

**Seniors for Social Action (Ontario)**



# **SYSTEMIC AND INTERNALIZED AGEISM**

**ABANDONMENT, REJECTION, STIGMATIZATION,  
SEGREGATION, EXCLUSION, AND BEING IGNORED**

## **A BRIEF TO THE FEDERAL AND PROVINCIAL MINISTERS RESPONSIBLE FOR AGING POLICY AND PROGRAMS**



**October, 2023**

# ELDERS TALK ABOUT SYSTEMIC SOCIAL AND STATE AUTHORED AGEISM

## PREAMBLE AND RATIONALE

Ageism is defined by the World Health Organization (2023) as referring “to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.” It is elders’ experience of being dismissed, ignored, patronized, subjected to paternalistic behavior, exclusion and segregation, abandoned by some of their families as they grow older and need support, being subjected to name calling and ageist jokes, and being disrespected because of their age.

This report was undertaken in response to these concerns raised by members of Seniors for Social Action Ontario (SSAO), its co-founders, and Board members.

This kind of treatment is often perpetrated by people who should know better – elected officials, civil servants, some researchers, academics, professionals, journalists, and “advocates” who claim to speak for them, while refusing to speak to them.

It is notable that there are others in all of these professions who have taken the time to understand and show respect for the knowledge, skills, and lived experience of older adults. SSAO has the greatest respect for these individuals. Sadly, they are few and far between.

This brief is intended to give voice to members of SSAO’s experiences of ageism at all levels of Canadian and Ontario society, and to inform the public, families, and decision makers of how this experience of ageism affects them.

They have solutions they want to share, and experiences they would like to relate if only others would listen. Too often they are seen as “outsiders” in their own communities – communities which they helped to build, but which have become unwelcoming the older they got. Many feel isolated, segregated, and ignored.

### ***Medical Assistance in Dying (MAID)***

Some, unable to access the personal supports they need to assist them with activities of daily living and with pain management and chronic conditions are considering ending their lives early through medically assisted dying (MAID).

Seniors for Social Action Ontario has always supported the right of all Canadians to choose MAID in the event that they are suffering from terminal illnesses, or living with unbearable pain that cannot be managed. Whether or not to choose MAID should always be a personal decision based on one’s circumstances.

However, forcing elders into no choice situations where MAID is the only alternative to being institutionalized is unconscionable. It should never be a fallback position for governments that have failed to adequately fund in-home and non-profit community-

based residential services for elders, and effective palliative care options that address pain control and symptom management.

Palliative care physicians are on the ground, every day, helping people in dire situations. They have more knowledge and experience than anyone about how MAID is being used and why, and they are flagging its use in some cases as being the result of the “inadequate provision of high-quality palliative care” (Carpenter and Vivas, 2020).

Elders cannot be blamed for choosing MAID in an environment where so little support is available to them.

But as a society, is it not time to examine our values and priorities in how we care for elders and those with terminal illnesses? Have the Canadian and Ontario governments now embraced such ageist policy and funding priorities that they are removing elders’ choices to continue living because of gross neglect and fear of being forcibly institutionalized?

SSAO’s own membership is describing a mental and physical health crisis among elders in Ontario, and it is being fueled by ageist attitudes, policies, practices, and behavior throughout a wide swath of our society. This is Canada’s and particularly Ontario’s tragedy and it awaits everyone, because everyone is aging. It is time that this crisis was addressed for today’s elders, but also for everyone who will become an elder in the decades ahead.

This brief to Ministers at the Federal and Provincial levels, responsible for aging policies and programs, amplifies the voices of those who are seldom heard. It is time our elected officials started to listen. The voices of SSAO members appear in quotations throughout this brief.

## **A TRAGICALLY SEGREGATED SOCIETY**

Canada and especially Ontario have become a tragically age-segregated society, where elders have been marginalized and cut off from the mainstream of community life. In some cases they have been forcibly institutionalized under Bill 7, which removes their rights to object or face financial ruin.

SSAO members report being subjected to significant levels of ageism in their everyday lives. They have been abandoned, personally attacked, especially on social media if they dared voice an opinion, ignored, patronized, diminished, institutionalized, and despised for having lived a long time. Ageism is the last ism that is not being taken seriously, and that appears to still be socially acceptable.

Younger people dismissing older people with phrases like “okay Boomer” and characterizing long-term care facilities where thousands died as “Boomer removers” are symptoms of a cruelty directed against older adults that has seeped into our society.

Nine years ago a retired social worker had this to say in the Montreal Gazette – yet nothing has changed.

*“Why is there such a strong inclination to “farm” older people out — place them in “boarding” residences? Formerly, children were sent to “boarding” facilities, as were persons with mental or physical handicaps. In recent years however, we have abolished the grouping of specific categories of persons together and cutting them off from the rest of the world. These special people were kept “away and unseen” by the so-called normal population. They were supposedly residing in a world that was more adapted to their needs — all this until we became aware of a great deal of abuse going on within these institutions. Our generation has witnessed the closing of residential schools, boarding schools and in my work as a clinical social worker; I have witnessed the de-institutionalization of the mentally ill and the people with special needs. We have found ways to integrate them into society, while trying to be aware of possible abuse. And at present, while many of these institutions have been abolished, we have simultaneously created multiple facilities to “board” the elderly all together in a group.” (McDevitt, 2014).*

Many older people are now seen as “other”- no longer bonafide members of their own communities which they helped to create. They are being excluded and segregated from the rest of society in institutions in Ontario in the tens of thousands through a process of mass institutionalization. They are the only other group, besides prisoners, being subjected to this level of what amounts to incarceration.

An SSAO member explains why she thinks elders are ending up institutionalized:

***“systemic ageism, and societal disregard for anyone who is “other” especially related to people who are not moneyed, not white, and disabled”.***

Elders know that many Canadians, in some cases members of their own families, wish they were dead. They are seen as burdens, not as human beings worthy of empathy and understanding. They are at significant risk of institutionalization.

This stands in stark contrast to the families currently making significant sacrifices to care for older adults, some of whom are members of SSAO, to help them to avoid being institutionalized. But they are not getting nearly enough help with that.

Ageism, especially directed against those who have disabilities, has reached epidemic proportions, and members of SSAO are beginning to break their silence about it.

Older adults, especially those who have disabilities are in double jeopardy. If they are racialized or come from cultural or religious communities that also face discrimination, they are in triple jeopardy. And if they are older women, or members of the LGBTQ+ community who are also racialized, they are in quadruple jeopardy – yet there is a stunning lack of understanding or attention paid to this issue.

Elders know that it is ageism they all need to fear, not aging, or even death. It is how they are being treated that is causing them significant pain and distress, and underlying this is a belief that somehow older adults are less human than younger ones and their suffering matters less.

Margaret Morganroth Gullette, an American scholar in aging studies put it well:

***“Despite our denial, we are all old people in training. And to become old often means to become 'the other' in Western society. It's a reality that experts and senior advocates can attest to..... "As we age, we are seen as less human," she says.”*** (CBC Radio, 2021).

## **SENIORS FOR SOCIAL ACTION ONTARIO POLLS ITS MEMBERSHIP**

SSAO recently asked its members to respond to two questions in an internal poll, since mainstream researchers have apparently seldom or never asked these questions of older adults:

1. What do you consider to be the top two reasons elders are ending up in institutions?
2. What do you consider to be the top two ways of keeping them out of institutions?

The responses were, in some cases, shocking. Older adults know the truth and are finally speaking up about it, likely because it is the first time they have been asked.

## **FAMILIES HAVE BEEN SOCIALLY CONDITIONED TO ABANDON THEIR ELDERS**

***“Our culture is not such that of say China, India, and the like who respect the wisdom of their elder relatives and house and care for them despite its hardship - they do not see their parents, for example, as “empty carcasses.” We have created, for the most, part children who are concerned mostly about their own respective existences and choose the easiest methods to avoid hardship - a bit harsh but true - many are super lazy. Financial burden does not help, however they are the first to sell your home and put you in an institution at first sign of any struggle in being self-sufficient.”***

There is a ***“social attitude that institutionalization is "the norm", coupled with inadequate public information, providing (for health professionals as well as consumers) complete, clear, accurate and accessible data/information about locally available services to enhance aging at home.”***

***“In years gone by family took care of family. For a variety of reasons, this is not something that occurs as a matter of course any longer. Even if someone is inclined to care for their elder, the elders are living longer, resulting in their children being that much older and unable to provide the physical care needed by their parent because the child is elderly themselves. I have known of some***

***elders in their 90's who are living in the same institution as their children in their late 70's. There are also many of us who for one reason or another do not have children, so there is no family safety net, and institutional care becomes the default system of care.”***

Families in Canada, and especially in Ontario, have been socially conditioned for over forty years to believe that the best way to deal with older adults requiring assistance is to “put them away” in institutions - predominantly those operated for-profit. Elders have come to be seen as commodities to be exploited to enrich others, and families and society have simply accepted this.

### ***Undue Corporate Influence on Government Policy and Mass Institutionalization of Elders as a Form of Systemic Ageism***

Ontario long-term care institutions have never been able to meet legislated care requirements (Pedersen et al, 2020; Mancini, 2021), and this has subjected countless older people to decline and death over the past fifty years.

Many families have stories about the horrendous treatment of elders in these facilities, often exposed in the press, yet nothing changes. This system is now so entrenched, and dominated by large, for-profit corporations with deep pockets and the ability to unduly influence one government after another, that there is a sense of despair when it comes to older adults trying to get governments at any level to listen to them about not wanting to be institutionalized.

Elders on fixed incomes cannot make large campaign contributions to political parties, or hire expensive lobbyists to influence government policy on their behalf. Consequently government policy has, for decades, been skewed towards mass institutionalization of elders with policy makers and elected officials at all levels ignoring older adults’ repeated pleas that they do not want to be institutionalized, but to age at home or at least in their home communities.

Nowhere is this ignoring of elders more prevalent than in Ontario where the government keeps building more institutions (Ontario Government, 2022) in direct opposition to what older adults have said.

Ignoring older adults to this extent and segregating and excluding them from mainstream society is a prime example of government-authored ageism.

### **LACK OF CHOICE AND WEAPONIZATION OF HEALTH CARE PROFESSIONALS AND FAMILIES AGAINST ELDERS**

Medical professionals, hospitals, and families have been weaponized against older adults, especially those who are frail, vulnerable, and end up hospitalized.

A complete absence of reliable Home Care tied to individuals' actual needs means instant institutionalization should someone be unlucky enough to be hospitalized and no longer require acute care.

In Ontario the weaponization of hospitals against elders was legislatively mandated through Bill 7 where hospitals were given the authority to use a financial club to beat elders into submission, and accept long-term care placement from 70 to 150 kilometres away from their homes, communities, and social support systems (Wittnebel, 2022).

The power imbalance that this created was astonishing. It would be difficult to imagine a more ageist and ableist law directed specifically against those who are old, frail and lack the means to defend themselves.

Families regularly state that they are unable to help care for an elder family member. Government does not support them by paying family caregivers, or providing accessible and reliable in-home assistance, or direct funding to allow them to purchase necessary supports and services. The result is forced institutionalization due to lack of options (Sandys & Spindel, 2020), and more public and private money for the companies profiting from the mass institutionalization of elders (Lancaster, 2020).

This exploitation of frail old people for profit represents a particularly pernicious form of systemic ageism.

In some cases, family members are eager to obtain their "inheritances" before someone is dead, so hastening their death becomes either a conscious or unconscious motive for institutionalizing them,

All of this is having a devastating impact on older adults' mental health - many of whom simply give up and die, or actively choose medically assisted dying (MAID). Research seems to support this. Frail older people who are at increased risk of institutionalization, are choosing MAID.

"Older adults accessing MAiD are distinct in that they tend to be increasingly frail and without a predominant underlying diagnosis as compared with younger adults, but rather have an accumulation of losses resulting in global functional decline and subsequent loss of autonomy and independence." (Selby et al, 2021).

The death by doctor toll is rising. "Across Canada, there were 10,064 assisted deaths last year, a 32.4 per cent increase over 2020" (Kaufman, 2022).

It is sad to think that many older people would rather die than continue to live in a country and province that affords them so little support as they age. This adds up to an unspeakable tragedy in the way that old people are treated in Canada and especially in Ontario. Yet there appears to be little political will to change this - another obvious

symptom of embedded systemic ageism. Old people simply don't seem to matter to politicians.

## **HOW CAN THIS BE ADDRESSED?**

The Baby Boomers are a very large generation and they vote. It is time for them to use their voices and electoral power to hold politicians accountable for developing policies and programs elders require to better support them. After a lifetime of contribution to their families, communities, professions, and the tax base, elders have earned the right to more respect from elected officials. Three programs that would begin to address the needs of elders require urgent attention by the Ontario government.

### ***Paid Family Caregivers***

One of the ways to incentivize families to care for older relatives is to pay them to do so. This would also assist in easing the staffing shortage. Introducing a Paid Family Caregiver Program across Canada would cause many families to assist their older relatives (Government of Newfoundland and Labrador, 2015). Coupling this with training for family members, regular check-ups by case managers using a client-directed approach, and providing a 24/7 crisis support line would help to ensure the safety of older adults.

### ***Intensive In-Home Services***

A wrap around process that addresses the complex care needs of elders at risk of institutionalization, especially those with cognitive disabilities exhibiting behavioral issues delivered in their own homes, would keep older adults in their own homes and communities. Younger people and their families receive assessment, consultation, treatment planning, and individual and group counseling. Older people generally do not. Adding the support of occupational therapists, physio-therapists, and social workers and crisis support would help to maintain a considerable number of elders in the community and avoid hospitalization and subsequent institutionalization.

This type of program exists for young people, but not for elders, and this discriminatory funding practice should be addressed by the Ontario government (George Hull Centre, 2023)

### ***Direct Funding***

With \$200+ per person per day going to fund institutions in Ontario (Casey, 2021) where no one wants to live and few want to work, that funding could be redirected to follow the person instead of funding big corporations that have failed for decades to meet legislated care requirements. If elders and their families had this amount available to them to spend on obtaining their own supports and services, many could receive almost 8 hours of care per day – enough to keep them out of institutions.



Ontario has a Family Managed Home Care Program (HCCSS, 2023), which does provide direct funding to people to organize their own care, but it discriminates against elders and is set up primarily for younger people. Elders have to be in dire circumstances before they can even make the case to access this program. It is time that changed and this program was opened up to all ages and adequately funded. Some of the billions in funding currently earmarked for institutions can and should be redirected to direct funding to empower individuals and their families to support them at home.

## **THE PROBLEM OF INTERNALIZED AGEISM**

Responses to SSAO's survey show just how entrenched ageism and internalized ageism are in Canadian society. These comments from survey respondents tell the story.

***“Old people are selfish for wanting to remain in their homes.”***

***“Their kids don't want to look after them. Who could blame them, they're busy earning their own living?”***

***“I don't want to become a burden to my family so I would choose MAID instead”***

It should not be surprising that elders living in an ageist society would, themselves, begin to internalize the attitudes of that society. When older adults are seen as burdens rather than assets to society, they say things like they do not want to become a burden to others.

When elders are repeatedly told that they need to move into long-term care facilities or retirement homes and give up their houses to younger families, they begin to believe they are selfish for wanting to stay in a home they have had for a lifetime and worked and saved hard to obtain.

When elders are repeatedly reminded of how unimportant they are, they accept that their children will ignore them, put them in institutions, and not even bother to visit because they have to “live their own lives”.

The saddest thing of all is that many are prepared to choose an early death rather than continue to be seen as a burden, not valued, disposable, and inconsequential.

That is a type of psychic pain repeatedly inflicted on older adults every day. It is a form of societal elder abuse, yet few see it that way. No one is addressing socially inflicted abuse even though psychological abuse can often be more painful than physical abuse.

## **HOW CAN THIS BE ADDRESSED?**

Governments at all levels need to develop and fund public education campaigns to reverse the ageist attitudes currently prevalent in society. They need to alter the public policies that exclude and segregate elders from others in society. They need to begin celebrating the many contributions older adults make in their communities and to their families. They

need to showcase elders who have had remarkable careers and lives and who still have considerable knowledge to share with others.

## **THE DECLINE OF SOCIAL SUPPORT AND THE PROFESSIONALIZATION OF CARE**

***“We do not live in neighbourhoods that depend on each other for living. Feeling a responsibility to our neighbours is non-existent. Our society relies, and has become dependent on professionals, institutions and agencies to meet our needs.”***

Elders recognize that they now live in communities that are no longer communities. An ‘everyone for themselves’ mentality has taken over where people have ceased to care about each other, and society has become meaner. Anyone who cannot manage without some assistance is abandoned to their fate.

The result is that caring for one another – something that once gave meaning to people’s lives -has now been contracted out to paid professionals. Many older adults have no one in their lives except the people who are paid to be there.

Imagine the psychological impact of that.

Our society has become so bereft of empathy that young people have little interest in entering the “caring professions” and colleges are having a difficult time attracting young people to gerontology programs. Caring does not enter the picture in an ‘everyone for themselves’ society. The result is that many older adults cannot obtain any kind of assistance, even if they are in a position to pay for it.

## **HOW CAN THIS BE ADDRESSED?**

***“The first way possible to keep our aging citizens out of institutions is for the public to see this as an inhumane way of celebrating a lifetime of lived experiences that have, in the past, contributed to the welfare and future of their community. Somehow, we need to have a marketing and promotion campaign from a highly visible agency or government body, that brings this truth to light to the public, and with an effective campaign reminding citizens what they are ignoring and how they can be of service to other humans.”***

***“The second way to possibly keep our elderly out of institutions is to develop skills and competencies within neighbourhoods. Provide training opportunities for potential leaders for these groups formed and/or training for group members in the myriad of ways they can be of assistance to the elderly in their homes/neighbourhoods. Ways in practical physical support and care, but also how to be present to the emotional, mental and spiritual support that would be needed.”***

Government has taken part in a range of public education initiatives over the years. What it has not done is launch an effective anti-ageism campaign that stresses the satisfaction that can be found in caring for others.

If families have failed to teach young people empathy, and the responsibilities we have to each other, it falls on government to do so.

## **AN AGEIST SYSTEM OF HEALTH CARE**

***“Doctors dealing with seniors tend to follow their go-to conclusion, i.e., square them away in a long-term care institution, which, sadly, is too often accepted by their adult children who don’t want to care for them.”***

Older adults repeatedly tell us that when they try to communicate with their primary care physicians, if they are fortunate enough to even have one, they are dismissed. The doctors are impatient with them, they are directive and tell them what to do, they over-medicate them instead of recommending alternatives to medication, and if they are unfortunate enough to end up in hospital, the discharge planner, the doctors, and the nurses all push them to accept placement in a long-term care institution. These feelings have been supported by research (Mistry et al, 2020).

Most health care professionals give little thought to the possibility that they could themselves one day end up in this position.

## **HOW CAN THIS BE ADDRESSED?**

It is often suggested that doctors and nurses in training receive education in “geriatric care”. While learning about the medical needs of elders is important, SSAO also believes that doctors and nurses need to receive training and education in developing empathy for all the people they care for, and in how to avoid compassion fatigue themselves.

When people are in pain and afraid, what they need is a listening ear and a reassuring voice. They need someone who they believe cares what happens to them. They need to be heard and to have their concerns taken seriously. All of these things are often more powerful than any prescription drug.

Unfortunately many medical professionals also remain unaware of the serious impact of compassion fatigue that causes them to become impatient, short tempered, and irritable, and to lose focus – all symptoms of what elders describe when visiting them.

## **MISGUIDED GOVERNMENT PRIORITIES AND UNDUE INFLUENCE**

***“The top reasons for old people like me being sent to institutions are that governments like Ontario's are working for corporate interests, then politicians***

***like Mike Harris, they get appointed to cushy jobs, like the head of Chartwell when they retire from politics.”***

***“The government has chosen to put money in the pockets of the large corporations who have supported them in the past. They are given the resources to build large institutions rather than following the models of other countries who have chosen to honor and respect their elders and allow them to age in place gracefully. None of us want to go into long-term care. But there is no support in the community whatsoever.”***

Elders have lived long enough that it is difficult to fool them. They know why the current and previous Ontario governments are funding institutions primarily delivered by large corporations. They know what is in it for them. And they know that they are not the government’s priority – rewarding the government’s friends is their priority (Warnica, 2021).

Elders, especially those on fixed incomes, cannot afford hefty campaign contributions. They do not have the ability to hire well-paid lobbyists to advance their political interests. They do not golf with powerful people. They are not invited to the splashy \$1500 a plate events accurately termed “pay to play”. Elders must rely on ethics and morality in government, and they know that these days those are in short supply.

They know they are being railroaded into institutions so that big corporations can profit from them. But they are unable to stop being trafficked in this way because they lack the connections and political clout to get government to listen.

What they can do is vote, and many are waking up to the necessity of voting for political parties that speak to their issues. The trouble is that very few do. Some take up the cause of workers who care for them, while largely ignoring the people at the receiving end of that care. In general, political parties have shown a complete lack of interest in issues facing older adults.

## **HOW CAN THIS BE ADDRESSED?**

Governments at all levels need to remember that public service was once the bedrock of what good government entailed. People like Tommy Douglas, Lester Pearson, Ross McLellan, Larry Grossman, Keith Norton, Sheila Copps and Eric Hoskins embodied it. They were elected representatives of all political stripes who were good people and did their best for those they represented. They introduced legislation that benefitted vulnerable people, not legislation, like Bill 7, that targets them. They allowed compassion to be their guide in the development of policies and the funding of programs.

The basic principle of public service is missing in today’s politics where greed, power, and special moneyed interests take precedence.

Elders know this and they are disheartened by it. They understand that there are few elected officials today who even want to listen to them much less represent them. Systemic ageism is embedded in our political system and in the attitudes of elected officials.

Self-dubbed “advocates” - often professionals and academics, speak primarily for families and staff, but few to none actually speak for older adults, or are even willing to listen to them. Few to none are leaders in organizations representing thousands of elders with whom they communicate regularly. They do not amplify elders’ voices and ensure that they are heard, yet they are often the ones chosen by the press and government to speak on elder issues.

Some “advocates” oft quoted in the press, have benefited from funding provided by long-term care corporations for programs in which they are involved.

***“Of the partnership, Mike Petersen, President & CEO of Southbridge Capital Inc. stated, “We are pleased to partner with one of Canada’s most respected hospitals, working towards improving the lives of older adults in our care – whether it be in a hospital setting or long-term care home while enhancing staff knowledge and skills. Mount Sinai is one of the premier leaders in the care of older Canadians. Leading the development of Ontario’s Seniors Strategy is Mount Sinai’s own Director of Geriatrics, Dr. Samir Sinha. Of the partnership, Dr. Sinha remarked, “Mount Sinai is immensely grateful for this investment by Southbridge Capital Inc. New, innovative models of care that ensure that our older patients receive the right care, at the right time are best developed by clinical leaders, with public and philanthropic partnerships. I believe that the Safe Patients/Safe Staff™ program is a terrific example of this partnership and will serve as a best practice for other health-care facilities.” (Southbridge Care Homes, 2023).***

Southbridge’s Orchard Villa was named in the Canadian military report documenting horrendous conditions there (Canadian military, 2020). It is the subject of class action lawsuits by families of loved ones who died in its facilities (WillDavidson, 2023). Its expansion plans have been opposed by citizens and municipal councils in Pickering and Port Hope (Callis, 2023; Davis, 2023; Hyatt, 2023).

The Ontario government has had to use Minister’s Zoning Orders (MZOs) suspending public input and by-passing the usual municipal planning processes to try to bludgeon local citizens and municipal councils into accepting institutions being built by companies like Southbridge.

In this contest of powerful and wealthy corporations supported by the Ontario government, trying to force citizens and their locally elected representatives to acquiesce, it is the elders themselves who are ignored, and are not given a public megaphone with which to challenge their mass institutionalization for-profit. Instead, professionals and academics -

some receiving funding from long-term care corporations benefiting from their exploitation - are considered to be their spokespersons.

It is difficult to imagine a more ageist approach to silencing those most directly affected by the policies of government and the actions of long-term care corporations. This represents an ageist mindset that unduly influences government policy, public discourse, and undermines the efforts of elders to be heard in the public policy domain. It is ageism personified.

## **CONCLUSION**

This brief has been intended to elevate the voices of those who are often silenced in the formation of public policy and in public discourse. It is important that government policy makers, academics, researchers, and professionals hear from elders with decades of lived experience who can, and should help to inform their work.

It has only scratched the surface of the ageism that elders have to endure every day of their lives. It is a sad reflection of the state of modern society and federal and provincial politics that it has come to this.

If both self-styled advocates and elected officials are willing to take the information in this brief seriously, there is an opportunity for positive change. But if, once again, they choose to ignore it, change will not be possible, and they are likely to eventually face the same ageist attitudes and barriers in their own lives as older adults are facing now.

## **RECOMMENDATIONS**

**SSAO is recommending:**

### **CONSULTATION, INCLUSION, AND AGING AT HOME AS PRIORITIES**

1. That elected officials begin to listen to elders and their organizations and engage in genuine consultation with them so that the policies they develop and the programs they fund actually benefit older adults.
2. That governments at all levels stop supporting the politics of segregation and exclusion of elders and institute the principles of inclusion and integration in their public policies related to aging.
3. That both the Federal and Provincial governments end the emphasis on institutions and redirect funding from bricks and mortar which is the most restrictive

alternative, into actual support for elders and their families through the provision of intensive in-home care, home-based respite services, PACE (Program of All Inclusive Care of the Elderly) and Hub and Spoke programs, and small, non-profit community residences to allow elders to remain in their own communities should they require residential care – a far less restrictive alternative.

4. That the policy platforms of all parties begin to reflect a respect for older adults and accurately represent their views, chief among them the desire to age in place.

#### **A MOVE AWAY FROM FUNDING FOR-PROFIT CORPORATIONS IN ELDER CARE**

5. That there be specific provisions in transfer payment arrangements between the federal and provincial governments that for-profit services not be government funded, and that funds instead be redirected to municipalities and non-profit organizations with the bulk of funding being invested in direct funding supports and services to older adults needing care rather than being invested in institutions.

#### **A PAID FAMILY CAREGIVER PROGRAM**

6. That the Federal and Provincial governments work together to create a Paid Family Caregiver option in Canada as part of a National Home Care Program, and that this include a system of client-directed case management operated by municipalities and non-profit community-based organizations coupled with funding for Intensive In-home support for adults with complex needs.

#### **THAT GOVERNMENT LISTEN TO RESEARCHERS, ACADEMICS, AND PROFESSIONALS WHO RESPECT AND LISTEN TO OLDER ADULTS**

7. That governments at all levels ensure that the advocates, professionals, researchers and academics who purport to speak for older adults actually speak to them to obtain a better understanding of what their priorities are. Government should ensure that those who advise them are not in a conflict of interest, and that they do not use phrases like elders should be able to age in place for as long as possible which is a dog whistle signalling ultimate institutionalization.

#### **THE NEED FOR ANTI-AGEISM CAMPAIGNS AT THE PROVINCIAL AND FEDERAL LEVELS**

8. That the Federal and Provincial governments fund a campaign to end ageism that features older adults speaking about the pain of ageism, younger people talking about elders' contributions to society, and segments showing older adults and younger people living and working together. And that public service ads be developed causing younger people to think about what it means to be older that ask the question "how would you want to be treated"?

9. That the Federal and Provincial governments launch an anti-ageism public education campaign emphasizing older adults' contributions to their society and society's responsibility to them, with special emphasis on the meaning and personal satisfaction that can be found in caring for others. Amplifying the voices of younger people who are engaged in this way through intergenerational programs should be part of this campaign.

## **COMMUNITY DEVELOPMENT AND INTERGENERATIONAL PROGRAMS**

10. That the Federal and Provincial governments begin funding intergenerational programs in communities to bring old and young together. Toronto Intergenerational Partnerships is an excellent model for this. <https://tignp.org/>
11. A reinvestment in community development projects that involve young and old. Some of these could include funding housing co-operatives where older adults and younger people live together in affordable, accessible housing, and investing more heavily in community organizations that build neighbor to neighbor support systems.
12. Providing community development training opportunities through subsidies for young people wishing to enter this field and receive an education in local community colleges.

## **CREATION OF A MORE RESPECTFUL AND RESPONSIVE HEALTH CARE SYSTEM**

13. That training for health care professionals at all levels include empathy training, listening skills, and education in how to prevent compassion fatigue, as well as specific knowledge of the needs of elder patients.
14. That training for health care professionals include "rounds" by community-based case managers able to describe a host of community supports and services that could support elders in their own homes, and about the important role primary care practitioners, RN's and allied health professionals could play in this regard.



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