

**OCSCO's Response to the
Ontario Human Right Commission Consultation Paper:**

**The Changing Face of Ontario:
Discrimination and our Aging Population**

November 1, 2000

Background Information on Responder

The Ontario Coalition of Senior Citizens' Organizations (OCSCO) is one of the largest seniors' organizations in the province with 135 member organizations representing over 500,000 older adults. OCSCO's mandate is to provide a unified voice to the community and to government on matters which concern seniors and affect their quality of life.

OCSCO is dedicated to providing the opportunity for five Ontario Provincial Government ministries on topics such as long-term care, disability issues, housing, leadership and multiculturalism. OCSCO is dedicated to providing the opportunity for seniors to become involved and participate in society. Activities undertaken regularly by OCSCO include:

- Providing public education such as workshops and forums which educate seniors on issues concerning their quality of life;
- Offering information, referral and counseling to thousands of seniors;
- Undertaking policy development on issues affecting the quality of life of seniors;
- Outreaching to seniors and community groups across Ontario on needs/concerns of seniors;
- Participating in community and inter-generational alliances to build mutual support, educate, develop public policy, improve communication and develop partnerships;
- Conducting specialized programs in computer training, cross cultural programs, group work, health promotion, older worker programs, speakers bureau, volunteerism and others;
- Researching and taking action on issues identified by the membership.

1. **Stereotypes and Negative Attitudes**

What can the Commission do to raise public awareness about human rights issues related to aging and to combat attitudinal barriers?

The Commission can raise public awareness and combat attitudinal barriers by:

- implementing public education campaigns that challenge ageism and stereotypical depictions of older adults;
- promoting a balanced view of aging that highlights the heterogeneity of an aged population;
- involving seniors' groups and older adults in planning and implementing public awareness campaigns;
- designing case-based examples of discriminatory treatment to supplement and enrich the legalistic discourse of the Code;
- developing clear regulations for employers and service providers in all sectors (i.e.: housing, health, transportation, etc.) that address discriminatory treatment and expectations for avoiding discrimination and upholding human rights;
- liaising with publicly funded programs and private sector organizations to ensure compliance with amendments to the Code that address age discrimination.

1. **Age and Other Groups of Discrimination**

Do you have comments about policy initiatives? Are there other groups of older persons who experience human rights issues? Are there other issues related to elderly women and older persons with disabilities?

We believe that reference to 'older persons with disabilities' needs to be defined more specifically. For example, we have found that persons who are experiencing cognitive decline due to a progressive dementia are very susceptible to discrimination. It is unclear whether the term 'disabilities' considers psycho-geriatric illness in addition to physical limitations.

In our experience, older adults who are newer immigrants to Canada and those from visible minority groups often face significant barriers. Many elderly women, for example, are relocated to Canada by families and expected to provide child care to young grandchildren. These same women are isolated, often unable to speak English and totally reliant on children and other family members for all of their basic needs. The long-term care system is lacking in ethno-cultural

services that can address the linguistic and cultural needs of ethnic seniors. Consequently, many older adults are prevented from accessing mainstream services.

2. Specific Issues Facing Older Persons – Employment

What tools could the Commission develop to distinguish between legitimate downsizing or performance issues from those relate to age discrimination? What protections are needed for persons who work past age 65? Should mandatory retirement be revisited? If so, how should the retirement age for a worker be established?

We believe strongly that the concept of mandatory retirement is discriminatory and based on antiquated and ageist principles. Employees have the right to work for as long as they desire and provided that they are able to meet the performance requirements of the job being performed. All employees should be required to undergo regular performance reviews which determine their ability to function in a particular position.

In our opinion, the age of the employee should not enter into the equation for determining competency. Furthermore, we suggest employers not be privy to the age of employees who work for them. Keeping age confidential will ensure people are judged on their abilities and not some arbitrarily selected age. Such a policy is certainly supported by gerontological research which strongly indicates that chronological age is a poor indicator of functional ability.

With this stated, we are aware that the elimination of mandatory retirement is complex. Pension plans and legal contracts are currently in-place based on the principle of mandatory retirement. We believe the Commission has an important role to play in influencing legislation that would enable employers to revisit current mandatory retirement practices and prevent the continuance of this practice in future contracts.

3. Specific Issues Facing Older Persons – Housing

Are there policy initiatives the Commission can pursue to address the special housing needs of seniors?

Barrier-free design is critical in enabling older adults to ‘age-in place’ in familiar settings. Improving environments will expand community living choices for frailer seniors. In our experience, the vast majority of older adults want to remain in their own home for as long as possible. Strategies that promote independent living and prevent the need for institutionalization are encouraged.

Most critical, in our view, is the looming crisis in social housing that will have serious ramification for lower income seniors, mostly women. Social housing reform in the Province of Ontario has seriously jeopardized the future of

affordable housing for older citizens. The two senior levels of government (Canada Mortgage and Housing Corporation and the Ministry of Municipal Affairs and Housing) are no longer guaranteeing new mortgages. This has resulted in no new housing stock being built since the mid 1990s.

The downloading of social housing onto Municipal governments and the push to more 'efficiencies' is making it difficult to maintain the current number of housing units. The present waiting period for subsidized social housing in Toronto is seven years. At a time when our population is aging, it appears that housing policy is moving in a direction which will potentially place seniors at risk for discriminatory treatment in accessing basic shelter.

4. Specific Issues Facing Older Persons – Health Care, Institutions and Services
Are there other problems of discrimination against seniors in the provision of health care or institutional services? Are there any issues in relation to access to public transit?

Our organization concurs with specific health care concerns identified by the Commission. Other issues we hear about regularly include:

- Difficulties accessing mainstream services by seniors from diverse ethno-cultural groups;
- Lack of ethno-cultural services (i.e. meals programs);
- Patronizing treatment and infantilization of older adults by health care providers;
- Over-prescribing of medication to placate complaints about health;
- Lower priority given to elderly patients for surgical procedures;
- Long wait lists for age-associated procedure such as cataract surgery;
- Poor diagnosis and treatment of mental health problems;
- General complacent attitudes by health care providers about chronic age-associated health issues;
- Inadequate and substandard care in long-term care facilities;
- Abuse of vulnerable seniors occurring in unregulated care/boarding homes;
- Lack of alternative community models to institutionalization for frailer seniors (i.e.: supportive housing);
- Limited amount of universal home care services (i.e.: essential homemaking and personal care) that help maintain frailer seniors in their own homes;

- Early discharging from hospital without adequate supports available in the community;
- Resistance to admitting older persons to hospitals, particularly those who suffer from dementia;
- Media portrayal of older adults as ‘bed-blockers’ and ‘drains’ on the health care system.

In terms of public transportation, there have been improvements in recent years to make the transit more physically accessible to older adults. Many seniors rely on transportation programs in the community which are currently underfunded and limited in what can be offered. For example, volunteer transportation and escort funded through the Ministry of Health is only available for transport to medical appointments.

This restriction means low-income seniors face barriers in accessing social and recreation opportunities within their community. Poor treatment of older patrons by public transportation employees is all too common. Education and training for public transportation employees on effectively meeting the needs of older consumers in non-discriminatory ways is imperative.

5. Elder Abuse and Neglect

Do you have any comments with respect to any aspect of this issue?

While we agree that ‘ageism’ is a contributing factor in cases of elder abuse, we feel that circumstantial stressors need to be highlighted and addressed by the Commission. Elder abuse often occurs in situations where primary caregivers are burn-out or under significant stress. Professional care providers, such as nurses and personal support workers, are increasingly faced with heavier caseloads and more complex care and responsibilities related to the under-funding of services.

Family caregivers, primarily women, are being expected by government to assume extra responsibility for aging relatives. It is critical that the Commission ensure family caregivers have fair and equitable access to support programs, community and facility-based respite services.

6. Elder Care

*What is the extent of the employer’s duty to accommodate these employees?
What should a Commission policy statement on elder care contain?*

We believe that employers and government are obligated to support and compensate employees for work days lost to provide elder care.

Over the past several years, there has been an emphasis by government on reforming the long-term care system and restructuring hospitals. Current trends towards earlier hospital discharge and community based home care have resulted in more care being provided to elders by family caregivers. Middle-aged women are particularly vulnerable and have been termed the ‘sandwich generation’ because of competing demands they face with work, family and elder care responsibilities.

The valuable contributions family caregivers make to elder care must be compensated and recognized by society. We feel it is discriminatory to expect women caregivers to assume responsibility for the care of aging relatives while negating to legislate workplace supports such as paid leave.

We feel strongly that families should not be coerced or forced to care for aging relatives. Universal services, such as long-term care facilities and home care programs, need to be adequately funded to ensure elders have access to viable alternatives to family care. It is our opinion that there is a lack of political commitment to find sufficient funding for elder care.

Following OCSCO’s response to the Consultation Paper, members made a presentation at the public consultation with the Ontario Human Rights Commission on November 15, 2000 at the Toronto Colony Hotel.