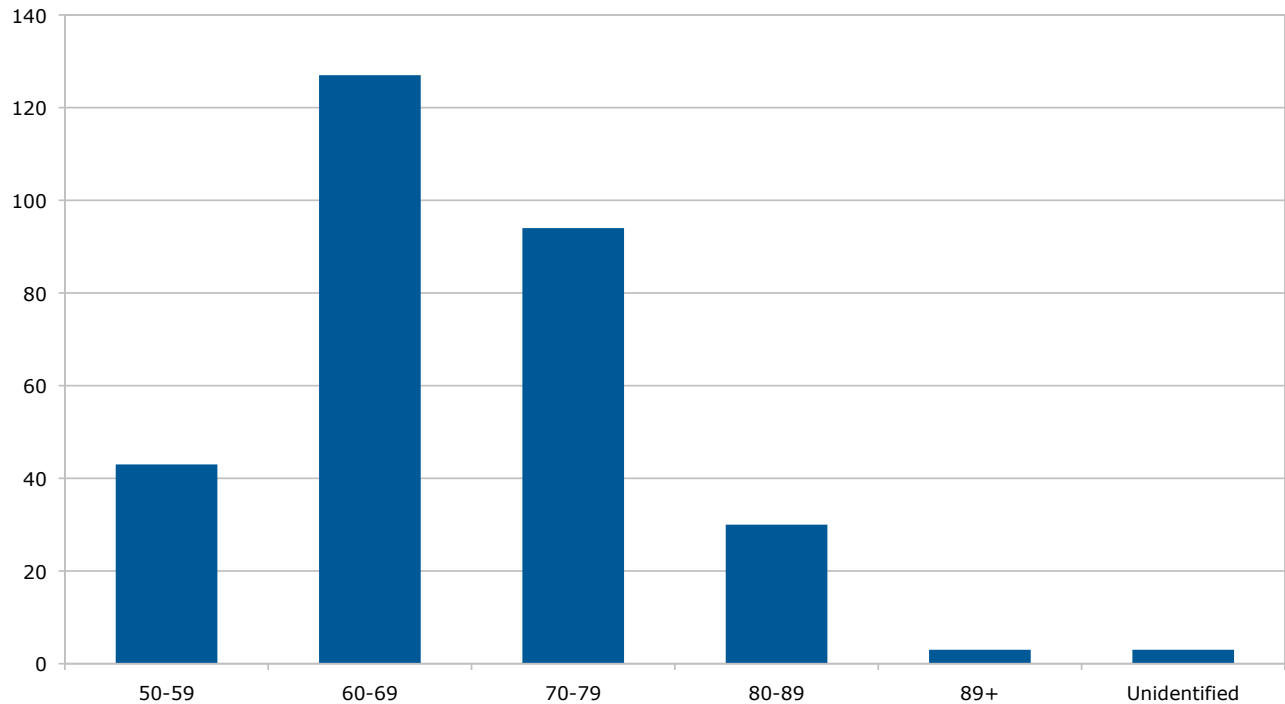


Access to Information and Assistance

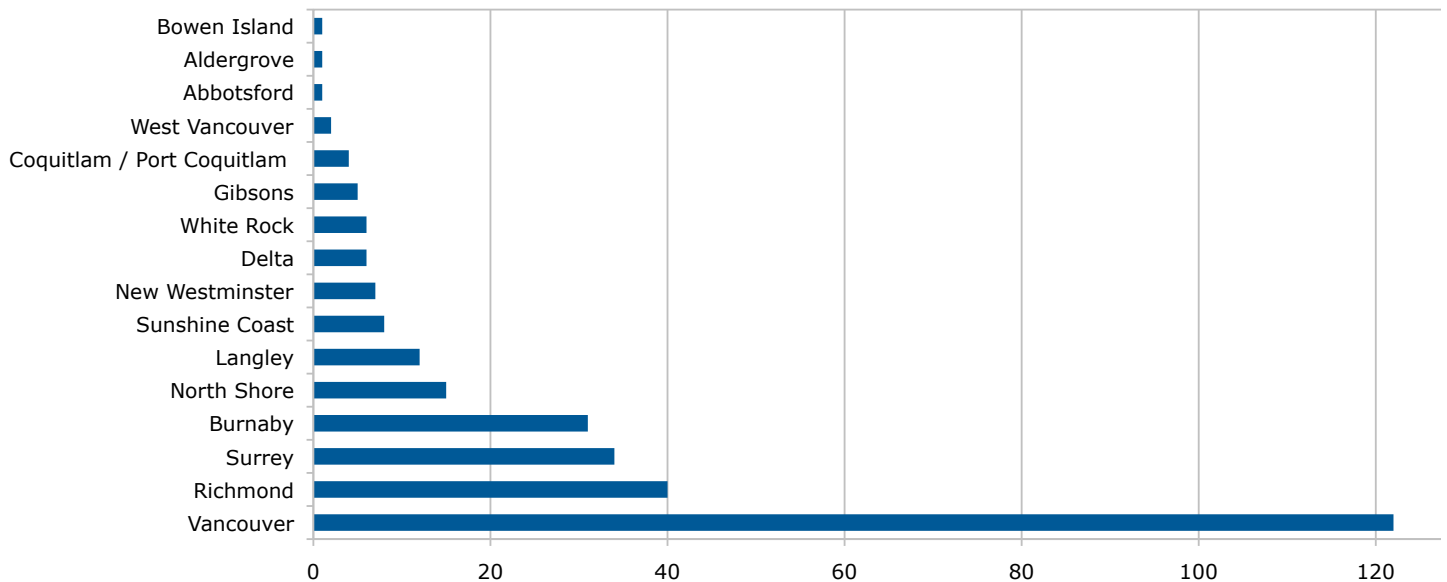
Participants are having difficulty finding resources and information that has been translated into Farsi. The majority of participants have difficulty understanding communicating in English, and so they require services and resources in their own language.

SUMMARY OF CONSULTATION ACTIVITIES

Age Range Across All Consultation Meetings



"Where do you live?"



	Date	Meeting Location	Meeting Language	Attended	Completed Survey	Ethno-cultural Background	Age Range	Income Range	Primary Source of Income	Top Issues		
										Number 1	Number 2	Number 3
1	Sep 12 2012	Minoru Activity Centre (Richmond)	English	17	15	Caucasian (70%) Jewish	50-89+	Under \$10,000 to + \$80,000	CPP	End of Life Care	Income Security	Dependency Issues
2	Sep 14 2012	South Burnaby Neighbourhood House (Burnaby)	English	12	12	Caucasian Russian French Chinese Croatian British	50-89	Under \$10,000 to \$45,000	OAS / GIS	End of Life Care	Pensions	Income Security
3	Sep 21 2012	SFU Campus (Surrey)	English	5	5	Caucasian	60-79	\$10,000 to \$60,000	OAS / GIS CPP	Support for Caregiving	Ageism	Discrimination
4	Oct 2 2012	South Vancouver Neighbourhood House (Vancouver)	Punjabi	18	17	South Asian (70%) Southeast Asian	50-89	Under \$10,000 to \$45,000	OAS / GIS	Pensions	Safety in the Community	Support for Caregiving
5	Oct 9 2012	SUCCESS (Richmond)	Cantonese	13	0	?	?	?	?	?	?	?
6	Oct 10 2012	Royal Arch Monarch Apartments (Champlain Heights)	English	19	18	Filipino (60%) Caucasian Latin American	50-89	Under \$10,000 to \$45,000	OAS / GIS	Income Security	Pensions	Housing
7	Oct 12 2012	South Granville Seniors Centre (Vancouver)	English	18	13	Caucasian (90%) Irish-Polish	60-89+	Under \$10,000 to \$80,000	OAS / GIS	Income Security	Housing	End of Life Care
8	Oct 15 2012	Richmond Women's Resource Centre (Richmond)	Mandarin	25	24	Chinese	50-89	Under \$10,000 to \$45,000	OAS / GIS	Income Security	Grandparents' Rights	Housing
9	Oct 16 2012	St. Mary's Church Parish Hall (Gibsons)	English	17	15	Caucasian	50-89	Under \$10,000 to + \$80,000	OAS / GIS	End of Life Care	Access to Transportation	Dependency Issues
10	Oct 22 2012	Langley Seniors Resource Centre (Langley)	English	14	13	Caucasian	50-79	Under \$10,000 to \$80,000	Employment	Income Security	Access to Transportation	Safety in the Community
11	Oct 24 2012	John Braithwaite Community Centre (North Vancouver)	English	17	16	Iranian Caucasian Aboriginal Chinese Latin American	50-89	Under \$10,000 to \$60,000	OAS / GIS	Income Security	Housing	Social Inclusion

12	Oct 26 2012	Seniors Services Society (New Westminster)	English	9	9		Caucasian (66%)	Aboriginal Metis Arab	50-79	Under \$10,000 to \$45,000	OAS / GIS	Housing	Safety in the Community	Access to Transportation
13	Oct 30 2012	DIVERSEcity (Surrey)	Punjabi; Urdu	19	16		South Asian		50-89	Under \$10,000 to \$80,000	OAS / GIS	Pensions	Discrimination	Other: Dental Care
14	Nov 7 2012	Vancouver and Lower Mainland Multicultural Family Support Services Society (Burnaby)	Polish	12	9		Russian Caucasian Polish	Romanian Slavic	50-79	Under \$10,000 to \$30,000	OAS / GIS Income Assistance CPP	Income Security	Access to Publicly Funded Services	Family Violence & Financial Abuse
15	Nov 8 2012	Gordon Neighbourhood House (Vancouver)	Farsi/Persian	21	21		Iranian (80%) Persian		50-89	Under \$10,000 to \$30,000	Income Assistance CPP	Income Security	Housing	End of Life Care
16	Nov 9 2012	South Granville Seniors Centre (Vancouver)	Spanish	12	9		Latin American		50-89	Under \$10,000 to \$45,000	OAS / GIS Income Assistance	Income Security	Pensions	Social Inclusion
17	Nov 26 2012	Gordon Neighbourhood House (Vancouver)	Russian	16	15		Russian (66%) Caucasian		50-79	Under \$10,000 to \$30,000	OAS / GIS	Income Security	Pensions	Housing
18	Dec 12 2012	West End Seniors Network (Vancouver)	English	16	13		Caucasian (60%) Russian Chinese Other: European		60-69	Under \$10,000 to \$60,000	OAS / GIS	Income Security	Housing	Access to Publicly Funded Services
19	Dec 22 2012	Downtown Eastside Women's Centre (Vancouver)	English	18	17		Aboriginal (60%)		50-79	Under \$10,000 to \$30,000	Income Assistance	Housing	Discrimination	Safety in the Community
20	Jan 25 2013	Delta Grandparents Raising Grandchildren Support Circle; Deltassist Community Centre (Delta)	English	13	6		Caucasian Japanese		50-79	Under \$10,000 to \$30,000	CPP	Income Security	Grandparents' Rights	Housing
21	Feb 8 2013	Ama Transition House (Surrey)	English	6	6		Aboriginal (66%)		50-79	Under \$10,000 to \$30,000	OAS / GIS	Income Security	Housing	Pensions
22	Feb 13 2013	ISS Afghan Refugee Group; Gordon Presbyterian Church (Burnaby)	Dari	27	25		Afghan		50-69	Under \$10,000 to \$30,000	Income Assistance	Housing	Support for Caregivers	Access to Transportation

BARRIERS TO WELL BEING— SUMMARY OF KEY PRESSING ISSUES

During the consultation events older women identified many barriers to their well being. Below we list key recurring challenges identified by the older women we spoke with throughout this project. The issues have been organized under the six thematic categories that structure this report, and the summaries connect with the material found in each of the six thematic sections. The section distinctions are somewhat artificial: conceptually the key themes spill into multiple categories, and the themes are ordered to highlight this overlap.

*Income security, Pensions
and
Poverty*

1. **POVERTY:** Older women are struggling to survive on limited fixed incomes. Women told us welfare rates, disability income assistance rates, and Older Age Security rates are too low in relation to the high cost of living in Vancouver. Fear of worsening poverty is pervasive.
2. **MOBILITY, Isolation and Poverty:** Age related health problems such as arthritis limit women's mobility. Poverty means women cannot afford public transportation, resulting in greater isolation.
3. **HEALTH CARE:** Many women say they cannot afford health care, medication and dental care.
4. **PENSION RIGHTS:** There is a need for better information on pension rights. In particular, immigrant women often feel uncertain of their pension rights, especially if they have worked in other countries before coming to Canada.
5. **CANADA PENSION PLAN DISABILITY CHILD BENEFIT:** Women on CPP Disability who have care and custody of a grandchild under the age of 18 can receive an additional CPP benefit for the child. When they turn 65, and switch to regular CPP, they lose this benefit. This loss of income makes it more difficult for older women to support a child while living on a fixed income.
6. **AGE 50-65 CAN BE A DIFFICULT TIME:** For some women this can be a difficult time because they are too young to access free services but still getting older and living with health issues.

SUMMARY OF KEY PRESSING ISSUES

Housing

7. **HOUSING:** Many women say housing costs are too high in Vancouver. Women can barely survive because rent consumes most of their incomes. Many women identified a need for rent control.

8. **HOUSING AND SAFETY:** Older women live in unsafe and inappropriate housing because they cannot afford decent housing.

9. **BC HOUSING:** Women expressed confusion about the rules of entitlement for BC Housing and waitlist priority. Many women feel they are being ignored or treated unfairly.

Work and Caregiving

10. **CAREGIVING:** Older women experience challenges caring for older spouses, parents, children with disabilities, grandchildren, and also for themselves. Older women provide a lot of caregiving. Many need home support and don't know how to get it. Caregiving impacts on ability to stay in the work force, and can use up savings. Caregiving is time consuming and sometimes means women do not have enough time or money to prioritize their own health.

11. **WORK HISTORY AND CAREGIVING:** Many women in Canada work within the home providing childcare for children in their immediate or extended family, but acquire no pension rights through this invisible but important work. Older women's incomes are low partly because throughout their lives they take so much time out of the paid work force to care for loved ones.

12. **WORK AND AGING:** Many older women strongly desire to work and earn an income, or continue to work, believe they are at their peak in skills and knowledge, and feel work contributes much meaning to their lives. However, they encounter many barriers to staying in the workforce, often due to negative assumptions about older women, and difficulties reentering the workforce or changing jobs late in life.

13. **END OF LIFE CARE:** Older women are concerned about how they will pay for end of life care, and who will help care for them, if and when their health declines significantly, and they can no longer take care of themselves.

SUMMARY OF KEY PRESSING ISSUES

Immigration

14. **IMMIGRATION, CAREGIVING AND FAMILY DYNAMICS:** Many women come to Canada to be caregivers of grandchildren, through family sponsorship, but then find the children's lives changed—e.g. through divorce, returning to country of origin or another place for employment issues. Without a back up plan these older woman can be abandoned. Other times changes in the older woman's health or the health of her spouse make caregiving more difficult than anticipated.
15. **IMMIGRATION:** Immigration has a huge impact on experience, even where women have been here over 20 years. Lack of English fluency poses a significant barrier to accessing services and information.
16. **IMPACT OF SPONSORSHIP:** Many women experience greater poverty and risk of abuse because they cannot access publicly funded pensions, income assistance or other services due to their status as a sponsored immigrant. They say the ten-year wait period is too long. They need assistance now.
17. **IMMIGRATION AND SEPARATION FROM FAMILY:** Separation from family, especially adult children, affects a huge loss for older women. Often women do not have legal or financial options to make reunification possible.

Safety and Abuse

18. **INTERGENERATIONAL BULLYING:** Some older women experience bullying by teenaged grandchildren and other family members, especially where the grandmother is an immigrant and there is a clash of cultural values. Some women experience a chronic lack of respect in their families or communities.
19. **SPOUSAL ABUSE AND DOMESTIC VIOLENCE:** For older women it can be especially difficult to leave an abusive situation, due to financial dependence, isolation or a lack of awareness of rights. There is a need for education about Canadian laws, especially at the time of immigration, or when women are younger, so they will know they have options.
20. **FINANCIAL ABUSE AND BULLYING:** Many women experienced pressure to buy health insurance plans of limited value to them, or other products they did not want. They do not know how to protect themselves from, or respond to, telemarketing pressure. This aggressive marketing of seniors creates stress for older women.
21. **FINANCIAL ABUSE IN THE FAMILY:** Many women experience financial abuse or controlling behaviour by children or other family members.

SUMMARY OF KEY PRESSING ISSUES

Safety and Abuse

22. **POWERS OF ATTORNEY:** Older women experience significant pressure to sign powers of attorney, but fear lack of oversight over how their money is managed.

23. **SAFETY:** Some older women feel unsafe in their communities, on the street, and on public transit. Many older women feel like an easy target for crime due to mobility issues. Changes to the neighbourhood in recent years have increased their fear level in some communities.

24. **ACCESS TO GRANDCHILDREN:** Relationships with grandchildren are extremely important to older women. Unfortunately, when older women speak out against abuse they are often deprived of access to their grandchildren.

25. **GRANDPARENTS' RIGHTS:** Many older women need information on their rights or options in order to maintain relationships with grandchildren.

26. **ACCESS TO JUSTICE:** Women cannot get legal aid when they need legal help, and many find the legal system confusing, especially in the area of family and civil law.

27. **LANGUAGE BARRIERS:** For women who have trouble communicating in English, it is difficult, if not impossible, to find information on rights and options.

28. **ENGLISH LITERACY AND ACCESS TO PLAIN LANGUAGE MATERIALS:** Many communities, including native English speakers with varying degrees of literacy, stress a need for clear, plain language material on their rights.

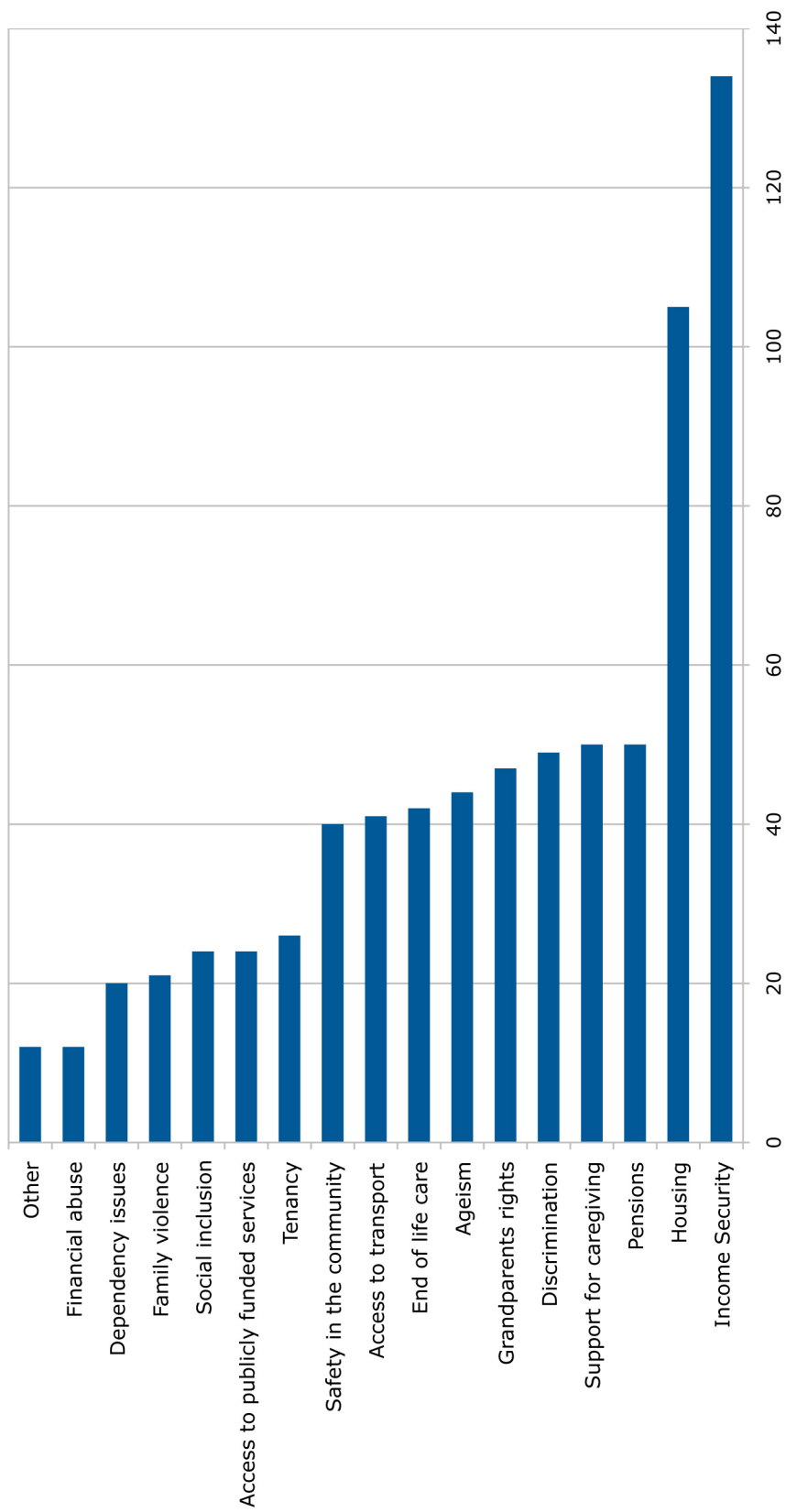
29. **HEALTH CARE:** Many older women say they are treated as less valuable than younger people. They are offered critical care services, not care aimed at enhancing quality of life.

30. **RIGHT TO A DRIVERS LICENSE:** The new mandatory testing for adults over age 80 is being enforced in an insensitive and ageist manner. Access to a driver's license is very important to older women living in more rural communities.

31. **POOR TREATMENT AT WELFARE OFFICES:** Income assistance staff can be uncompassionate and cruel. Women feel they are treated as though they are worthless.

Access to Justice and Information

Key Pressing Issues based on Survey Responses



STRATEGIES FOR CHANGE, OPTIONS FOR REFORM

One of the goals of the Older Women’s Dialogue Project is to identify and increase public awareness of the key law reform and social policy issues impacting older women. Below we summarize 24 strategies for addressing current barriers to the well being of older women. These strategies correspond to a number of the key themes identified in the previous section, which illustrate current barriers to well being identified by older women throughout this project.

The strategies identify options for law reform, as well as areas where there is a need for further study, policy change, public education, or improvements in access to services and supports.

Income security, Pensions
and
Poverty

1. **STUDY THE GENDERED CAUSES OF POVERTY AMONGST OLDER WOMEN:** Many older women live in poverty, and there are recognized structural and systemic reasons for this. It is useful to explore the gendered causes of poverty amongst older women so that strategies can be adopted to narrow the gap between men and women’s incomes in their senior years, and enhance income security for older women.
2. **RAISE INCOME ASSISTANCE AND OLD AGE SECURITY RATES:** A national strategy is required to address poverty amongst older women. This requires consideration of raising income assistance and Old Age Security rates.
3. **RESCIND PLANS TO RAISE OLD AGE SECURITY ELIGIBILITY AGE:** The federal government should reconsider its plans to increase the Old Age Security entitlement age beyond age 65. Poverty impacts on aging and life expectancy. The poorest women in our communities experience many of the health, mobility and other problems associated with aging, and require financial assistance from the federal government.
4. **INCREASE FINANCIAL SUPPORTS FOR GRANDPARENTS RAISING GRANDCHILDREN:** These grandparents must find a way to support young children on limited incomes—often only a pension—with no time to save for this unexpected expense. Older women who get custody of their grandchildren receive significantly less financial support from the provincial government than do foster parents. This inequity causes harm to older women and their families, and should be addressed.
5. **AMEND THE CANADA PENSION PLAN ACT CHILD BENEFIT PROVISIONS:** Older women with disabilities who have custody of grandchildren lose the child benefit when they turn 65 and switch to regular CPP. The federal government should amend the *Canada Pension Plan*

STRATEGIES FOR CHANGE

Act to address the inequity resulting from policy assumptions that women over the age of 65 are not caring for children under the age of 18.

6. **IMPROVE ACCESS TO HEALTH CARE, MEDICATION, AND DENTAL CARE FOR OLDER WOMEN:** Options should be explored to improve access to health care, medication, and dental care for low- and fixed-income older women who cannot afford these items. Currently too many women go without treatment due to poverty.

7. **DEVELOP AN AFFORDABLE HOUSING STRATEGY:** Vancouver requires an affordable housing strategy for older women. Far too many older women are living in housing circumstances that are unsafe, overcrowded, or inappropriate, especially given disabilities and mobility limitations. Women spend so much of their incomes on housing that they cannot afford health care, transportation and social activities. Unique housing strategies must be developed for older women who are also in caregiving roles.

8. **IMPROVE SERVICE BY BC HOUSING:** BC Housing should provide greater clarity around the right to housing and how waitlist priority works. Older women report being ignored and treated poorly.

9. **AMEND THE CANADA PENSION PLAN ACT:** Women provide unpaid caregiving across the life course, caring for children and grandchildren. This work has a significant impact on pension security. As discussed previously in the our study paper on family caregiving, *Care/ Work: Law Reform to Support Unpaid Family Caregivers to Balance Paid Work and Unpaid Caring*, we propose amending the *Canada Pension Plan Act* to include a drop-out provision parallel to the Child-Rearing Provision that would be applicable to all years of full-time family caregiving.

10. **DEVELOP A CHILDCARE STRATEGY:** A provincial or national childcare strategy is required to address the pressures on older women to provide unpaid childcare for their grandchildren. The absence of affordable, safe childcare is resulting in older women, especially immigrant women, being pressured to spend their retirement years providing childcare, often at the expense of their health and quality of life. The absence of a childcare strategy places undue pressure on older women, undermining their freedom to choose whether or not to be a caregiver.

11. **ENHANCE SUPPORTS TO OLDER WOMAN CAREGIVERS:** Caregiving impacts so many aspects of the lives of older women, including housing, finances, and health. Older women caregivers require greater access to information, support, and services to assist them

Housing

Work and Caregiving

STRATEGIES FOR CHANGE

as caregivers, resources that provide them with the freedom to choose whether to take on another caregiving responsibility, and real family support alternatives to caring for another loved one.

Immigration

12. **ENHANCE ACCESS TO INFORMATION AT THE TIME OF IMMIGRATION:** Older women say that a lack of information on their rights in relation to issues such as domestic violence and financial abuse by children places them at greater risk of abuse. Immigration Canada and other government agencies should enhance the access of older women immigrants to information on their rights and options. This approach should include different categories of immigrant women, such as sponsored immigrants, visitors, refugees and women without status.

13. **ENHANCE SUPPORTS TO OLDER WOMEN SPONSORED IMMIGRANTS:** Many older women immigrate to Canada under the family sponsorship program with expectations that they will help their children with childcare and housework. This group of women is particularly vulnerable to abuse and abandonment. Greater ethno-culturally specific support and outreach is required to reduce the extensive barriers these women face and keep them safe in our communities. Services need to be free and include childcare, interpretation and transportation services and subsidies.

14. **EDUCATE IMMIGRATION SPONSORS:** Immigration Canada, as well as other government agencies that come into contact with sponsors, should educate sponsors about their responsibilities to the dependent older family members they sponsor. The responsibilities highlighted should include not only the financial responsibility to support sponsored family members, but also the responsibility to ensure they receive adequate health treatment and medication, are protected from abuse, and are not pressured to provide excessive help with housework and childcare.

STRATEGIES FOR CHANGE

Safety
and
Abuse

15. **ADDRESS BULLYING OF OLDER WOMEN:** Many older women say they experience bullying, especially by family. Older women require strategies and support for dealing with bullying. These strategies should recognize dynamics related to value differences between generations and cultures.

16. **IMPROVE ACCESS TO SERVICES FOR SPONSORED IMMIGRANTS:** Older immigrant women sponsored into Canada are particularly vulnerable to abuse and neglect because they cannot access many important public services during the period of time covered by the sponsorship period, which often lasts for ten years. Lack of access to services like income assistance, the free bus pass for low-income seniors, home care, and BC Housing means a lack of alternatives to tolerating mistreatment and neglect. Policy and practices at the provincial level should be changed to enhance access to services and options for older immigrant women sponsored into Canada.

17. **ADDRESS SYSTEMIC ABUSE OF OLDER WOMEN:** The Provincial Council to Reduce Elder Abuse must include systemic and institutional abuse by government agencies and their staff as part of its mandate. Many women find that the practices of some government offices to be abusive.

18. **DEVELOP A STRATEGY FOR SUPPORTING OLDER WOMEN LEAVING ABUSIVE RELATIONSHIPS:** There is a need for education on alternatives for women across the life course who are experiencing abuse. There is also a need to develop greater supports for older women, so that leaving an abusive relationship is a realistic possibility. The elder abuse community and the domestic violence community should collaborate to learn more about how domestic violence affects older women in particular, enhance services, and reduce violence.

STRATEGIES FOR CHANGE

19. ENSURE PUBLIC EDUCATION STRATEGIES REFLECT LITERACY ISSUES: Public education initiatives must recognize that many seniors:

- » Cannot or will not access information through the internet;
- » Cannot access information unless it is in their mother tongue; and
- » Are not able to read in any language

As a result, many older women require in-person legal advocacy in their mother tongue, or another language they speak well and understand.

20. EDUCATE OLDER WOMEN ABOUT RIGHTS AND OPTIONS AS GRANDMOTHERS: Many older women say they would like more information on their rights as grandparents. Often, when family conflicts occur, grandmothers lose the ability to see or contact their grandchildren. These relationships are very important to older women and their grandchildren; however, a rights-based approach may not suit the reality of a broader need to support family healing and children's well being and best interests, and avoid reinforcing existing power imbalances within the family that impact access to justice. Further study is required to develop strategies to address this social problem that is alienating older women from their families.

21. IMPROVE ACCESS TO LEGAL ASSISTANCE AND ADVICE: Older women require access to legal aid, legal representation or legal advocacy with matters such as advance planning, family reunification after immigration, and many family and civil law matters not currently covered by the legal aid tariff.

22. ADDRESS AGE DISCRIMINATION IN THE WORKPLACE AND BARRIERS TO EMPLOYMENT FOR OLDER WOMEN: Employers would benefit from information and education on the value of older workers and age discrimination in hiring practices. Older women workers require better access to information on their rights and options in relation to age discrimination in the workplace.

23. DEVELOP AN AWARENESS CAMPAIGN REGARDING ACCESSIBILITY SEATING ON PUBLIC TRANSIT: Translink must clarify rules on access to priority seating on the public transit. Strategies are required to enforce the rules so that older women who need seats get them.

24. IMPROVE TREATMENT OF OLDER WOMEN AT WELFARE OFFICES: The Ministry for Social Development should evaluate and improve service to older women. Offices need to be elder friendly, and staff require education to help prevent ageism and other forms of discrimination.

LESSONS OF SILENCE: REFLECTIONS ON METHODOLOGY

Throughout this project we employed a mixed methodology. We met with women in a focus group format. The number of women in the groups ranged from 5-27, depending on how many women were registered by the host agency, generally a community-based non-profit organization.

The facilitators led the women through a series of open-ended questions, but permitted discussion on any topic that resonated with the women. At the consultation sessions we also asked women to complete an anonymous three-page survey, to tell us more about themselves and to afford every participant the opportunity to identify their top three issues of concern.

1. THE MISSING ISSUE: END OF LIFE CARE

“Will I have enough money to afford end of life care?”

This report identifies 31 key pressing issues of concern to older women, and organizes the feedback from older women around six conceptual themes. In many instances the survey feedback and the discussions reinforced each other: for example, issues in relation to poverty and income security figured prominently in both.

At the focus groups we asked women to identify barriers to their well being in seven areas: poor treatment and discrimination based on age or gender; income security, poverty and pensions; legal systems; family dynamics; personal safety and freedom from abuse; housing; and immigration. Although these themes directed the conversation, women raised other topics. The impact of caregiving on their lives was discussed at most consultation events, and problems with the health care system and public transportation were often raised without prompting. Survey results reinforce the importance of these issues: 50 out of 264 of the women who completed the survey identified support for caregiving as a pressing issue, and 41 women named access to transportation as a top issue of concern.

The circumstances were different with respect to end of life care. Survey feedback indicates this issue is of great concern to older women. 42 women identified end of life care as a top issue of concern. However, older women did not talk about end of life care at the consultation events.

Survey comments reinforce this assessment that end of life care is a pressing issue, and our quotations from women on this topic come exclusively from the surveys. The comments suggest that women worry about who will be available to care for them, and how they will afford to pay for care. One woman wrote, “I worry about income, not enough for caregiving if I need it.” For older women without partners or children, the fear was more acute: as one woman explained, “I am concerned as an older single woman without family.”

“I worry about end of life care, because I don’t know if end of life time is very painful, or who can help.”

For others the concerns were less practical and more emotional. As one woman explained, “I would hope never to be dependent on anybody, and this is my greatest concern regarding ageism and declining health. I find it easier to give than to take. I have been in the helping profession for over 40 years.” End of life care may be particularly hard for older women to contemplate given the reality that many of them have been caregivers throughout their lives. Dialogue was generally focused on giving, rather than receiving, care. Given that women often outlive their spouses, who will care for them? Women want options and information in this area, some control over their futures—the “ability to choose, not just placement by social services or family.”

One of the problems with data exclusively from surveys is that this generally limits the participation of women with challenges communicating in English. Interpreters, staff and volunteers were able to assist women with completing the survey questions that required ticking a box. But in a group format it was challenging to help every woman to write down her thoughts in the space provided for additional comments. As a result, what we have learned about end of life care does not reflect the nuanced experiences of older women immigrants or much by way of cultural diversity.

In general, in the focus groups the silence around end of life care was profound, indicating that while this issue is a pressing concern for many older women, it is also a topic that is not easy to discuss in a group format. Different approaches will be necessary to solicit direction from older women around end of life care.

2. LIMITED FEEDBACK: ABUSE AND FAMILY

“A lot of people don’t even know they are being abused.”

At some of the consultation events women talked about abuse. But they mostly discussed abuse experienced by other older women in their communities, rather than their own experiences. Women also appeared to share more readily experiences of abuse or mistreatment by agencies and businesses, rather than abuse by family members. Still, there emerged enough comments to identify different forms of abuse by family members as pressing issues of concerns.

Some of the focus groups were made up of women who knew each other and had met regularly over a period of time; in other instances the host agency or community volunteer brought a group of women together for the first time in order to hold a focus group, and many of the women in the group had never met each other. For some groups just the reality of being brought together was exciting and empowering, and they either met again after our consultation event, or are exploring ways to continue to meet and discuss issues. We consider this an unanticipated success of the Older Women’s Dialogue Project—helping women to build community and raise consciousness around their experience.

In general, women seemed to feel more comfortable sharing thoughts and experiences in relation

to abuse by family members when they had a history of meeting together. This dynamic raises the question of what kind of methodologies are best suited to providing women with enough support before, during and after the event, in order to allow them to share around abuse and family dynamics. How can we support older women to share their experiences and ideas in this area, while helping them to stay emotionally safe and protect their privacy?

3. MISSING VOICES: WOMEN AND MARGINALIZATION

In some respects this project was successful in connecting with a diversity of women. We spoke to older women from different parts of the Vancouver Lower Mainland. We held events in English, Mandarin, Cantonese, Punjabi, Spanish, Russian, Polish, Farsi and Dari. We spoke to a significant number of immigrant women. We included larger and smaller, more rural communities. Higher and lower income women participated.

However, there are notable absences. Women living in congregate housing settings—assisted living and community care—are mostly absent, in part due to research ethics protocols that we did not anticipate or have sufficient time to address. Although Indigenous women participated in a number of focus groups, we were not successful setting up a consultation event on a reserve community. It is also not clear that women with mental illnesses are represented. Very few lesbians self-identified at the event, and it is not evident that lesbian, bisexual, transgendered or transsexual women have been included in the dialogues. There are also certain ethno-cultural communities that did not get an opportunity to participate, largely due to time and budgetary constraints.

Different approaches will be required in order to reach some of these groups of older women. Some women are more marginalized by disability and will need greater support and accommodation in order to participate. There is still much work to be done engaging with older women in Vancouver.

4. INCOMPLETE DATE: WOMEN OVER AGE 80

One of the limitations of our methodology is that we do not have much data on how older women of different ages are differently impacted by various issues of importance to them. We know that just over 10% of the older women who attended our focus groups and completed our survey are over age 80. The consultation discussions were recorded without identifying the speaker by name or age, and so we are not able to cross reference comments based on age. Differential impacts on older seniors are thus hidden.

Theoretically many of the identified issues would likely impact women over age 80 more profoundly. Older seniors are more likely to have disabilities and health problems that impact on mobility and independence, and any degenerative conditions are likely to have worsened over time. Women over age 80 are more likely to be single than younger seniors, having survived their spouses, and thus be surviving on a single fixed income. On average women live longer than men, and they bring into old age chronic health problems impacted by poverty and abuse.

There is very little research available on the particular circumstances of women over age 80, on how their experience differs from younger seniors and from their male counterparts. It would be useful to undertake consultation work focused on women over age 80 in particular, in order to learn more about the barriers to quality of life impacting this hidden demographic, and identify particular strategies for enhancing their quality of life.

5. THE NEXT STEPS: SHARING IS NOT ENOUGH

“We want action.”

In some respects the methodology was effective and the project was successful. Women shared openly on many subjects. Women provided us with clear direction on their perceptions of pressing law and social policy issues, going further to identify solutions and approaches for addressing their concerns—generally without prompting. This dynamic suggests there is great potential to engage the wisdom and experience of older women in law reform and policy development.

Importantly, older women also appear to appreciate the opportunity to share their knowledge and experience, although they cautioned us that they would appreciate practical outcomes to emerge from their contributions. Women participated in order to share their experiences, but also to contribute to change. And they think change is urgently needed.

With this report we summarize key pressing issues identified by older women, and identify strategies for addressing their concerns. The goal is to share this report broadly with key influencers of law and policy—within government, non-profits and communities. This year of work marks a first project focused on issues impacting older women for both the CCEL and our collaborator, West Coast LEAF. The intention from the beginning was that project findings would help our two organizations determine our priorities for future work and to invite older women to help shape our agendas.

Having engaged with older women for a year on this project, it appears imperative that we come back to these communities, and other communities of older women, to work with them to address concerns they have identified—through public legal education, policy tool development or law reform initiatives. We perceive more profoundly now the ethical dimensions of this responsibility: having taken women’s words we have a duty to give something back. This report is not enough. But it is hopefully a good starting place.

It has been tremendously informative and moving to engage with older women around the issues of importance to them. We look forward to continuing to work with older women in our communities to move forward law and policy ideas to address not only the barriers to their well being, but also to improve their quality of life. Older women contribute so much to our communities, throughout their lives and into old age. Their words are worth something: they merit our attention and they warrant action.

APPENDIX



CANADIAN CENTRE FOR ELDER LAW

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OLDER WOMEN'S DIALOGUE PROJECT

CONSULTATION SURVEY

Information collected in this survey will be used by the Canadian Centre for Elder Law to help inform its report on the social and legal policy issues that are of concern to older women in the Vancouver Lower Mainland. Responses to the survey will remain anonymous.

1. Please tick the box that indicates your age:

50 to 59 years

70 to 79 years

89 + years

60 - 69 years

80 to 89 years

2. Where do you live?

Vancouver

White Rock

Delta

Burnaby

North Shore

Other

Richmond

West Vancouver

Please specify: _____

Surrey

Abbotsford

Coquitlam/ Port
Coquitlam

Langley

3. Please tick the box that best reflects the amount of your individual annual income.

Under \$10,000

\$30,000 to \$45,000

\$60,000 to \$80,000

\$10,000 to \$30,000

\$45,000 to \$60,000

More than \$80,000

4. What is the source of your income? Please tick one or more boxes as appropriate.

- | | | |
|---|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Registered Retirement Savings Plan | <input type="checkbox"/> Financial support from other family members |
| <input type="checkbox"/> Old Age Security (OAS) and/or Guaranteed Income Supplement (GIS) | <input type="checkbox"/> Canada Pension Plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> Income Assistance (e.g. Welfare, Employment Assistance Program) | <input type="checkbox"/> Canada Pension Plan - Disability | Please specify: _____ |
| | <input type="checkbox"/> Financial support from spouse | |

5. Please tick the box that best describes your ethno-cultural background:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Latin American | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> African | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Afghan |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> Korean | <input type="checkbox"/> Other |
| <input type="checkbox"/> South Asian | <input type="checkbox"/> Japanese | Please specify: _____ |

6. Is English your first language? Yes No

7. Do you have difficulty communicating in or understanding English?

Yes No

8. What other languages do you speak at home or in your community? _____

9. Do you identify with a religious group? Yes No

If yes, please tick the relevant box:

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Aboriginal spirituality |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | Please specify: _____ |
| <input type="checkbox"/> Sikh | | |

10. Do you provide ongoing, unpaid care to anyone, including a loved one? Yes No

We define caregiving as providing emotional or physical support and assistance to another person without pay. Caregiving includes activities such as assistance with attending and scheduling appointments; transportation; feeding; meal planning; personal care (bathing, dressing, toiletry); household chores; shopping; medications management; mobility assistance; and child care.

If yes, who do you provide this care to?

- | | | |
|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parent/Parent-in-law | <input type="checkbox"/> Grandchild | Please specify: _____ |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Friend | |

11. Please identify the three issues that are of most concern to you as an older woman?

- | | | |
|---|--|--|
| <input type="checkbox"/> Income security | <input type="checkbox"/> Support for caregiving | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Safety in the community | <input type="checkbox"/> End-of-life care |
| <input type="checkbox"/> Access to public funded services | <input type="checkbox"/> Family violence | <input type="checkbox"/> Dependency issues |
| <input type="checkbox"/> Grandparent rights | <input type="checkbox"/> Access to transport | <input type="checkbox"/> Other |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Financial abuse | Please specify: _____ |
| <input type="checkbox"/> Tenancy | <input type="checkbox"/> Social inclusion | |
| <input type="checkbox"/> Ageism | | |

12. Please provide any comments regarding the issues of concern you have identified above:

The Canadian Centre for Elder Law is a national, non-profit agency focused on law and aging issues. The CCEL's work involves legal research, law reform, public education and legal outreach in relation to legal and social policy issues impacting older people and their families and support people. The CCEL is a division of the British Columbia Law Institute, the independent law reform agency for British Columbia.

Most of the materials we produce, including legal reports and educational tools, can be downloaded for free from the CCEL website: www.bcli.org/ccel.

Twitter: @CCElderLaw

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