

A Series of Qualitative Studies  
on Serious Legal Problems

# A Qualitative Look at Serious Legal Problems of Older Adults in Ontario

2024

**ACE**  
Advocacy Centre  
for the Elderly

*The views expressed in this report are those of the author and do not necessarily reflect the views of the Department of Justice Canada or the government of Canada*



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A special note of appreciation goes out to the courageous 51 individuals who volunteered to participate in this study. Your openness, trust, and willingness to share your stories have enriched this research immeasurably. Your contributions are instrumental in shedding light on the serious legal problems faced by seniors, and they serve as a testament to the strength and resilience of older adults in Ontario.

*The Qualitative Look at Serious Legal Problems of Older Adults in Ontario* report was written on behalf of the Advocacy Centre for the Elderly by Kimber-lee Wargalla and Graham Webb with expert analysis and writing support from Doris Rajan.

The mission of the Advocacy Centre for the Elderly is to uphold the rights and improve the quality of life of low-income seniors. This mission played a pivotal role in the development, execution, and delivery of this study.

In contrast to other qualitative studies conducted to supplement the Canadian Legal Problems Survey, where participants faced challenges in recounting experiences and discussing their serious issues, we did not encounter this issue with our older demographic. The older adults who participated shared their stories confidently and gracefully.

**It was abundantly clear that older adults had meaningful experiences to share and wanted to be heard.**

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## Executive summary

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This report shares the findings of a research study conducted in 2023 among older adults residing in Ontario. The main goal of this qualitative study was to gather insights from a varied demographic of older adults, exploring the serious problems they have encountered over the past three to five years, the strategies they took to address these issues, and the outcomes and effects on their lives.

The study consisted of 51 participants — including both older adults (aged 55 and above) and advocates for older individuals — engaged through 25 individual interviews and four focus groups.

The group discussions included one session with older adults and three sessions with advocates, some of whom were older adults themselves.

Efforts were made to include a diverse group of participants. This included women, men, and transgender persons; people of different ages (55 and up); as well as those from different backgrounds including racialized, immigrant, Indigenous, 2SLGBTQ+, older adults living with disabilities, and older adults living in urban or rural communities; and persons from all income groups including those with upper, lower, and middle incomes.

The results demonstrate that poverty and reduced income cause many problems for older adults. Those with lower incomes have a hard time getting the basics they need for a safe and meaningful life, such as living in a safe place, getting good healthcare in their community, and being protected from discrimination and abuse.

Problems experienced were categorized as follows:

- housing issues;
- healthcare system issues;
- issues with homecare services;
- issues related to the Canadian Revenue Agency and social benefits;
- elder abuse;
- seniors' caregivers;
- discrimination;
- issues with long-term care;
- scams and frauds;
- injured workers;
- problems in rural communities; and,
- miscellaneous problems.

No matter the issue, it is evident that serious problems for older adults are intertwined with other societal barriers. While this research primarily looks at the last three to five years, many people discussed serious problems from their past that still affect them today.

Participants described facing discriminatory, embarrassing, and dismissive treatment in respect of these issues, while the available avenues for resolving these issues often involved complex and dehumanizing systems.

Research participants attempted to resolve their problems by:

- dealing directly with the organization where the problem occurred;
- engaging third-party support;
- filing a human rights complaint;
- contacting law enforcement;
- contacting regulatory bodies; and/or,
- pursuing legal action.

The research results indicated that outcomes were often unsatisfactory, sometimes offering no resolution, and that the process is so challenging and stressful that many individuals simply abandoned it. There is a sentiment that systems are corrupt and that the system was intentionally confusing, to ensure failure in achieving justice. Every interview and focus group emphasized that automated services required to navigate everything online or even on the phone, which is very frustrating for older adults.

In exploring the collective wisdom of our research participants, a comprehensive understanding of their perspectives on improving the systems and services that shape their lives has emerged. These individuals who were navigating the complexities of aging amid numerous challenges, provided nuanced reflections on fostering a more inclusive and supportive societal framework.

Noteworthy insights advocate for enhanced legal clinic support, emphasizing the need for specialized personnel for seniors, comprehensive service provider training programs, and the pivotal role that legal clinics serve in providing accurate information and representation.

Best practices for services underscore the importance of frontline workers, personalized assistance, and cultural sensitivity.

Informal supports, particularly advocates in community networks, prove vital for seniors and their families dealing with unique circumstances, highlighting the need for ongoing efforts to strengthen these networks.

The call for de-institutionalization echoes strongly, emphasizing the desire for seniors to age in their own homes and communities. A streamlined, one-stop support approach is advocated, aiming to simplify services and provide comprehensive assistance. Prioritizing funding for senior care, including non-institutional options, is underscored to create a more supportive care landscape.

Education and awareness-raising activities are crucial to address the lack of information among seniors, emphasizing the need for workshops, training for service providers, and standardized resources. Improvement to systems involves enhancing communication processes and implementing disability-friendly policies, ultimately fostering responsive and inclusive environments for seniors.

Listening to the experiences of seniors in this study reveals a poignant narrative of individuals often feeling overlooked and unheard, their cumulative life experiences significantly impacting their old age. Deep-rooted discrimination compounds challenges, with poverty identified as a pervasive issue affecting seniors' post-retirement, shaping their available options. Navigating dehumanizing systems exacerbates difficulties, especially given the pandemic's impact on well-being.

Seniors face prejudice in digital-only platforms, assumption of cognitive decline, and enduring systemic segregation. The study emphasizes the vulnerability of seniors, particularly those who are Indigenous, female, racialized, immigrants or part of the 2SLGBTQ+ community. Seeking resolutions unveils a lack of awareness of rights, denial of support, and discriminatory treatment.

Intertwining issues like evictions, violence, and exploitation often offer unfavourable legal outcomes, stressful processes, and system complexities leading to unsatisfactory results, forcing seniors to prioritize other concerns over resolution. Navigating systems proves dehumanizing, due to rigid rules, lengthy court wait times, and fear of proceedings.

Comprehensive reforms are imperative to make systems accessible, transparent, and supportive. Increased investment in community services stands out as crucial for seniors facing multifaceted challenges, as does providing emotional support beyond practical assistance. Some seniors live with great trauma, exacerbated by poverty, barriers, and a legal system that requires them to recount their traumatic experiences in stressful and emotionally fraught circumstances. The process of recounting evidence reinforces trauma, creating a disheartening reality where seniors navigate a system that fails to acknowledge the profound impact of their experiences.

# Introduction

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## 1. Background

In 2021, the Canadian Legal Problems Survey (CLPS) was conducted to delve into the profound legal challenges individuals face in their daily lives, exploring their approaches to resolution and the resulting impacts on their lives. Spearheaded by Statistics Canada on behalf of Justice Canada and other federal departments, the CLPS represents the latest installment in a series of legal-needs surveys conducted in Canada.

To complement the quantitative data gathered through the CLPS, a comprehensive qualitative dimension was introduced. This involved engaging community-based researchers to conduct a series of qualitative studies, strategically exploring and documenting the experiences of specific populations across Canada grappling with serious legal problems.

This research study, conducted between March and December 2023, presents a nuanced and in-depth qualitative examination of the legal challenges faced by Ontario's older population over the last three to five years. It is crucial to recognize that some participants reported repercussions from serious problems that had occurred prior to this time frame that continue to negatively impact their lives. It sheds light on the unique experiences of seniors and illuminates the strategies they employed to navigate these issues. This report aims to contribute valuable insights to a comprehensive understanding of seniors' unmet legal needs, assisting government agencies and other service providers in developing tailored policies to address the identified needs of seniors.

## 2. Research Methods

Throughout the summer and fall of 2023, we conducted a total of 26 individual interviews with older adults and facilitated four focus groups — comprising one group with older adults and three with seniors' advocates.

To enlist participants, we disseminated a call for participation through various channels across Ontario. We recruited older adults through well-established networks, including ACE's direct membership, Ontario's community legal-clinic system, community-based organizations serving seniors, and seniors' housing organizations. Our community partners played a crucial role in disseminating recruitment information. The majority of our recruitment efforts leveraged social media, direct emails, and a dedicated page on [www.ancelaw.ca](http://www.ancelaw.ca). The recruitment information clearly stated that translation and interpretation would be provided during the interview if requested.

The recruitment process presented unexpected challenges, likely attributable to the timing of the initial call for participation during the 2023 summer months, the English-only availability of the recruitment materials, and the lingering apprehension to attend public settings among seniors due to the ongoing COVID-19 pandemic. Some prospective participants did not respond to scheduling requests, while others failed to attend scheduled interviews. Our recruitment outreach continued throughout the April to December 2023 study period, with the final

recruitment drive in December proving highly successful, resulting in the majority of interviews being conducted during that time.

Participants were given the flexibility to choose interviews in-person, or by phone or Zoom, thereby fostering inclusivity and providing a comprehensive understanding of diverse communities. Most interviews involved two interviewers and all were conducted exclusively in English. Recordings of interviews were made with the participants' consent. These recordings were transcribed and facilitated post-interview verification of key details and quotes for use in this report.

Eligibility criteria for the study consisted of Ontario residency, age 55 years or older, experience with at least one serious legal problem in the past three to five years, and the ability to conduct the interview in English or with an interpreter.

Among the 26 interviews, one participant was excluded due to age verification challenges and conflicting responses on the eligibility criteria, resulting in the inclusion of 25 individual interviews and four focus groups in our research.

Participants received written consent forms and the interview questions beforehand. Consent was obtained in written or oral form prior to the interviews.

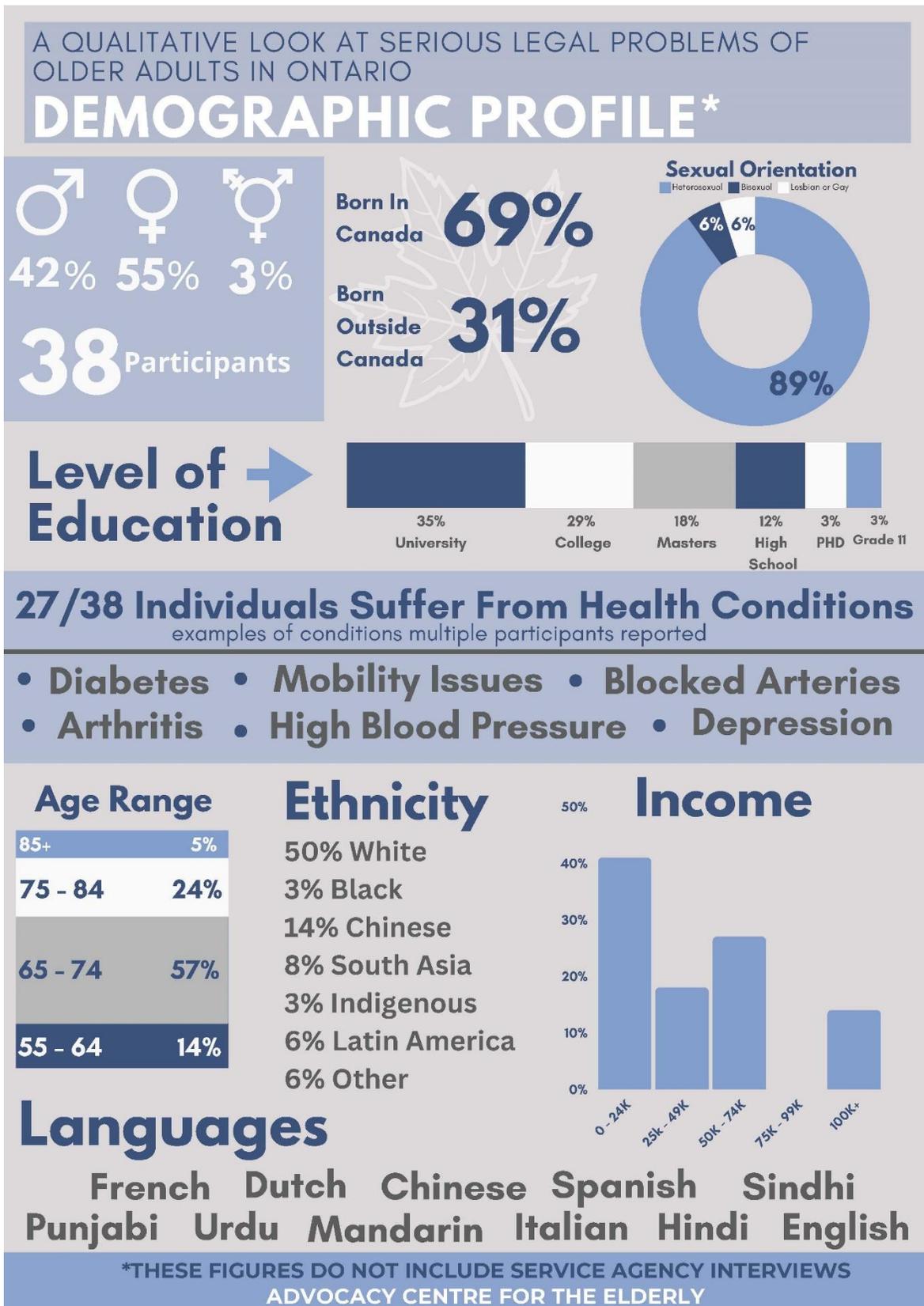
The semi-structured interviews followed the interview guide (see Appendix), exploring various aspects of serious legal problems, resolution strategies, current statuses, and the subsequent economic, social, and health consequences. While most participants freely shared their stories, others required gentle guidance back to the structured questions to ensure coverage of key points and clarity on details, considering variations in recall.

Demographic questions were posed at the conclusion of each interview.

Individual interviews averaged an hour, while focus groups extended to approximately two hours. Compensation, typically an honorarium, was provided to all participants, with one exception requesting a grocery card to avoid a corresponding reduction of social assistance payments.

The transcribed interview audio recordings were redacted and cleansed of any identifying information before they were systematically coded to extract main study themes and key insights.

### 3. Participants' Demographic Profiles



## 4. List of Acronyms

Canada Emergency Response Benefit	CERB
Canada Pension Plan	CPP
Canada Pension Plan – Disability	CPP-D
Canadian Border Services Agency	CBSA
Canadian Legal Problems Survey	CLPS
Canadian Revenue Agency	CRA
Community Legal Education Ontario	CLEO
Health Services Appeal and Review Board	HSARB
Heating, Ventilation and Air Conditioning	HVAC
Home and Community Care Support Services	HCCSS
Interim Federal Health Program	IFHP
Landlord and Tenant Board	LTB
Law Society of Ontario	LSO
Long-Term Care	LTC
Medical Assistance in Dying	MAiD
Member of Parliament	MP
Member of Provincial Parliament	MPP
Old Age Security	OAS
Ontario Federation of Labour	OFL
Ontario Health Insurance Program	OHIP
Ontario Disability Support Program	ODSP
Ontario Human Rights Tribunal	OHRT
Personal Support Workers	PSW
Post-Traumatic Stress Disorder	PTSD
Real Estate Council of Ontario	RECO
Rent Geared to Income	RGI
Retirement Homes Regulatory Authority	RHRA
<i>Residential Tenancies Act</i>	RTA
Workplace Safety and Insurance Board	WSIB

# Findings

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## 1. Types of Problems Experienced

The older adults who participated in this study encountered significant challenges classified into 12 distinct areas, as detailed below. It is important to emphasize that, on average, participants experienced two to three substantial issues within the last three to five years. Notably, the following problems often acted as catalysts for each other, highlighting the interconnected nature of their experiences:

- housing issues;
- healthcare system issues;
- issues with homecare services;
- issues related to Canadian Revenue Agency and social benefits;
- elder abuse;
- seniors' caregivers;
- discrimination;
- issues with long-term care (LTC);
- scams and frauds;
- injured workers;
- problems in rural communities; and
- miscellaneous problems.

### Housing Issues

Housing issues faced by seniors encompassed a range of challenges, from evictions and poor treatment by landlords, to problems with social housing and inadequate and unsafe living conditions. The challenge of accessible housing extends beyond the realm of rentals; even home-owning seniors face the pressing need for affordable and accessible housing options. For example, one person reported as follows:

. . . we are in a condo that is an old building, and the bathroom doors are very narrow so you can't get a walker through the door. It's just a nightmare cause this place is not accessible and can't be made accessible really.

### Evictions:

Participants frequently shared experiences of facing eviction, often highlighting challenges in accessing complaints processes during the COVID-19 pandemic. In one instance, a senior living in social housing struggled with online processes and would not have been able to attend their hearing without assistance from the local community centre. Another person living in a rural area feared eviction if they raised concerns about rent hikes. Some sought assistance from community legal clinics to navigate their rights, emphasizing the desperate circumstances faced. The following quote demonstrates the desperation and need for affordable housing:

. . . it was awful because I had nowhere to go. The social housing people turned a blind eye. They wanted to see me crawling in a snowbank before they would help, and they told me that. I mean, I said, “Well, I've got the eviction notice and he's pushing me out. Where do I go? What do I do? I've been on your list for five years. Help!” And they did nothing.

### Poor Treatment by Landlords:

Several participants felt manipulated by landlords, reporting instances where they were asked to sign unfavorable agreements or faced shorter notice periods to vacate. Landlords' non-compliance with the *Residential Tenancies Act* (RTA) was a common theme, leading some to seek remedies through the Landlord and Tenant Board (LTB), though with limited satisfaction. Instances of intimidating behaviour by superintendents and difficulties with the LTB process were emphasized, especially for seniors with low income, accessibility challenges, and technological barriers, as this participant noted:

. . . the Landlord Tenant Board used to rent space in the library and when the pandemic hit everything changed. First of all, there were accessibility issues because I was low-income. To file an application, you couldn't do it on-line at the time initially and because I requested a fee waiver, for low-income, couldn't file the application that way, you had to go in person.

So, initially that was a barrier and then you could fax things, but their fax machines weren't working properly, and I went to three different Staples and that was a barrier . . . I had my surgery so I was bedridden, and I couldn't go to the offices, so I actually needed someone to go on my behalf to file paperwork, even prepare the paperwork as I was not well . . .

### Issues with Social Housing:

Problems within social housing included conflicts with other tenants, units being inaccessible, and unsatisfactory responses to complaints. Participants detailed incidents of violence, privacy breaches (such as, illegal entries into apartments), inaccessible units and extremely long waiting lists. A recurring theme was the perception that landlords of social housing face inadequate consequences through the legal system when found to be culpable of wrongdoing. Further, seniors expressed concerns about standing up for themselves as it often resulted in worse treatment.

Seniors highlighted deplorable living conditions in social housing, including insect infestations, crumbling ceilings, broken appliances, and rodent issues. Efforts to address these concerns often led to challenges, with participants feeling judged and dismissed by co-op boards or management which they felt was due to their low-income status. The housing tribunal process (overseen by the LTB) was viewed as limited in addressing these poor conditions due to long wait times for tenant applications.

And of course, when you point these things out, they don't want to know about it. And, you know they never helped in my tenancy. We were infested with rats, at one point they were

in the walls. They were biting people. And I went to bat about that. I mean, I said, “Oh, my God, we've got, no, this cannot happen. You've got to do something!” The day my neighbour was bitten by a rat I phoned up, and I said, “Get over here and get the goddamn rats!” There were several of them. They didn't want to do that. I said, “If you don't get over here, I am going to bust down the door, and I will get the rats.”

### Increasing Rent:

Many participants expressed frustration with rent increases, particularly as a strategy to force tenants to leave. Seniors on fixed incomes found these increases unaffordable, adding financial strain and contributing to housing instability.

### Healthcare System Issues

Healthcare system issues for seniors encompass challenges related to hospital discharge, discrimination, difficulty accessing healthcare professionals, lack of awareness of healthcare rights, barriers in rural communities, and financial constraints hindering access to necessary treatments.

### Hospital Discharge Issues:

Hospital discharge challenges emerged as a prevalent issue, with seniors feeling pressured to leave hospitals into unsuitable situations or incur a daily charge when there's a lack of available long-term care (LTC) spaces. Instances of outrageous discharge situations, such as being sent home without checking for available supports, being advised to move to a costly private retirement home or being offered Medical Assistance in Dying (MAiD) as a discharge option, were reported. Seniors faced difficulties in arranging post-discharge care, leading to concerns about their well-being at home. Additionally, the lack of transportation options post-discharge posed significant challenges for seniors. This quote from an advocate demonstrates seniors with dementia being discharged into untenable situations:

She [the wife] then started to realize that she couldn't handle him [the husband]. Shortly after that he fell and bumped his head and had a gash on his head and he needed to be hospitalized. So, he was in the hospital. They took care of the acute problem which was the wound on his head and then they wanted to discharge them and send him home. This woman has had five bouts of cancer and has been on multiple chemo trials and treatments and she was probably in her early eighties. Her daughter was appalled by the fact that they were going to discharge him and started to charge the family \$600 a day for him to be in hospital.

Furthermore, seniors reported that upon discharge, they often had to arrange their own transportation. One participant from an urban area recounted having to spend \$40 on a taxi to get her husband home after major hip surgery, as public transit was their only other option. This highlights the difficulties faced by seniors who cannot drive, may lack supportive networks to provide rides, and find a \$40 cab ride to be a significant financial burden.

### Discrimination and Poor Treatment from Healthcare Workers:

Seniors reported discriminatory practices and poor treatment in hospital emergency centres, where they felt undervalued and experienced prolonged waiting times. Examples of racism and a sense of being neglected by overwhelmed healthcare workers was also highlighted. One participant recounted a challenging medical episode experienced by their spouse, emphasizing a series of complications and medical errors encountered during their visit to the emergency department. The participant emphasized that their presence was crucial in monitoring the situation, which could have been life-threatening otherwise.

I forget how long he was home but he got cellulitis — his whole leg turned purple. It was just awful so we had to call the paramedics again and go up to Emerge and stay overnight. And this is pre-COVID. The situation was so bad that they gave him intravenous IV in the hallway and I was just standing around. At one point I tried to climb up on his bed with him, I was so tired. Finally someone ran and got a recliner chair for me. And he was supposed to have a second round of intravenous antibiotics and something happened [so he didn't receive it] . . . and then he was supposed to also have an x-ray and that wasn't happening. So we found out one or the other, the order didn't get written at all, and the other one got written in the wrong patient's chart . . . I forget which got in the wrong chart, the IV or the x-ray. The intravenous IV he needed another round, the first round and second round . . . Luckily we were saying, well where is that second IV? You know, where is it? And then they had to look around and when what happened to the going for the x-ray? Oh so they looked around, the nurses figured out what happened. But the nurses were on 12 hour shifts and they were running I kid you not — they ran the whole time. And this is before all the excuses about COVID – [in] 2018.

Instances of discharging seniors to LTC homes without informing their families further compounded feelings of mistreatment.

### Difficulty Getting a Healthcare Professional:

Access to healthcare professionals, particularly doctors and specialists, presented challenges, especially in rural areas. Seniors expressed frustration with being let go by doctors based on age and encountered difficulties accessing specialized care, such as physiotherapy and reliable homecare, in rural communities.

### Not Aware of their Healthcare Rights:

Seniors shared instances of being unaware of their rights within the healthcare system. Legal intervention was deemed necessary in some cases to ensure hospitals fulfilled their legal obligations to assess patients. Lack of awareness about healthcare rights underscored the need for education and advocacy. An advocate shared an instance where legal intervention empowered a senior to assert their rights:

She didn't realize that she could demand him to be assessed, and that the hospital was obligated by law to assess him and that was the crux of that particular case. Did it end

up in legal action? No, but certainly legal intervention was required in order for the administration of the hospital to even listen to this woman.

### **Barriers in Rural Communities:**

Rural seniors faced multiple barriers in accessing healthcare, including limited access to doctors, transportation challenges for appointments which are usually in larger urban areas, and overall difficulty in obtaining appropriate healthcare services in their communities.

### **Inability to Afford Treatment:**

The issue of affordability emerged as a significant barrier among seniors, who expressed concerns about the expenses associated with specific treatments, notably dental care. The loss of work-related benefits or Ontario Disability Support Program (ODSP) upon reaching the age of 65, resulted in substantial disruptions to participants' healthcare needs. Challenges in accessing specialized care post-discharge due to financial constraints underscored systemic issues in healthcare affordability. Participants frequently mentioned being advised to consider private pay alternatives for services they could get for free through OHIP due to prolonged wait times or the lack of availability in their community.

### **Issues with Homecare Services**

Problems with homecare services' complaints were multifaceted, revealing challenges in expressing grievances and obtaining satisfactory resolutions. Issues identified included denial of services, unsatisfactory care, and lack of adequate channels for resolution. Poor treatment by formal caregivers was repeatedly identified, such as, personal support workers (PSW) not showing up for scheduled appointments or showing up at incorrect times or poor treatment by nurses.

We heard from participants who were advised to explore private in-home care as an alternative to, or supplement for, services they were eligible to receive from the Home and Community Care Support Services (HCCSS). Financially, this is not an option for seniors on a fixed income who object to pay for something they are entitled to through OHIP:

I knew that if you had an operation in the hospital, you were eligible for physiotherapy, and I also know if you're over the age of 65 you're eligible for physiotherapy. And we spent a month, and the legal clinic helped as well. And the clinic lawyer helped me before I could even access my physiotherapy. Because all they cared about was who was going to pay them. And I kept saying, "I don't really care about that. I have a valid OHIP card! I get the service."

Fear of retribution silences some individuals who endured subpar care, exemplified by seniors reluctant to complain about a PSW providing inadequate service.

Two participants, an elderly man and his older-adult daughter, shared various challenges encountered while dealing with homecare services in a retirement home where he and his wife lived. Issues with the retirement home and the homecare provided through the HCCSS, including medication errors, overworked staff, unhelpful personnel, and a lack of programming, prompted the decision to relocate to a different retirement home closer to their children. A

serious incident involving improper administration of his wife's seizure medication resulted in mini seizures, leading to a complaint filed with the Retirement Homes Regulatory Authority (RHRA), the oversight body for retirement homes in Ontario.

This participant also encountered issues with HCCSS where a PSW failed to arrive on numerous occasions at the retirement home to assist the senior with his morning routines in time for him to attend breakfast. This negatively affected his diabetes management and prompted a complaint to the HCCSS:

And on numerous occasions there's no help and there's no communication between the [homecare] agency and the staff of this retirement home. So, they just don't let anybody know if they're not coming. And here's Dad sitting here, and in some cases, mom [too] with no care. And they're going about their business doing their routine without, well now they know — they need to check.

They're more aware of the problem [now] and if my parents don't get cared for by a certain time, then the staff here steps in.

Senior caregivers also face many obstacles in accessing homecare and respite care for themselves and loved ones. An elderly man caring for both his wife and his disabled adult daughter was ineligible for homecare services, which resulted in a reduced amount of time he could care for his daughter, in order to meet the needs of his wife. Participants often emphasized the need for direct funding of homecare services, which would allow them to personalize care plans and alleviate strain on both the LTC system and the homecare system.

Direct funding programs were praised but it was also noted that they have program limitations, such as limited budget. The example of the direct funding “Passport” program was expressed as leaving aging individuals with disabilities with fewer options as their older caregivers aged. We saw this with two of our participants’ disabled adult offspring being forced to require additional day programs and support because their caregiver, an elderly parent, could not keep up with their robust needs for outside activities and social engagement. However, as their requirements increased their “Passport” funding had not.

It was difficult to set up homecare services for post-hospital discharge. For example, we heard how difficult it was for a senior to prearrange homecare service in advance of her husband’s upcoming surgery.

Participants also expressed difficulties in accessing reliable and consistent homecare services, particularly in areas outside of large urban centres. Notably, one individual had to temporarily leave their rural community during the recovery process after surgery. They relocated to a large urban centre, staying with family two hours away from their home, in order to access HCCSS that were unavailable in their rural community.

### **Issues Related to Canadian Revenue Agency and Social Benefits**

Issues related to Canadian Revenue Agency (CRA) and social benefits encompass a number of challenges faced by individuals seeking support.

## Issues with the Canadian Revenue Agency

Many individuals encountered significant challenges when dealing with the CRA.

The process of reaching the CRA via the telephone was described as unhelpful, with frequent difficulties in getting through, hold times, being cut off, and other communication issues. Advocates assisting individuals faced prolonged phone sessions lasting hours, during which the senior's immediate presence was required for authorization.

Despite not being strictly legal issues, legal clinics and lawyers were often involved in supporting seniors in navigating the CRA system, which if not properly dealt with could result in legal problems.

Complications also arose with the Canada Pension Plan – Disability (CPP-D) application process, such as it being a lengthy process, with challenging procedures.

Some seniors highlighted how issues related to the CRA hindered their access to CPP-D, impacting their ability to cover medical expenses.

Additionally, several participants faced the need to repay Canada Emergency Response Benefit (CERB) payments, posing financial strains, leading some to resort to pay-day loan companies, thereby accumulating further debt from high interest loans.

## Issues with Ontario Disability Support Program

Transitioning from the Ontario Disability Support Program (ODSP) to Old Age Security (OAS) proves problematic for some, with concerns that medication needs were better addressed under ODSP. The reliance on specific supports, like assistance with transit costs for medical appointments, becomes a financial barrier when transitioning from ODSP.

Difficulties in obtaining proper entitlement on ODSP due to complex paperwork and unclear processes hinder access to essential benefits. Moreover, communication challenges with ODSP, including unresponsiveness to messages served to heighten frustration for individuals seeking support:

They [ODSP] don't respond to my messages.

Another concern related to social benefits involved the adverse effect on a senior's Rent Geared to Income (RGI) housing costs due to the increase in income resulting from transitioning from ODSP to pensions (Canada Pension Plan (CPP) and OAS). The senior anticipated a slight boost in monthly income to cope with the rising cost of living, only to discover that their increased income would be redirected to their landlord, which greatly disappointed the pensioner. The discrepancy in the allocation of increased income toward housing expenses arose because RGI employs a different methodology for assessing pension income compared to the ODSP income. Specifically, the latter program designates a small, allotted portion explicitly for housing purposes.

## Conflict between Support Programs

Conflict between support programs emerged as a significant challenge, particularly impacting Indigenous participants in jurisdictional disputes between provincial, territorial, and federal governments when accessing healthcare and disability related services.

An Indigenous participant discussed their understanding of a highly discriminatory "Indian List," which they described as a surveillance process whereby individuals receiving drugs that were covered by OHIP and First Nation governments from different medical practitioners were being monitored and could face difficulties in accessing prescription medication.

For example, an Indigenous participant previously on ODSP said they discovered they were on this "Indian" list, without prior notification, when told by a pharmacist when trying to access their medication. He expressed dissatisfaction with the lack of transparency and the permanence of being on such a list. As articulated in this quote:

There's a thing called the Indian List. That's where it's racist, and it's derogatory against First Nations People. But that's what they call it.

And that's when you are getting drugs from different practitioners. And it's covered, you know, like the OHIP covered it, or whatever. But First Nations also covers my pain medication as well as my heart medication, part of it.

When I was on ODSP, or whatever then it was (on ODSP). Since I had gone to so many doctors and was prescribed 10 here, 20 here, five here, they put me on this Indian list without me knowing, and they still the only way I knew is because my pharmacist told me . . . Then I contacted Native Affairs – NIHB (Non-Insured Health Benefits), and then I explained how unhappy I was that not only would you put me on this list but you would not advise me that there was such a list that I'm on it and you're telling me that once you're on it, you cannot be removed.

It's stuck with me . . . It's not like I was abusing the drugs. I took a lot, but you can ask everything single person I came into contact with if I was high. No, never looked high to me. I never took that many at once – taken over 20 hours a day because I never slept much . . .

Misinformation regarding how different programs interact, was also noted. One individual erroneously believed they could not access a food bank while receiving ODSP.

## Miscellaneous Issues Related to Social Benefits

Miscellaneous issues relating to social benefits surfaced as individuals faced challenges in navigating the intricate landscape of available benefits, significantly affecting their financial well being in later years.

Many expressed uncertainties about the optimal timing for accessing benefits like CPP and OAS, leading to dramatic income drops. The frustration of understanding the complex income benefit system was evident, resulting in seniors experiencing grave economic insecurity. Here are some of these sentiments:

This is very common that people's income drops drastically after they retire. I'm not in an unusual situation. Maybe you know, if I paid more attention and worked the whole year, it would have been easier, because it's all in one tax year and everything rather than March in one tax year in April and May in another tax year.

But you should be able to choose when you retire without it impacting your benefits. So it's demoralizing.

I do worry about money. And you know, another \$500 or \$600 (from OAS) a month would really take the sting out.

And,

So this year, because my income has dropped drastically, so that all I have is my CPP retirement and some of my RSP's or my RIFs.

I wanted to reapply for my Old Age Security. So I went to the local CPP office to find out if I'm eligible yet, has my income dropped to a threshold where I would receive the check rather than it going to the CRA, because I needed to pay my bills and getting a couple \$100 next March when I do my taxes isn't helpful.

She wouldn't help. She couldn't help me, she said, has nothing to do with us. Here's the application form you have to contact the CRA to find out about the income . . . So I then phone the CRA . . . And I spoke to that agent.

I was on hold for an hour. She did not understand anything I said. She kept telling me to go back to the CPP office. She just didn't understand what I was trying to say is that I think I can have my income threshold re-examined prior to July of 2024 . . .

Issues also arose regarding discrepancies in pension amounts from employment, leading seniors to receive less than they anticipated or to which they believed they were entitled.

Canadian immigrants who wanted to temporarily live abroad in their home countries after retirement, often had to seek legal assistance in understanding eligibility criteria for OAS based on their immigration status.

Seniors spoke about also encountering challenges with online application processes for obtaining social benefits, and their preference for in-person support. Resource centres and/or legal clinics are often approached to support seniors with applications as outlined by this seniors' advocate:

It's the Ontario Energy Support Program where individuals with low income can get a rebate on their Hydro. That's how we get to meet a lot of our seniors — is they call here, [at the community resource centre] to apply for the application.

Here they can get one-on-one help to apply for it. It gives us an opportunity to ask them if there's any other needs that they have.

## Elder Abuse

The research underscores the alarming prevalence of elder abuse in Ontario, revealing distressing scenarios where seniors face exploitation, manipulation, and neglect, primarily perpetrated by their own family members. Instances include the misuse of powers of attorney and alterations to wills. Seniors may be subject to forced isolation from family and friends and by those providing care or making decisions for them.

My mother-in-law was taken by her daughter to change the power of attorney . . .

My sister-in-law came out and said to my husband, “You’re no longer power of attorney, I have had everyone changed and removed.”

So, my husband went to my mother-in-law’s original lawyer and said, “How did this come about?”

And it turned out that the sister-in-law drove my mother-in-law to another lawyer. She made all the arrangements. She did all the persuading, all the coaching and, that power of attorney was revoked.

[My mother-in-law then] wrote a letter saying that she was scared of her daughter, taped it on the door and said you’re never to return again.

Disturbingly, sometimes caregivers, who may gain trust through deceptive means, exploit their position for financial gain. The challenges become even more profound when considering cases where seniors endure abuse while awaiting admission to LTC. One family member described suspected abuse of an older woman living at home at the hands of her POAs and PSWs hired by them:

I think there is [a] financial something that is not right . . . I just feel that there is something not quite right because they [the POAs] can access the money.

So I worry more about my aunt because just watching her, she is losing weight again, and for me she is being intimidated by the PSW. She hardly has any flesh, its all bones. She [the PSW] just grabs her up and she squeals . . .

Now [while I’m visiting my aunt] they [the POAs] have two helpers watching us, one watching me and one watching her for 24 hours. So the bad helper is with my aunt, so now I realize how she treats my aunt that she is so afraid.

The issue of MAiD was also raised as a concern relating to potential coercion by those who would benefit financially from the death of an older adult. We also heard about concerns with hospitals, where some medical professionals offered MAiD as an option instead of providing medical care or arranging homecare or housing.

In an extreme case of elder abuse, a senior of Chinese background had been in a common-law relationship for 32 years with a man with whom she had borne a son. She experienced severe exploitation by her common-law partner's sister and his son from a previous marriage.

The abuse unfolded as her partner developed dementia. His sister and stepson acted on a continuing power of attorney for property and seized control of her partner's finances.

Acting as her partner's primary caregiver, the senior faced a relentless deprivation of assets. Her stepson orchestrated the siphoning of her partner's life savings through the establishment of a joint bank account. He then triggered a series of cut-offs, including hydro, gas, and water, forcing the senior and her son to vacate their home.

She was further subjected to escalating verbal abuse and threats of legal action regarding who was to be the estate's beneficiary from her sister-in-law.

Seeking help, she consulted the Alzheimer's Society and then hired a lawyer, who charged a great deal, but provided few satisfactory results. Eventually, the senior lost everything, relocating to another city with her son and opting to stop pursuing her rights due to the prohibitive cost and extreme emotional strain.

So my question is, why is it that once [spouse] had dementia, how can they suddenly start doing this stuff?

. . . how's the power of attorney abuse the power? He can kick me out, me [the spouse] of 32 years, and my son is 31. Both lived there, both get kicked out. Because so cold in the house, no water, no gas, no hydro in the wintertime and we live there. Be frozen to death.

Now we move out. I don't even, my son say don't argue with them, don't! We are healthy that's the best in this situation.

The repercussions of this egregious abuse were profound, including dire financial consequences and severe psychosocial distress for both the senior and her son.

It was evident that the prevailing obstacle among seniors is a lack of awareness about their rights and lack of supports, contributing to underreporting of abuse. As this quote to an advocate exemplifies:

It is okay that sometimes they make me sleep outside?

Financial abuse, conflicts with tenancies, and maltreatment by non-family caregivers further emphasize the complex and pervasive nature of elder abuse.

Many seniors and service providers expressed a prevailing sentiment that the police lack sufficient expertise in handling elder abuse cases. While empathetic, they often face challenges due to a lack of immediate resources or knowledge to provide assistance.

## **Senior Caregivers**

Whether caring for an adult child with a disability, a spouse with dementia, or aging parents, seniors are having to navigate complex and demanding situations with limited supports.

### Caring for an Adult Child with a Disability:

Support and advocacy services are witnessing a growing trend of older adults shouldering the responsibility of caring for their adult children with intellectual or developmental disabilities. This task proves to be incredibly challenging, with minimal support available, leaving these caregivers to rely on their own resources to meet their adult child's complex needs.

A poignant example shared during a focus group sheds light on the struggles faced by families dealing with such situations, particularly when the caregiver encounters health issues themselves:

Well, there's a couple of families I'm thinking of but one in particular, they had a kid who had Asperger's, and they could kind of handle him for many, many years.

But then it got to the point that they got to their own health issues. He sometimes got a little bit violent so they couldn't really handle it anymore.

So we had to try and get him into assisted living. And that was a battle.

So things like that and just the parents, they don't seem to have a lot of supports as they're going through that process. I guess they're aging out of the ability to care, right?

So I think that's a hidden one out there, because a lot of families do have disabled kids in the home and you don't realize it.

In rural areas, the challenges intensify as group home locations are scattered, making transportation a significant issue, hindering families from visiting their loved ones. Additionally, a senior in a rural setting highlighted the difficulty in finding support workers and financial assistance to sustain their adult son's disability programs, emphasizing the limited resources available.

My concern with my son is that I do have some funding, "Passport". He's 49. He'll be 50 next year but it hasn't changed a whole lot since he was 18.

And the other thing is, it's really difficult for us to find support workers to take him places. Like he likes to swim, and he likes to bowl and he likes the social things that happen.

Another individual expressed concerns about the limitations of homecare services and the absence of direct funding, heightening anxieties about the future well-being of their disabled daughter once they are no longer able to provide care.

. . . because as we get older and then as we die, I mean we're going to probably die before her. So, the hope is you build enough structure and support around her that she's going to be okay after we're gone. But that's really hard to do . . . if you think about aging and disability, it's kind of a double whammy. Right?

### Caring for your Spouse

In several instances, we encountered situations where seniors, unable to access publicly funded homecare and respite care, were assuming the role of caregivers for their spouses, many of

whom are grappling with illness and/or dementia. The toll of this responsibility is evident, with these elderly caregivers experiencing significant burnout.

As they found themselves shouldering the responsibilities of caring for another senior the challenges intensified, reflecting the demanding nature of such caregiving roles.

Compounding the issue, a noticeable absence of respite services tailored to support aging caregivers exacerbated their legal and logistical challenges. The lack of access to adequate publicly funded support services and legal resources left these caregivers struggling to navigate the complexities of access to healthcare, financial management, and long-term care planning. They did not have the legal means or knowledge of how to challenge the system to better access resources.

### Younger Seniors Looking after their Parents

Some younger senior participants discussed taking on the responsibility of caring for their parents because they were unable to access publicly funded homecare, and lacked the legal means and resources to challenge their refusal or limitation of service.

These individuals often found themselves juggling work commitments while simultaneously attending to the needs of their aging parents while providing support to their own children and grandchildren. The compounded stresses stemming from these multiple responsibilities create a challenging and demanding situation for these caregivers.

Additionally, the lack of access to sufficient support services and legal resources exacerbated the caregiver's struggles, making it difficult for them to manage healthcare decisions, financial matters, and elder care planning effectively. A significant legal issue faced is the activation and management of Powers of Attorney (POAs), which only come into effect under specific conditions, adding another layer of complexity to their caregiving responsibilities. It was emphasized by participants that respecting the autonomy and decision-making rights of the older seniors is crucial, ensuring their preferences and choices are honored throughout the caregiving process.

## Discrimination

### Racism

Experiences of racism, particularly anti-Black racism, were shared including instances of racial profiling, notably at the border, by the Canadian Border Services Agency (CBSA). A participant discussed how they faced targeted questioning about their whereabouts and activities.

He said, "Let's see a passport."

I said, "Why?"

He says, "Oh, we're just checking."

I said, "How many people in here have you checked?"

"Oh, no, we're checking you."

But I said, “Why are you checking me? I'm so tired I don't even know if I could answer your questions, you know?”

And then he went through all the grilling, “Where you came from, how long you were you there and what did you do,” and all that.

I said, “What you're doing is pretty racist. This is extremely racist. You have the right to ask anyone in here questions, but the fact that you're singling me out is racist.”

And I showed him; I said, “You see that sign over there? They said, ‘Welcome to Canada.’”

I said, “Is this the welcome that you're giving to me?”

I said “I'm older than you. I've been in this country, existing, longer than you have been alive.”

The participant further described encountering racism in a store, where security unfairly assumed they were stealing, leading them to request an incident report. However, when seeking the manager's assistance, the participant was then threatened with expulsion.

In the healthcare system, we heard about the pervasive assumption that Black individuals are associated with substance abuse.

. . . there's an assumption that if you're Black you are either on drugs or liquor. . .

### Ageism

Ageism, as described by participants, encompasses various facets, revealing systemic biases against seniors. Stereotyping based on age, especially regarding using technology, was highlighted by a participant who said:

. . . can't think properly and can't make your own decisions . . .

The lack of in-person services for seniors was emphasized as a discriminatory practice, limiting their access to services where online technology is required.

Instances of ageism in the workplace were also brought to attention, with younger seniors in their 60s facing challenges. In one case, a woman felt belittled by a younger co-worker who disregarded her extensive experience in the position, speaking to her as if she were unintelligent.

Another participant encountered ageism from a younger boss who mistreated them, undermining their 30 years of professional experience.

A particularly distressing case involved a person who believed their dismissal was solely due to their age. Despite reaching out to the company president, they received no response and had to resort to social assistance while job hunting.

### Transphobia — Intersectional Marginalization

The experience of transphobia was identified and intertwined with other forms of marginalization such as racism, ableism and ageism. One participant was racialized in a faith where the family

rejected their transgender identity, resulting in a complete loss of familial support. This was layered with the onset of disabilities, mental health issues, chronic anxiety, depression, and the development of a brain cyst, all of which started and worsened during the COVID-19 pandemic and plunged them into extreme poverty.

Despite being on the waiting list for social housing, the compounding impact of intersecting marginalized identities paints a vivid picture of the layered barriers faced by seniors and the formidable challenges experienced.

As this participant expressed it:

My own faith rejects me, and the people from other faiths reject me. Straight people reject me. My own family have issues with trans . . . I don't belong anywhere.

### Disability

We heard of a few cases where invisible disabilities, such as fibromyalgia-induced fatigue, episodic mental health issues, etc. can cause issues in the workplace and other environments. For example, one person encountered direct harassment from bus drivers due to their invisible disability. Requests for simple accommodations, like lowering the bus, were met with rude and, in this case, racist remarks, undermining their right to a respectful service.

As I mentioned the social worker provides me with five or six Presto tickets. So, I have to be very careful to make sure that I have all the trips aligned because I get very tired. Exhausted, fatigue, my fibro and the TTC [Toronto Transit Commission], I'm harassed every day with the TTC. So, first of all, one is direct harassment, other indirect harassment. The direct harassment is the TTC bus drivers. They're so rude and racist, judgmental.

I asked them, "Could you please, you know — there's a button — could you please lower the bus?"

I get, "Come on don't be lazy. Come on," and they call me names.

And I'm like, I am paying the fare. Where is my respectable service? And TTC has advertised, not all disabilities are visible.

I get, "This is only for women or old men with wheelchair. You're not! So come on!"

Just like that, I have anxiety, depression issues. . . . They ruined my mood and my anxiety triggered and I'm depressed. So, it ruins my whole day.

We heard from another participant about discrimination based on disability where an employer denied a workplace accommodation:

Well, basically it, it was discrimination based on disability, right?

And, actually, during the course of . . . when I went back, the employer tried to turn around and tried to get me to be subjected to their scheduling whim. And they wanted for me to be able to switch between days and nights. Okay, like, from 6 PM until 6 AM, and

then same schedule like from 7 AM to 3 PM and they wanted to be able to be to flip me around like a hot potato.

And, I turned around to them and I told them, "No, I'm not doing that." And, then they turned around and basically ended my employment at that point.

And, again I fought them on that because I had a letter from my doctor stating that I cannot, because I'm also a diabetic, and . . . the having access to food and flipping me around like that is not a very healthy thing for a diabetic.

### Discrimination in Programs

Several individuals expressed feelings of discrimination within various programs based on their age, gender identity, and other factors. Some perceived an "in-between" age (59) that left them without suitable programs, feeling excluded from both youth and senior services. Young seniors faced challenges accessing senior programs due to not appearing "old enough."

Additionally, a trans person highlighted discrimination in sexual abuse counseling services, where a feminist place limited access to "biological women" only.

Another participant felt excluded from LTC criteria, being neither independent nor having complex needs.

### Issues with Long-Term Care

Advocates for seniors identified numerous issues within the Long-Term Care (LTC) system, ranging from poor service, issues with healthcare providers and improper medications.

Billing discrepancies, such as incorrect rate reductions, were highlighted, with advocates finding more success when approaching the Ministry of LTC directly instead of proceeding through the LTC home's internal process.

Family members emphasized the importance of regular visits to ensure proper care for their loved ones in LTC. They expressed concerns that without consistent oversight, the quality of care might diminish. Specific worries included fears of their family members experiencing rough treatment, neglect, or not receiving essential care such as timely medication administration and assistance with daily activities like getting out of bed or having diapers changed regularly.

There was a pervasive sentiment against institutionalization due to the numerous issues experienced with LTC homes and the overall system.

Participants expressed a desire for a shift away from institutional care, emphasizing the importance of creating neighborhood-centric, family-centred homes. Their hope was for a transformative change in the system to ensure more choice in the caring system for both: 1) seniors being treated with dignity and respect rather than merely as beds in LTC facilities; and, 2) more support to age at home, in your community.

## Scams and Frauds

In the course of individual interviews, consumer fraud was not frequently identified. In a focus group with legal advocates, however, this was identified as one of the biggest issues that they are currently dealing with.

In fact, legal workers said they are seeing thousands of cases of scams and frauds in Ontario.

Mortgage fraud carried out through heating, ventilation and air conditioning (HVAC) and home-renovation scams are significant problems that legal advocates encounter. Here is an example of how this scam occurs:

Home renovation and HVAC scams and also the mortgage scams . . . the way that it works is that a representative of a so-called home renovation or HVAC service company shows up door to door. They target low-income seniors, whose only asset is their home.

They say they're from the government, or they say they're from Enbridge. They give a fake name, they say, "Don't worry, this isn't gonna cost you anything. We're gonna come in and we're gonna install this furnace or attic installation, or solar lights," or whatever it is they are trying to sell them.

They get them to sign papers, entering them into financing agreement with the financing company who then lends the money allegedly to this home renovation company in an amount far exceeding the value of any service, or product that is being provided, and of course the product or services the senior neither requested nor needed.

Then the finance company registers a lien on the seniors home, and then sometimes they register a charge or a mortgage on the senior's home, and often what happens is another company associated with the home renovation company shows up door to door, tells the senior they've got liens on their home, offers to help them to negotiate them out of it and refinance it.

They refinance those liens through a mortgage.

Those liens are never removed. That money is never given to the senior. The money is allegedly given to the financing companies that register the Notice of Security Interest (NOSI) . . . the NOSIs are never removed.

So now that senior has liens and a mortgage on their house.

Scams are also perpetuated via phone or internet. Here is an example of how seniors can be taken advantage of, especially if they have cognitive issues. This is where advocates have stepped in:

. . . there was something with Enbridge. Someone had phoned the husband who had dementia, and then he agreed to add a service to his Enbridge. So, we worked hard at getting that undone and letting them know. So, I phoned Enbridge and threatened that if they didn't take off the fee, then there would be some repercussions to them.

One participant explained how easy it is for seniors to be tricked into paying for a service they never received:

. . . the telephone company suddenly started contacting my husband and demanding payment. This was a company we had never had any dealings with. I think we called the police – fraud.

And it got dealt with because we're assertive and won't be pushed over. We try to take action when someone tries to abuse us.

But what if we didn't know our rights? If we didn't understand that this was wrong. Or if we didn't remember that we didn't have any dealings with this company?

These companies prey on people they discover are old. They take advantage when they can get away with it. But we were able to contact the police and they dealt with it.

We also heard about how seniors were conned while using their computers – here is an example:

That happened due to me being on the computer and they just took over my computer. And it was my ignorance that created that problem . . .

We had to shut all our bank accounts down.

We had to take my laptop in to have it repaired, and I now have a short cut, I know how to get out of those things. But that didn't help me at the time. It was an entire day of panic because of that.

And luckily there was a point where I realized that I was in trouble, and so my husband called the bank and had everything shut down.

We can do a lot of that through the Internet. We know how to do that. But we got everything shut down so they couldn't get into the bank accounts.

But it was a pretty trying day and the only one in the long run that I can blame, for that is me.

Oh, my goodness! He led me through this series of things, and I gave permission for him to fix my computer, which you know, that's why I'm saying it was my ignorance. And then it totally clicked when he said, "I need you to go to a Shoppers Drug Mart, or a Giant Tiger and buy these specific cards." And I thought, "Oh, holy Moly, you just got taken for a ride." He even had it down pat that I needed 40 minutes to get to [location]. And oh, my. It was crazy.

A unique problem was identified which was referred to as "spiritual fraud." An immigrant woman who was connected to a church was conned into signing over her house to the minister of the church. She engaged a lawyer, and it is still in the courts, unresolved. Here is how it transpired:

This lady, she is an Iranian Christian which is a very small bunch of demographic of the planet. And she was going to an evangelical minister who had an Iranian Christian congregation. And he persuaded her, seduced her and did all kinds of things to her, that

God had given a message that those two houses should be transferred to his name. And she did. And then she came to me. And I knew I couldn't take the case, it's just too much for me. I did very good notes, and I sent it to a friend of mine. And I thought when you look at the legislation for fraud, it's kind of vague when it comes to each kind of situation. Business fraud is clear but spiritual fraud, you know, he is a minister, he is an evangelical minister, she is actually a member of his congregation.

## Injured Workers

The issue of older injured workers exposes the challenges faced by individuals navigating workplace injuries and interactions with the Workplace Safety and Insurance Board (WSIB), as well as human rights complaints.

Two interviews were centred around these issues. One participant, who holds some professional expertise in WSIB and human rights law, stated his disconcerting belief that 85% of human rights cases stem from WSIB-related matters.

One participant's story unfolded with an account of an individual coping with lifelong workplace injuries, and the subsequent refusal of reasonable accommodations at work. Dependent on WSIB payments for essential expenses, including rent and grocery bills, the abrupt discontinuation of these payments further exacerbated the individual's hardship and predicament.

They have this regular routine where they discontinue services right? And, then you have to appeal it. And, that's one of the systemic drawbacks of WSIB and/or insurance companies in general.

They want your money, but they don't want to pay you, and they turn around, and they force people into situations that are not cool.

Despite engaging in physiotherapy, the person's physical condition showed minimal improvement. The interviewee expressed a pervasive sentiment that employers lack the know-how to effectively address the needs of injured workers.

Another scenario was outlined in a prolonged history of dealing with WSIB, where a senior faced the reduction of their WSIB pension upon turning age 65, and who is now fearing the potential loss of their home.

I mean I could lose my house right now.

It would be an inconvenience, but what scares me is that I'll lose my service dog cause he's loud.

If we weren't able to live in our home, what would I do [crying]? He cries if I go across the street for mail without him.

The senior emphasized WSIB's inability to enforce recommendations and asserted that the agency operates outside the scope of human rights legislation.

Financial constraints prevented the senior from accessing legal representation, because he earned too much to qualify for legal aid and/or the injured workers' specialty legal clinic, but not enough to be able to afford a private-bar lawyer.

However, after 38 years of self-representing at the WSIB, he has reached the appeal stage, where if he does not obtain legal representation, he can no longer proceed on his own. His attempts to obtain crucial medical information through a Freedom of Information request were denied, hindering his ability to advance his own case effectively.

The senior highlighted a significant reduction in his CPP pension due to his inability to work. Although he earned a substantial income during his active working years, his capacity to make consistent contributions to the contributory pension system was hampered by multiple workplace injuries, thereby revealing a noteworthy limitation of the CPP program.

The WSIB system's alleged effort to restrict benefits leaves individuals deemed incapable of returning to work in financially precarious positions. Further, restricting benefits forces individuals to continue to work, causing further injury. Each successive injury may lead the injured workers to rely on higher doses of opioids to be able to function, resulting in mental-health and addiction issues.

## **Problems in Rural Communities**

Seniors in rural communities encounter numerous challenges accessing essential services, as was highlighted by various participants.

As mentioned earlier in the report, homecare challenges are a significant issue province wide. However, seniors in rural communities encounter even more substantial difficulties accessing these services. Participants underscored various issues, including the severely limited availability of services and staffing problems. This encompasses instances where scheduled workers either don't show up or don't stay for the designated time. Adding to the complexity, seniors often leave the hospital with homecare arrangements, only to face obstacles upon returning home. Frustrations mount when they receive calls delaying services due to high demand or unforeseen circumstances. This lack of timely and consistent homecare can have severe consequences, as described by this advocate:

They will leave the hospital with something set up for homecare and they will get home and then they start getting calls: We're really busy today, can we put you off till tomorrow? I'm not gonna make it. And some of the things that they were in the hospital for are extremely serious. We have lost one lady from our community because she couldn't get what she needed, and I know some of it was COVID, but she couldn't get homecare, she was just so sick, she couldn't get her surgery when she was supposed to and she died.

And, another person

. . . had a knee replacement, and she's a senior as well, so they live in a little village . . . , which is right on the boundary of . . . County and . . . County. And she argued with people at [HCCSS], the higher up part, argued with them continually that she lived in [a

different] County. And they would call her up and say, “Well, we have no one to send today”. Well, your bandages need changing and you need to know that your medication is where it needs to be, and whether you should be on it or off it.

A recurrent theme is access to affordable transportation. Seniors often require a car for the activities of daily living, and attending doctor appointments that are frequently located outside the immediate vicinity of their community. The scarcity of public transit outside urban centres underlines this problem, resulting in limited access to medical care and grocery shopping, particularly for those who do not drive or cannot afford a car, given the high cost of gas for trips to larger centres.

Furthermore, the limited availability of internet services and access in rural areas merely compounds their difficulties, especially as many government services have transitioned to online services. While some seniors may turn to the library for online internet access, many participants indicated a lack of familiarity with computer and internet use.

Seeking in-person support requires travel to larger centres, but again the issue of the lack of access to transportation poses a barrier to this option.

In essence, the barriers faced by seniors in rural areas encompass not only homecare services and physical transportation constraints, but also extend to online accessibility and the lack of senior services.

## **Miscellaneous Problems**

### **Collection Agencies:**

Some seniors had issues with collection agencies and banks due to credit cards being maxed out/up to their limit and overdue payments.

### **Motor Vehicle Accident:**

The account of a senior involved in a multi-car accident highlights some of the challenges seniors face within the justice system.

Confronted by eight lawyers representing various stakeholders in the accident, including other car owners and insurance companies, the senior expressed the trauma associated with the lengthy legal proceedings.

Well, I will say that this was one of the worst experiences in my life because I was in front of eight lawyers, from different parts – from the other owners who were in the car accident. Plus, the lawyer for the insurance companies. Not all of them because apparently not all on them had an interest in that.

Eight different lawyers, and if you know the ‘nicky-tricky’ of the lawyer system, the lawyers are very specific and very direct to the point.

But for me that experience was traumatic, and the accident was traumatic because at some point I lost consciousness, and my son who was at the back of the car also lost consciousness.

Reflecting on the oral examinations of discovery, he commented as follows:

Well let me say something about the discovery: it felt like I was a goalie on the field trying to catch all the balls that they're throwing at me, with their tricky questions.

I struggled with my mind to remember what happened.

I used to have a very good memory. I know in detail what happened. As soon as I started to remember what happened, I figured out in my mind what really happened.

I had to pass through this traumatic event. One time, two times — all day. It took all day; it was a long day, morning, and afternoon.

Adding to the distress, the senior revealed that his wife was under surveillance by an insurance company aiming to verify the impact of the accident, intensifying the invasive nature of the process.

The cumulative toll of the prolonged and arduous legal proceedings prompted the senior to make the difficult decision to discontinue the process altogether.

#### Driver's Licence:

There were a few mentions of seniors having to be tested to get their driver's license renewed. This is an important issue as seniors feel a great sense of lost independence with the loss of their driving privileges.

In one case, the process was caught up in bureaucracy. The senior had taken a vision test and reported that those results sat unread on someone's desk at the Ministry of Transportation, risking the lapse of his license at the renewal deadline.

Another example involved a senior newcomer to Canada who faced an unexpected interruption and termination of his driving privileges during the renewal process. When he went to Service Ontario for his license renewal, he was informed that he needed a doctor's note to prove his eyesight's adequacy, a requirement of which he had been unaware. Consequently, his license was taken away, leaving him without driving privileges. The senior owns his car and relies on it to pick up his grandchildren from school and for grocery shopping with his wife, emphasizing the impact on his independence and family responsibilities. In addition, the senior does not have a family doctor and did not know where to go to seek an eye examination which has left the issue unresolved.

#### Issues with Real Estate Agents:

A senior participant, living with disabilities in a LTC home, found himself entangled in a complex situation when his wife, residing in their family home, decided to sell and downsize.

The senior raised concerns about the real estate agent his wife engaged, believing the agent pressured them to accept a lower sale price.

Despite his reservations regarding the agent's motives, his wife who held a continuing power of attorney for property, yielded to the agent's influence and proceeded with the sale.

The senior was frustrated by the lack of effective mechanisms for addressing complaints within the local real estate board, which maintained that it only held jurisdiction to settle disputes between real-estate agents and brokerages, and that it could be of no assistance. The senior contemplated potential legal actions, but instead made a complaint to the Real Estate Council of Ontario (RECO). This resulted in a ruling in favour of the agent, based on what the senior perceived as a presentation of "false facts".

The senior, while not attributing the outcome to ageism, identified the agent's behaviour as "overbearing" and driven by self-interest rather than acting in the client's best interests.

## 2. Problem Resolution

Research participants sought to address the problems they experienced in the following ways:

- complain directly to the organization where the problem occurred;
- engage third-party support;
- file a complaint with professional governing bodies;
- contact law enforcement;
- file a human rights complaint; and/or
- pursue legal action.

Participants often pursued more than one of these avenues.

### Complain Directly to the Organization Where the Problem Occurred

Initially, most participants tried to solve their issues by directly contacting the organizations involved, such as landlords or government offices. They followed the procedures laid out by these organizations but found that their problems were often not resolved, leading them to believe that these organizations lacked the commitment to finding solutions.

For instance, one participant faced challenges under new legislation that limited the appeal process for homecare services. Under the previous legislation, the *Home Care and Community Services Act*, individuals had the right to appeal a refusal of service to the Health Services Appeal and Review Board (HSARB). However, the replacement legislation, the *Connecting Care Act*, which overhauled the homecare legislation, introduced a change.

While it maintained the option to appeal a refusal of service or the amount of service, it excluded the possibility of appealing a refusal of direct funding or the amount of direct funding. This change effectively carved out a specific aspect from the appeal process, limiting the scope of grievances that could be addressed through HSARB. Despite expressing clear needs for the direct funding of homecare due to his wife's deteriorating health, and their efforts to explore family-managed care, they faced insurmountable obstacles in obtaining the direct funding they needed. The lack of awareness about the direct funding program and the absence of an appeal process for their situation left them frustrated and without recourse.

I was just told that I wasn't eligible.

I said, “Well, I'd like to appeal,” and the care co-ordinator got back to me and she said, “Well, I don't really have a mechanism for that.”

So that's why I'm following up.

This is a couple of months ago, but I was just a bit shell shocked. So now it's taking me a couple of months to follow up. And now I'm just constructing some questions for some of the senior people in HCCSS.

Others also attempted to use the organizational complaint and appeals processes, but these avenues proved ineffective.

One senior, dissatisfied with her parents' homecare, discovered that the complaint process required reporting to the care co-ordinator, who might be the subject of the complaint, prior to the care co-ordinator taking it to a manager before the quality improvement team would even consider the complaint. The lack of an effective complaint mechanism hindered a successful resolution.

And then they investigate it, and then they never got back to me with any reasonable answer.

It had to do with the care, the timing of care in the evening for my parents, and the lack of communication actually with the agency manager. And she never really got back to me.

And then when I finally followed up and she said, “Well, I mean, it's been dealt with. We've communicated. Well, I can't get into the details of what it was”.

In summary, participants' experiences suggest that the direct and organizational avenues for resolving issues are often insufficient and leave individuals feeling unsupported in navigating complex systems.

It's market rent but lower because I've been there so long. My apartment would go for \$3,000 if I moved out [three times the current rent]. So, they don't want me there. They don't fix anything because if I wasn't there, they'd make more money.

### **Engage Third-Party Support**

Most participants engaged assistance from third-party external sources to address the significant challenges they were facing. They reported reaching out to various organizations, including community centres, women's centres, justice advocacy groups, healthcare providers, social workers, and political representatives such as their Member of Parliament (MP) or Member of Provincial Parliament (MPP). Additionally, participants sought support from cultural community services, including those tailored to immigrant and ethno-specific communities. The effectiveness of these channels varied, influenced by the type of support offered and the extent of assistance provided by the external parties.

An instructive example of successful third-party support involves an older injured worker participant who collaborated effectively with the Ontario Federation of Labour (OFL). The OFL offered extensive training and support through the various stages of the individual's case. He

completed all five levels of WSIB advocacy training, enabling him to navigate WSIB proceedings as a self-represented litigant. However, the participant has now reached the point where professional legal assistance is required due to the complexity and level of appeal of the case.

In another instance an advocate, who is an employee of a community resource centre and participated in one of the focus groups, played a crucial role in supporting an older Spanish-speaking woman who was a newcomer to Canada. The older woman was facing elder abuse from her adult child who lived with her. The advocate actively documented the details and nature of the abuse, leading to the provision of a letter of support for social housing. She also referred the woman to the local elder abuse organization for further assistance. Subsequently, criminal charges were laid against the adult child. These combined efforts underscore the usefulness and importance of community advocates in addressing elder abuse and ensuring the well-being of seniors.

In numerous instances, despite the commitment and support provided by a third party, individuals encountered difficulties and could not successfully resolve their legal issues.

### **File a Complaint with the Professional Governing Bodies**

Several participants chose to file complaints with professional governing bodies when their serious problem involved a regulated profession or organization. However, some participants were unaware that this was a viable recourse. Others decided against utilizing this process in their efforts to resolve the issue, viewing it as a waste of time and effort.

In one instance, a participant reported a 48-hour delay in having an antibiotic prescription filled for a sick retirement-home resident to the RHRA. However, the investigation results were unsatisfactory to the senior and his family.

I did file a complaint about Dad's medication issues — a formal complaint with the RHRA — which was investigated specifically about that prescription not being filled, but there were lots of issues . . .

Well [the investigation report is just] on a website for [the regulator, to notify the public]. They're being watched, they weren't reprimanded, there was no financial penalty which I thought would have been good, but they were thoroughly investigated.

The nurses were supposed to do more training and all this, you know. But it is on the website, it was a long investigation.

When dealing with the unscrupulous real estate agent, the participant sought assistance from the local real estate board and RECO. Unfortunately, due to the lack of documentary evidence to substantiate this claim, RECO opted not to take any corrective action.

But finally, [my wife] found a group of people called RECO. They took on the case as we described it, and researched it, and made a decision. But, their decision is based on accepting his [the real estate agent's] testimony as a longstanding good member of the realty board .... Plus, his claim that there was a second offer presented to us, that was the only one, and it was for \$950,000. That's the lie. You know he knows how to cover his

tracks. And, of course we don't have paper to say, well hey, there was this other offer. "Oh, no, your memory's faulty."

A Chinese immigrant, who had faced problematic interactions with a private bar lawyer, hesitated to file a complaint with the Law Society of Ontario (LSO) due to negative perceptions surrounding the process. Despite her husband's encouragement to submit the complaint, the participant was influenced by a negative outcome of a case she had heard about in the press.

### **Contact Law Enforcement**

Some seniors expressed a degree of comfort in reaching out to the police and reported successful outcomes.

I always contact the OPP on everything. I'm sure they're tired of hearing from me. But that's okay.

However, it is crucial to acknowledge the varied relationships that seniors, particularly those from Indigenous, racialized, and 2SLGBTQ+ communities may have with law enforcement.

Many participants, especially those belonging to marginalized groups, conveyed a hesitancy to approach the police for assistance.

I was even talking about it with the Mayor, I said "in our neighborhood these cops would come up, trip up and park their cruisers" and I said, "You'll never see that in a white neighborhood." I've talked with different friends, Black, White all different colours. To a White person a cruiser may mean security. When I see a cruiser, I see a threat to my existence because the system allows whoever drives the cruiser to act in certain way that we worry about. So that's part of the problem. It may be just a vehicle but it's significant, and the symbolism of the vehicle is the problem.

This reluctance is often rooted in historic and systemic issues of discrimination and racism that have resulted in a lack of trust and a sense of vulnerability when interacting with law enforcement. Consequently, these seniors may avoid seeking help or engaging with the police, fearing potential bias or discriminatory treatment.

A disabled participant, attacked by another resident in the lobby of their apartment building, contacted the police for assistance. However, the police response was far from prompt.

The police, 44 hours later showed up at my door to answer my call. I wrote the time down, time called.

They kept calling me every morning, saying we put you back in the roster.

I said "It's a good thing I'm not lying on the floor somewhere or on the street."

The two officers who responded told me they thought my only option was to apply for a peace bond.

The delayed response and lack of a more proactive solution left the participant frustrated and highlighted the potential risks associated with such delays. The officers' suggestion of pursuing a

peace bond seemed to be the only option presented. Alternatively, the laying of criminal charges could have been an option.

### **File a Human Rights Complaint**

Participants who pursued human rights complaints did so as a secondary recourse when their initial grievances or requests for accommodation, rooted in perceived discrimination, were not promptly or effectively addressed. People with disabilities who participated in this research indicated turning to human rights organizations as a common approach for a remedy with greater frequency than other groups. The varied experiences individuals had with the Ontario Human Rights Tribunal (OHRT) were shaped by factors such as the strength of their third-party support for filing a claim and their personal perseverance.

In one situation, in the face of a newly acquired disability, a participant residing in social housing sought necessary adjustments to render their living space accessible. Despite repeated requests, the landlord failed to accommodate their needs appropriately. Faced with ongoing challenges, the individual sought legal assistance from a community legal clinic and filed a human rights complaint. Throughout the process, an alternative resolution was proposed in the form of a settlement agreement. The individual was advised by their legal representative to take the offered settlement. While most of the required renovations were carried out, the building fell short of fulfilling all the agreed-upon terms, highlighting the complexities and potential gaps in achieving a comprehensive amenable result.

I wanted a Tribunal because I wanted it to be public record that a social housing building like the one I am in would be under some obligation to make accessible a unit for me so I could continue to live there.

In hindsight the participant explained they would have preferred to pay a lawyer in private practice for representation where they would have pursued the option to proceed with the hearing at the tribunal:

I'd rather have paid for the advice and gone through a lawyer than go through [the legal clinic] who had no intent on going to the Tribunal. They always settled before there's any chance that there's gonna ... a Tribunal. And that's really where they're going with it. I fired the lawyer at the end of this. I was so angry with him. Officious, intrusive. The ED of that place had the audacity to call me and say: "Look bro, I think you should accept."

We heard from another participant that in the wake of post-surgery accommodation needs, the individual approached their landlord, a large private entity concealed under multiple corporations, with an accommodation request. The individual, having exhausted all available avenues for free legal representation, embarked on a self-representation journey. Due to ongoing delays at the LTB, the participant filed a human rights complaint against the landlord for not acting on the accommodation request. The initial application to the OHRT was met with challenges, returned as incomplete, and required resubmission. Hindered by pandemic-induced disruptions, communication hurdles, and unreturned calls from assigned case workers, the process faced considerable setbacks. Multiple attempts to secure legal representation proved futile, with no lawyer willing to take on the case. Eventually they obtained a legal aid certificate.

Despite setbacks, a turn of luck occurred when they found a lawyer to represent them in their human rights case. Five years later the case remains pending, illustrating the persistence of challenges faced in seeking justice through the OHRT.

So how did [it] affect me? It was distressing, time consuming. Instead of me recovering I'm dealing with this garbage. Financially it impacted me I wasn't able to socialize or recover. It just obstructed or interfered with my basic daily living because I had found hundreds of thousands of documents and when I wasn't feeling well it was overwhelming for me.

## **Pursue Legal Action**

Many individuals in this study pursued legal avenues to address the serious problems they faced. Despite this, even when a case was resolved, participants still expressed dissatisfaction with the outcomes.

However, a significant number of issues remain unresolved and continue to lie within the court system. The slow pace of court proceedings serves as a deterrent for seniors considering legal action, as the lengthy process is a factor they carefully weigh before deciding to proceed with a case.

The main theme that emerged was that the success of legal action was dependent on financial resources. Some low-income participants were able to go to community legal clinics for legal advice and representation. Other participants who did have the money to support legal action spoke of having spent thousands of dollars, drawing on their savings, and in the end, it cost them more than the resolution was worth.

Participants and advocates consistently highlighted the formidable challenges associated with the Ontario Tribunals process, specifically the “Digital First” policy, particularly for low-income seniors facing housing and accessibility issues. These difficulties span various dimensions, including transportation hurdles, lengthy wait times, and a demanding technological landscape.

The digital-first approach adopted by Tribunals Ontario during the pandemic often requires individuals to be technologically “savvy” to navigate hearings efficiently.

The prevalence of virtual platforms like Zoom introduces an additional layer of complexity, proving difficult for some participants, especially when plain language is not consistently used. Many seniors have to use the telephone to attend Zoom hearings,<sup>1</sup> which poses many disadvantages and adversely affects the perception of their credibility before Tribunals, especially the LTB.

This inaccessibility is exacerbated for seniors dealing with cognitive issues, compounding the hurdles they face in seeking resolution through the LTB. As this lawyer participating in one of the focus groups points out:

Well, it's really hard to assess someone, anyway, on a Zoom meeting.

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<sup>1</sup> Digital Evictions – The Landlord and Tenant Board’s Experiment in Online Hearings, Advocacy Centre for Tenants Ontario - <https://www.acto.ca/production/wp-content/uploads/2021/06/Digital-Evictions-ACTO.pdf>

But on the phone, how do you make findings of credibility? How do you engage with the person as a human being?

You know, seems to me deliberate. That seems to me as a deliberate process of well, there's accessibility, because anyone can call in from anywhere. Yeah, that's true.

You maybe have more access for more sophisticated seniors. But that access, you know, drops off when you're dealing with people with cognitive issues, people who are poor, people who don't have a good strong signal for their cell phone, or a place from which to have their hearing and hearing issues [accommodated]. You know, yeah, it's definitely gonna impact seniors, who are more likely to, not have those resources and or cognitive abilities as they suffer from Alzheimer's and dementia. Those kinds of things, plus it's unfamiliar, right?

It's a different world. Most seniors are not on Zoom every other week, at a meeting or every day at a meeting like we seem to be in clinics, but it's an alien world.

Participants also expressed two prevailing sentiments: that there is a lack of consequences for landlords brought before the LTB, and that landlords are not deterred or apprehensive about facing legal proceedings. This sentiment is succinctly captured in the following quote:

. . . [the LTB] seems not to be willing to fine landlords who are abusing the process to the level that we would like them fined, 'cause I think a landlord simply writes off their legal costs. Knowing full well if they can double or triple their rents, they can first of all write it off as a business expense, but they can also, you know, get the money back within six to eight months, if they do a reno.

Throughout the interviews, participants spoke of encountering challenges with the accessibility of courthouses and their treatment by court staff, particularly for seniors, including those with disabilities:

The judge said we're finishing this today no matter what.

He was pushing me, like I said, I have a physical disability, so I said look I need an accommodation. I may need to take breaks. I may need to slow down. I don't want to be interrupted, because what would happen is that people would interrupt me and then I get distracted, and I couldn't finish what I was doing. So that kind of thing. I have chronic pain.

So those are some of the some of the barriers, but this judge was making it very difficult.

And another participant expressed:

. . . it's degrading. The court system has been curt, abrupt, condescending. I think the way it's been perceived when I show up at the courthouse, [representing myself], is that I should know the procedure and that's where this has gotten very difficult.

The stress from this has prompted me to go seek my doctor's advice to find out if it's just me or is this situation as messed up as I think it is.

### 3. Outcomes

The outcomes emerging from the research paint a stark picture of the challenges seniors face when navigating legal processes.

Traumatized by the daily struggles of poverty and hindered by systemic barriers, seniors find themselves in a legal system that often exacerbates their difficulties.

Throughout the interviews and focus groups, participants consistently emphasized the complex and dehumanizing nature of these systems. The challenges ranged from rigid rules that added layers of complexity to their pursuit of justice, to long wait times in court, intimidating court personnel, overwhelming paperwork, and confusing bureaucratic processes. Participants also expressed frustration with automated services, particularly when navigating them online or over the phone. A prevailing sentiment suggested a belief that the legal system was intentionally confusing, contributing to a sense of failure in achieving justice.

The research outcomes further revealed a disheartening reality in the pursuit of resolutions. Seniors faced unsatisfactory outcomes, with their expectations unmet, leading to disillusionment and increased stress.

Many participants expressed hitting a wall in their efforts, and community workers empathized with their clients' sense of defeat. Resolutions proved elusive, and there was a prevailing sentiment of frustration and helplessness. The overarching theme highlighted a profound trauma stemming from systemic complexities, unmet expectations, and a deep-seated sense of powerlessness.

One participant recounted a series of traumatic incidents, including two car accidents and a slip-and-fall, which left her with enduring physical limitations. Financially strained and unable to work, she sought legal representation from three different lawyers, but none effectively secured her accident benefits. Frustrated, she described how she believed the lawyers mishandled her case, even one who settled her case but failed to give her the proceeds of the settlement. Despite pursuing legal action against the negligent lawyer herself, she faced exorbitant fees and no resolution. As this quote shows this woman's story highlights the challenges she faced in obtaining fair compensation and justice, emphasizing the need for legal advocacy and support for those navigating complex legal and medical issues.

. . . now the lawyer, I am suing him, the lawyer that represented me for the three cases, because he didn't pay me back my money . . .

Now, I sue him myself, because the other lawyer spent \$20,000 for the other lawyer, but at the end of the day [...] I will sue because they ran away with my money, and they just said, "Oh I cannot solve your problem." And they still charged me a fee for their time.

The charge was \$200 an hour, and they said that I owe them money. So they just sent the bill, they don't care if I agree or not.

And the important thing is that the case is not solved, nothing, not even a penny was returned to me. So I had two or three lawyers who didn't care, they just sent the collection to me and that I owe them money.

The urgent need for reform and improved accessibility within legal frameworks for the vulnerable senior population is evident, as the current system falls short of addressing their pressing needs and concerns.

The instances where participants perceived success in achieving a satisfactory resolution to their problems were characterized by the presence of strong and steadfast advocacy. These seniors either acted as their own advocate or benefited from unwavering support and determination of an outside advocate and/or lawyer, forming a collaborative team that refused to relent until they secured what they deemed as rightful justice.

Quite frankly [the Lawyer/Institutional Advocate] made a phone call and used her connections and her knowledge to encourage the VP of the hospital to get the Rehab office working properly. And I got a call immediately and booked in. I mean, they still had their bookings full, but they still had to make room for me.

#### **4. Effect on People's Lives**

The profound impact of serious legal and other problems on seniors' lives is evident across various dimensions of daily living, as reflected in the words of our study participants throughout this report.

In the case of an injured worker, the repercussions extend to personal relationships, financial hardships, and severe mental health issues:

And, in a lot of cases you're dealing with breakups, marriage breakups. You're dealing with financial hardships and bankruptcies. And you're dealing with some serious mental health issues: i.e., depression.

The distressing and time-consuming nature of legal processes and complaints avenues hindered recovery and daily living, causing financial strain and obstructing socialization.

It did impact me physically. When I'd have a hearing, and I've had maybe over 10 or 13 hearings with the Landlord Tenant Board. In-person there may have been about 6 - 8 hearings before the pandemic and then after, multiple on-line hearings. So each time I would prepare physically. It takes a physical toll on me to prepare documents. I'm pulling all nighters. I'm slower because physically I'm in pain. Again I needed to invest, I have multiple printers (the Jerome alone is \$200) and I have filing cabinets full... It interrupted, I was trying to recover from surgery.

A lawyer and senior's advocate emphasizes that these issues, often resulting from systemic shortcomings, are life-changing for individuals nearing the end of their lives.

I mean, its life changing. These are people generally who are nearing the end of their life, who are being taken advantage of by the system. These are generally systemic issues.

You know, we do get individual issues. But a lot of these are very much systemic issues. And the outcomes can be anywhere from, you know, just discomfort to death.

You know, we have people who are separated from their spouse at the end of their life because they end up in a place where the spouse can't visit.

Instances of poor care contribute to rapid deterioration and the associated stress affects seniors' lives.

People, because they're getting poor care, deteriorate very rapidly in hospital or in long term care . . .

It's tiring and frustrating. The stress of worrying affects the seniors' lives and health. They worry about their income, benefits, pay, where they live, their health, food.

If they don't speak English, they can't understand on their own — so they are even more dependant on others – more so if they are low income, more so if they have health issues. If they are aging and don't have anyone.

Elder abuse survivors may experience stress, depression, and financial challenges, impacting their ability to meet basic needs and access necessary support.

Well, I think that anyone who is involved in a legal problem, particularly if it's related to abuse would have stress. They could have PTSD, might feel depressed, all of those things. And you know, if they lost a significant amount of money, you know, how am I going to pay my bills? Definitely. Yeah.

I mean if you're stressed, and if you're not taking care of yourself, or you don't have anyone who to take care of you, if you've lost a lot of money, you can't eat properly. . . if you are paying for PSW to come in, you can't afford it anymore.

Often we heard of individuals making decisions based on the overwhelming stress and anxiety of long-term problems, leading some to become reclusive as a coping mechanism.

. . . because I can't have anybody over for supper. My sister was visiting from Australia last month, and I couldn't even have her come for a meal.

I used to entertain, and I loved entertaining when I was in Ottawa, and [now] I don't even have a couch. I don't have a living room! I don't have a couch! I got this office chair and that chair over there, that's it! How can you have people in?

I'm a gregarious person, but I'm sitting here like, in total isolation.

So yeah, I never thought that my life would come to, that I would die alone. You know?

## **Mental Health**

Professionals working with seniors have observed a stark surge in mental health issues, noting that problems are becoming more pronounced and “severe.”

I spoke with the director yesterday.

We are now the 9-8-8 agency as well. And she's been appalled, they booked on for, I think, 500 a month. They've already reached their cap [within the first two weeks].

They're hearing — they've always run a distress line — but now that it's called the Mental Health Crisis Line, or it's changed its name . . . they're being found, absolutely, and the intensity of the calls and the intensity of the problems is severe.

Individuals navigating serious problems face substantial trauma and despair while attempting to meet their basic needs, to the extent that some contemplate ending their lives.

The mental health repercussions of these challenges are enduring, with anxiety persisting even after the problem is resolved. The frustration stemming from the burdensome process lingers, as individuals grapple with the notion that such extensive efforts should not have been necessary.

### Racism & Mental Health:

The impact of racism is really traumatic. Experiences of anti-Black racism were provided:

. . . As a Black person, we're already bring trauma to the table. We're traumatized. Plain and simple.

So, every time a little incident occurs, it's like taking an acupuncture needle and put it in the very same spot, over and over.

So that's part of the hurt that we go through. All these little needles create emotions, and so forth, and to exist you bury these things in shallow graves, and it doesn't take much to pop these things up again. And you go through that over and over and over.

### Injured Workers & Mental Health:

Injured workers grapple with enduring physical health challenges, imposing a significant mental and emotional toll on their overall well-being.

The discussion often extends to the prevalence of Post-Traumatic Stress Disorder (PTSD) as they navigate the traumatic repercussions of these lifelong experiences.

Injured workers sometimes lose a sense of identity that they acquired from a lifelong career. They also lost relationships, dealt with chronic pain and poverty, as this participant explained:

It was a big adjustment not working, it was four years before I could say I was disabled, and I cried like a baby.

You know, and the people who were supposed to help me don't give a damn. And I can show you the documentation that shows that as far as they're concerned, it's easier if I just die. You know?

I find that difficult to deal with.

### Elder Abuse and Mental Health:

Elder abuse exacts a devastating toll not only on financial stability and physical health but also on mental health, causing emotional anxiety, insomnia, and pervasive fear among those

subjected to mistreatment. The repercussions extend beyond the immediate harm, intertwining with the complex emotions of embarrassment and the fear of lost independence.

Many seniors, overwhelmed by the shame associated with reporting abuse, grapple with the internal conflict of whether to disclose their suffering. The prospect of family members discovering the abuse can intensify these concerns, triggering apprehension about potential interventions that might lead to a loss of autonomy in making life decisions.

#### Homecare and Mental Health:

A senior who is the caregiver responsible for both his disabled daughter and wife, talked about the profound impact of the challenges in arranging appropriate homecare supports, which would have been easily rectified with funding.

Well, the impact is quite considerable in a number of areas. I think you know.

First of all, it really increases the stress by not having the support that you really know you need and can't have — increases the stress, because it gives me, as the primary caregiver, very few breaks, and limited opportunity to do the things that I need to do that balance my life, right?

Because if I'm tired and stressed out, that's going to impact her [wife]. So, my health and well-being is really related to her health and well-being.

#### Workplace and Mental Health:

The repercussions of serious problems can extend into the senior's professional realm, potentially resulting in job loss or excessive sick leave, thereby creating significant challenges in the workplace. Individuals grappling with these issues may find their employment jeopardized, leading to increased stress and disruption in their work life and financial security.

#### Impact on Relationships

A senior caregiver highlighted the strain on family relationships when they were not able to get the support needed through homecare services, thus causing an increased reliance on family members for support and respite.

Serious problems often exert a profound impact on interpersonal relationships, particularly within families, leading to conflicts between different generations. For instance, housing challenges may compel some individuals to live with their adult offspring, introducing financial and caregiving burdens that strain familial ties. Financial struggles further exacerbate these tensions, with borrowing money from family members creating a cycle of strained relationships, especially when repayment becomes impractical.

Involvement in legal and financial matters, such as court proceedings or obtaining loans, necessitates the senior and adult children to disclose their economic situation, potentially leading to increased debt and additional stress on family bonds.

## Physical Health

We found profound and diverse impacts on physical health often accompany the serious problems, leading to the development of health conditions with significant consequences.

For injured workers, the consequences can be particularly severe. These individuals may face challenges such as weight gain and lifelong injuries, particularly affecting the knees and back. Chronic pain often emerges as a persistent and challenging issue in such cases. Unfortunately, this can lead to the prolonged use of high doses of prescription opioids to manage ongoing pain, with the subsequent risk of developing addiction as a potential by-product.

In rural communities, seniors who faced obstacles accessing necessary healthcare due to transportation issues in getting to medical appointments, hampered their ability to proactively manage their health.

Furthermore, individuals residing in poor and unhealthy living conditions, particularly within social housing, face difficulties in accessing resources for medical appointments and grappling with poverty-induced unhealthy dietary habits. These challenges contribute to the exacerbation of pre-existing health conditions. Among the 38 senior participants, a noteworthy number disclosed various physical health issues. Specifically, 11 participants reported dealing with high blood pressure, while an additional eight mentioned being diagnosed with diabetes. These prevalent health concerns underscore the urgency of addressing and managing such conditions within the senior community.

## Financial

Significant financial loss was commonly reported in most cases, making it a common thread across various scenarios. In instances of elder abuse, victims may find themselves compelled to abandon their homes to escape abusive situations, incurring a significant loss.

This financial strain is poignantly depicted in the words of an individual who, following a set of serious problems, vividly describes the stark reality of poverty:

I still am feeling and experiencing extreme isolation and loneliness. So, my social worker gave me some Presto tickets that I survive on.

I can't go to food bank — it's the same people I worked with. I have dignity issues. Because in my area I can't go for any service, I have to go downtown. They know who I am, and they think what's going on?

And then they know my personal information so, and plus with my diabetes, their food is junk I can't use. So, I depend on the standard for supporters. I sell grocery carts. I can buy healthy food, and sometimes I skip my lunches, sometimes I skip my dinners. I only get \$1,020 [per month] from CPP-D.

The inflexibility and difficulties in navigating the bureaucracy related to receiving income benefits, results in a pronounced fear of emotional insecurity and feelings of low self worth.

Well, it's demoralizing. You know you're eligible for a benefit, and you need it.

I'm like everybody else. It's wintertime. I now have heat costs. And I pay per load of propane. It's not like hydro where you can spread it out and pay an equal payment all year, and then balance it once a year. So, costs are going up.

So, I feel, you know, I've been working since I was 14. It's demoralizing to suddenly be begging for a benefit and trying to work your way through a bureaucracy that should be easy to understand.

You know it's the unexpected, like most retirees. I did a budget. I know what I want, but then suddenly you need a brake job, or you need acupuncture for a couple of months because you've injured yourself. You no longer have dental . . . it is hard.

You're managing your money as best you can, but you expect this money. And when it isn't there it does make you feel unworthy

Caregivers also grapple with financial stress, with one individual expressing worry about the potential costs associated with hiring additional support for a disabled daughter and a son with mental health issues.

I've started to look around about hiring our own people. So, I'm worried about the financial components. Because you know, I have a daughter with a disability. I have a son with mental health issues. We're already strained. We live in an apartment. The financial constraints could be considerable going forward . . . if we have to end up hiring our own care support, and that's going to be quite considerable.

The financial burdens are further exemplified when seniors, acting as caregivers for their parents, incur relocation costs to be closer to retirement homes or LTC home.

Additionally, ageism in employment not only inflicts emotional distress but also translates into significant income loss for seniors.

Now I'm not able to make certain payments. And so this is gonna affect my credit. I mean, I've been borrowing on my line of credit. Like, but I'm pretty much maxed out now. And so next month is gonna be a little tricky because I've used up all my credit, and so when it comes to paying rent, I only have about half of it, and then the car payment and the insurance, and the other stuff. . .

And jeez, I started biting my nails again, and I haven't bit my nails in 20 years.

And well, yeah, trouble sleeping, trouble relaxing, hate that, and you know, I'd have to pull over when I'm driving sometimes because the thoughts would be so overwhelming, like I would break down.

### **Sense of Safety and Well-Being**

Serious problems experienced by seniors, particularly in cases involving marginalized groups such as Black or trans individuals, can have a profound impact on their sense of safety and well-being.

Disturbingly, instances were reported where individuals expressed feeling unsafe in the aftermath of a serious problem. One physically disabled individual recounted being constantly on guard, exhibiting reluctance to venture outside their apartment, answer the door, or engage with the external environment.

This heightened vulnerability is exacerbated for Black or trans individuals who, as reported, experience genuine fears for their lives at times. This stark reality highlights the deeply rooted impact serious problems can have on the perceived safety and security of individuals, especially those belonging to already marginalized communities.

### **Loneliness and Loss of Friendships**

The repercussions of serious problems extend beyond the immediate issues and often result in profound loneliness and loss of friendships. Dilapidated housing, a consequence faced by some individuals, restricts the ability to host guests, further isolating them from social connections.

For injured workers grappling with growing disabilities, relationships tend to fade, leaving seniors with a diminishing circle of companions.

A poignant account comes from a woman who, after years of grappling with social housing challenges and subsequent inadequate housing, expressed the profound impact on her social life.

Yeah, I think the worst of it is that I am completely isolated.

I lost my life, I lost all of my connections, I lost my friends. You know some people come, sometimes.

I'm 40 minutes from Ottawa and everybody's really busy. Some people come occasionally, but there's people I haven't seen in in five years.

Loneliness is particularly pronounced for newcomers and immigrants, who grapple with the stress of worrying about income, benefits, living conditions, language barriers, and dependency on others.

Participants found their isolation and loneliness tiring and frustrating, causing worry about nearly every aspect of their lives, and particularly for those who were low-income and don't speak English as they are even more dependent on others.

The strain on seniors' lives and health becomes evident as they face challenges in maintaining relationships and coping with the multifaceted impacts of serious problems.

### **Hopelessness and Suicide**

The pervasive theme of hopelessness and contemplation of suicide was expressed by multiple participants. Frustrations with poverty and living in inadequate housing caused some people to just want to end it all, as this one worker explained:

. . . she's had episodes of real despair and I've had messages and even talks with her, and she's had enough and she's going to kill herself. She's going to go to the housing office and pour gasoline over herself and put herself on fire.

I had been trying and talking to the tenant support at social housing and I talked to our manager. It is not at that point now, but she is very sick and having treatments and is always complaining and as I said it's very serious and a sad situation.

You look at it as a traumatic impact. When a caregiver harms you, you know, that's an even deeper trauma than a regular trauma, if I may put it that way.

I think I'm seeing loneliness, and disengagement from community as a huge health care issue. I think loneliness is now up there as a health measure like, you know, poverty, loneliness, smoking. I think it's seen as a huge issue, and that's across the board. But I think more so with seniors, because seniors seem to be more isolated and cut off. So that's a factor. And obviously that has huge health consequences and quality of life consequences.

I'm a little concerned that MAiD or the medically assisted death that's happening now is going to be utilized more and more by seniors, and not for the good reason that it's meant to be for. It's because they don't have hope. They don't see any future. They don't feel safe. Safe place, their families, for whatever reason, are not backing them up, because I think there's been a cultural shift there. Often people are distanced from family now.

So, I just see that as an impact generally, you know. So, it's really hard to, you know, the health consequences of that are huge.

Multiple participants conveyed a deeply troubling perception that the system, rather than offering assistance or support, seems to prefer their demise.

There was just multiple factors that compounded the matter but it was distressing when I found that the LTB was not responsive. And even when I did escalate it to the Attorney General and I actually reached out to some people, somebody knew somebody and they told me contact the Registrar of the Landlord and Tenant Board . . . But the response was not always, I wouldn't get a response. So it really put me in a distressing situation so I had to really juggle and figure out on my own often how do I deal with this. At one point I actually wrote a letter, I was very ill and I actually wrote a letter saying if I die, like physically this takes me out, I give permission to a friend of mine to stand up for me at the Landlord Tenant Board.

This alarming perspective adds a layer of systemic neglect and abandonment, exacerbating the challenges faced by individuals already burdened by serious problems, poverty, health decline and inadequate living conditions.

## **5. Impact of the COVID-19 Pandemic**

The impact of the COVID-19 pandemic on seniors has been profound, exacerbating existing challenges and introducing new crises. Seniors grapple with extreme isolation, heightened poverty, and resultant desperation, leading to alarming consequences.

I think the pandemic has thrown seniors into a whole different set of circumstances.

I've seen three [different] seniors from a retirement building who because of the isolation itself, you know because of COVID and being isolated or from being isolating... You kind of get used to it. And as an older person, you kind of get into your comfort zone and you don't want to move out of it.

One of those, they were all women, one has died and that, from an observational standpoint, I think it was because of isolation. It wasn't because her family wasn't checking on her. She was isolating within herself. She was in her late seventies, she lost weight quickly, ended up in hospital and she wasn't there maybe six weeks.

People are struggling with that, and I don't know that, you know, the mental health phone line I'm sure some of those people are calling that line for assistance, but it's certainly prevalent.

The delay of crucial surgeries due to the pandemic has further contributed to deteriorating health conditions among seniors.

The pandemic has also amplified issues of racism, with increased police surveillance in predominantly Black neighbourhoods, leading to a perception that humanity has diminished.

We have lost the little ounce of humanity we had pre-COVID. Now we just run wild.

For a racialized, disabled trans woman, the pandemic triggered a cascade of challenges, including loss of employment, health deterioration, and strained relationships.

Then fast-forward comes pandemic, when the COVID-19 comes. My whole life erupts like a volcano, and I collapsed. That's how everything started . . . That's what I'm saying, like a stream of tornadoes. Trauma – the doctor says trauma, you've been working like a horse, ignoring everything. The pandemic was the main trigger.

Deaths in LTC homes during the pandemic, coupled with legislative restrictions on holding LTC homes accountable, left families and friends with a sense of helplessness.

The Seniors for Social Action, we were trying to organize people who might be interested in a legal court case to try to bring some justice, to this, this issue. Because there were a lot of people that were impacted, not only people who died in the pandemic in long term care homes. But people like me, who are friends or family, who suffered greatly through this, and it just seemed there was no recourse, and, in fact, I don't remember the name of the bill, but the [Ontario] Government passed legislation then which made it impossible or extremely difficult, anyway, for families to take long-term care homes to court.

As the world transitioned to predominantly digital or phone-based interactions, a myriad of obstacles emerged for seniors attempting to seek assistance amidst the challenges of COVID-19. The following quote encapsulates the profound impact of this shift, illustrating the emotional strain experienced by seniors who, due to the pandemic, found themselves confined to remote interactions. The poignant expression of feeling isolated and facing indifferent attitudes during phone calls highlights the profound emotional toll. Despite these difficulties, the reassurance from social workers provides a glimmer of hope, promising ongoing support and a commitment

to not abandon those grappling with the adversities exacerbated by the pandemic and lockdown measures.

. . . because of a pandemic, you can't see them in-person, you're on the phone. You only hear their cold, ice-cold behaviour attitude on the phone, and they don't even pick up the phone and everything they're putting on the pandemic and the lockdown all that. And already I'm going through so much. But the social workers said, don't worry. That we will help you, and we will not let you go.

The pandemic-induced delays and difficulties in preparing for court cases have added frustration and complications to an already strained system. It made preparing for court very difficult, i.e., people had to be able to develop, print, scan and send e-documents, when many did not have access to computers, printers and the capacity to scan and send back.

## Discussion, key themes & learnings

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Listening to the experiences of the seniors who participated in this study reveals a poignant narrative, illustrating individuals who often feel overlooked and unheard.

In an environment where cognitive decline is mistakenly assumed with aging, seniors encounter prejudice as they navigate largely inaccessible services—especially as governmental agencies, commerce, and programs progress with digital-only platforms.

### 1. Legal issues are connected

Legal issues for seniors cannot be viewed in isolation from the numerous barriers present in society, as most challenges are interconnected. A legal worker aptly used the metaphor of a "spider web" to emphasize the complexity and interconnectedness of seniors' issues. Seniors may initially present with one problem, but as discussions unfold, it becomes evident that a multitude of issues are intertwined.

The historical treatment individuals receive throughout their lives profoundly shapes their experiences in old age, contributing to the intricate web of challenges they face.

While this research focuses on the last three to five years, participants often recounted enduring serious problems from the past, which continue to reverberate in their lives.

One poignant example involves an individual grappling with the enduring trauma of navigating the justice system in a longstanding dispute with his sister over his late mother's estate. Twenty-seven years later he still cannot get access to money from the estate that is held in trust. This person is traumatized after years and years of dealing with the justice system into his old age. The impact of historical experiences is enduring and pervasive.

Immigration status also emerged as a crucial factor, where the status of the senior affects their eligibility for health coverage and their overall health is impacted.

These connections highlight the holistic nature of seniors' challenges, urging a comprehensive approach to address their current needs.

## **2. Poverty is the root of many issues**

Poverty serves as the underlying source of numerous challenges faced by seniors, as illuminated by the research findings.

This study underscores the intricate connections between economic deprivation and issues such as evictions, deteriorating health, experiences of violence, historical oppression, enduring trauma, and susceptibility to exploitation.

Seniors grappling with poverty find themselves entangled in a complex web of interrelated difficulties, where financial constraints amplify vulnerabilities across various aspects of their lives.

Addressing poverty emerges as a pivotal step in addressing the multifaceted challenges that seniors encounter, fostering a more equitable and supportive environment for their well-being.

## **3. Most problems are serious**

The participants consistently emphasized the seriousness of the challenges they're facing, spanning from issues with housing and healthcare systems to experiences of discrimination and elder abuse. Their accounts vividly illustrate the profound impact of these difficulties, often leading to significant emotional and psychological distress.

Participants underscored the compounding effects of age discrimination on top of systemic discrimination and societal barriers, particularly for marginalized groups such as Indigenous peoples, women, racialized individuals, immigrants, and members of the 2SLGBTQ+ community. These systemic injustices not only intensified the existing challenges faced by seniors but also heightened the trauma and distress they experienced.

Acknowledging the severity of their challenges, many seniors revealed a tendency towards self-deprecation, attributing their difficulties to personal ignorance. They expressed a sense of responsibility for falling victim to scams and cited a lack of awareness of their rights as contributing factors. Additionally, a prevailing sentiment among participants was the fear of losing what little they possessed, discouraging them from lodging complaints or seeking assistance.

Ultimately, listening to the voices of older adults in this study underscores the urgent need for meaningful change. By acknowledging their experiences and advocating for systemic reforms, we can strive towards creating a society where older adults are valued, supported, and empowered to live fulfilling and dignified lives.

## **4. Outcomes were rarely satisfactory**

The steps taken to resolve the serious problems were frequently reported as being unsatisfactory, indicating that the outcomes were seldom favourable.

The arduous and stressful nature of the legal process often led individuals to abandon their pursuits for resolution. Individuals often had to prioritize mental health, physical health, or another serious issue over a resolution to their legal issue(s).

In numerous instances, a resolution remained elusive, with participants expressing a feeling of hitting a proverbial wall.

Community workers empathized with their clients, acknowledging the difficulty and frustration associated with the lack of positive resolutions in many cases.

## **5. Systems are complicated and dehumanizing**

Navigating the current systems proves to be a complex and dehumanizing challenge, as emphasized in every interview and focus group.

Despite the efforts of well-intentioned advocates to guide seniors through these intricate systems, frustration often prevails due to systemic flaws.

With good hearts . . . Frustrating, there's not much we can do if the system is broken. Trying to guide and maneuver through the system for the seniors but there's only so much we can do. Distract the attention of the senior to positive things, because the system is frustrating and often counter productive. Trying to introduce them to other [seniors] so they see that they're not stuck in this issue alone.

Participants cited various reasons contributing to this sentiment, including rigid rules, prolonged court wait times, cold and officious court personnel, and a pervasive fear of court proceedings. Excessive paperwork and convoluted bureaucratic processes further compound the difficulties, with automated services mandating that seniors navigate online or phone-based platforms, adding to their frustration. There is also a prevailing sentiment that the systems are corrupt or intentionally confusing, seemingly designed to impede justice. The lack of cohesion among different systems, exemplified by income security programs, leads to unintended consequences, such as increased income triggering a claw-back on other essential benefit program.

These complexities underscore the pressing need for comprehensive reforms to make these systems more accessible, transparent, and supportive.

## **6. More investment in community services as the best avenue for seniors experiencing serious legal problems**

Increased investment in community services emerges as the most effective avenue for seniors grappling with serious legal problems.

Advocacy groups, legal clinics, social workers and various community services stand out as crucial pillars of support for seniors facing multifaceted challenges. Beyond practical assistance, such as help with form-filling, these services play a pivotal role in providing emotional support and navigating the complex web of intersecting issues and systems.

The demand for these services is consistently high, underscoring the urgent need for additional resources and funding to bolster community services tailored to support seniors.

A strategic and robust investment in these community-based initiatives is essential to ensure that seniors receive the comprehensive support required to address their unique and interconnected challenges.

## 7. Many seniors are living with great trauma

Seniors find themselves ensnared in a cycle of trauma, exacerbated by the daily struggles of poverty, the formidable barriers they encounter, and a legal system that not only fails to alleviate their trauma but also contributes to its reinforcement.

The process of recounting incidents within the legal framework demands a detailed and often emotionally fraught account of racialized trauma, harassment, or other adversities. Seniors are compelled to delve into the depths of their past, unearthing and confronting incidents that have been deeply buried. This emotional excavation, necessitated by the legal system's emphasis on factual presentation, is inherently traumatic.

The other thing I said to legal folks in the community is the problem with the system is this: when an incident has occurred, you're asked to give a detailed account of what took place.

I said when it's racialized trauma, or harassment or whatever, you have to go into the graves and you have to take these incidents that are part of you, take these incidents out. You gotta dust off all the emotions and all the things that's involved in that. And you have to present it in a plausible, coherent way.

I said, "That is traumatic." I said, "There in lays the trauma."

For me to tell you how I felt then, it's traumatic, you know, but nobody wants to hear that.

The system says you have to provide the facts, and it works on the facts. So hence the reason why they said the courtroom is the last place to deal with issues like that . . .

Expressing the profound emotions and complexities associated with past experiences becomes a daunting task, reinforcing the trauma rather than providing solace.

The disconnect between the legal system's demand for factual accuracy and the emotional toll of recounting traumatic events creates a disheartening reality, where seniors are compelled to navigate a system that fails to acknowledge or address the profound impact of their experience.

## Recommendations for change

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In delving into the collective wisdom of the research participants, insights emerge, painting a vivid picture of their discerning perspectives on the requisites for improvement within the systems and services that profoundly shape their lives. These individuals, who have traversed the complexities of aging while contending with numerous challenges, generously contribute

nuanced reflections on the necessities for fostering a more inclusive and supportive societal framework.

These are insights offered at various points by our study participants:

## 1. Support legal clinics

While some people had specific complaints about community supports, the indispensable role played by local advocacy agencies and legal clinics was also evident. The research underscores the paramount importance of enhancing and streamlining these crucial support services for seniors. A recurrent sentiment echoed throughout the study emphasizes the necessity for legal clinics to designate specialized personnel attuned to the unique needs of seniors.

In regard to community legal clinics, making it known that there is someone there who is aware of senior's issues. Training – when dealing with seniors, there are different needs. It's good for the support workers to know what the local clinics have to offer.

In doing so, community members advocating for seniors stress the significance of comprehensive training programs, ensuring that support workers are well-versed in the specific challenges faced by seniors when seeking legal assistance.

While acknowledging that not all issues are seamlessly resolved, participants largely laud the benefits of legal clinic services, citing their merit in providing accurate, up-to-date information and, perhaps more crucially, offering a refuge for seniors inundated by the complexities and frustrations of systemic hurdles.

I think the IFHP [or Interim Federal Health Program] application was not approved, but at least he had the support of the community legal clinic helping him and of course he had our support at any time that he needs it. At least we tried. I feel that they know that somebody was trying for them. Helpful for them knowing that somebody is here, and they can ask questions, we can refer them and take information and we connected them with the community [legal] clinic and the senior programs.

The reassurance derived from knowing there is a dedicated space where individuals will earnestly endeavor to assist them holds immeasurable value for seniors navigating through these intricate systems. This insight reiterates the need for continued support, development, and advocacy for legal clinics to serve as effective and empathetic pillars of assistance for the senior population.

## 2. Best Practices for Services

To establish effective best practices in senior services, it is crucial to adopt comprehensive and collaborative approaches that recognize the interconnected nature of the challenges faced by seniors. Acknowledging that issues rarely exist in isolation, legal services can act as a pivotal link connecting justice with other social problems. This strategy may encompass leveraging support services, facilitating networking, promoting collaboration, and exploring the possibility of

co-locating interdisciplinary practices. Initiatives to train non-legal service providers in identifying legal issues are both valuable and worthwhile.

Frontline workers play a pivotal role in this context, providing seniors with crucial insights and explanations directly relevant to their situations. Recognizing the unique needs of seniors, one-on-one, in-person support emerges as a critical component for effective problem resolution. Seniors emphasized that merely handing them a form is insufficient; personalized assistance is essential for navigating and resolving their issues.

Moreover, when catering to immigrant populations, it becomes beneficial that service providers not only speak the language but also comprehend the cultural nuances, fostering a sense of trust and connection. The significance of cultural translation goes beyond language interpretation, ensuring a more nuanced and culturally sensitive service.

Additionally, participants expressed high regard for paramedics suggesting potential avenues for collaboration and support within the broader framework of senior services. Paramedics play a crucial role in emergency medical services, but their skills extend beyond immediate crisis response. Here are some possible transferable skills for supporting seniors in the community:

- Health Education: Provide seniors with information on managing chronic conditions, medication adherence, and preventive care;
- Emergency Preparedness: Assist seniors in developing emergency plans and understanding how to respond to health crises;
- Medication Management: Offer guidance on proper medication usage, potential side effects, and interactions;
- Fall Prevention: Educate seniors on strategies to prevent falls and injuries in their homes;
- Advocacy and Support: Serve as advocates for seniors, helping them navigate the healthcare system and access necessary resources; and,
- Crisis Intervention: Apply crisis management skills to support seniors during health-related emergencies and facilitate timely intervention.

By leveraging these transferable skills, paramedics can play a vital role in enhancing the well-being and safety of seniors in the community.

### **3. Importance of informal supports**

Recognizing the significance of informal supports, the research findings underscored the crucial role played by "natural advocates" within various community networks.

The emphasis was particularly evident in instances where aging parents assumed the responsibility of caring for adult children with disabilities in rural areas. In such cases, the presence of supportive networks, whether through local churches or community organizations, emerged as a vital lifeline for families navigating complex challenges.

The importance of these informal supports was evident not only in providing practical assistance but also in fostering a sense of belonging, understanding, and shared experiences.

The research emphasizes the imperative of ongoing initiatives to enhance and strengthen informal, community-based advocacy networks. These networks have the potential to offer invaluable support to individuals and families navigating distinctive circumstances, particularly in settings where formal services may be scarce or hard to reach. There is a need to explore avenues for connecting justice-related services with these community-based networks.

#### **4. Education and awareness-raising activities**

Efforts to enhance education and awareness among seniors emerged as a crucial component in addressing the pervasive lack of information about available services and supports. Participants indicated that seniors were not well informed about services and supports that are currently available to them.

Many participants underscored the need for workshops covering various topics, including educating seniors about their rights, raising awareness about elder abuse, and imparting essential technological skills. The importance of circulating information, especially regarding powers of attorney (POA), was emphasized, highlighting the need for clarity in this domain.

Participants emphasized the importance of thorough training for service providers regarding issues affecting seniors. They advocated for these providers to have standardized resources, such as fact sheets, to ensure the accurate and consistent dissemination of information. This approach aligns with the practices of organizations like Community Legal Education Ontario (CLEO).

These recommendations collectively underscore the significance of educational initiatives to empower seniors and improve their access to essential services.

#### **5. Streamline services – one-stop support**

With complex, confusing multiple systems in which seniors are entangled, there is a need to streamline services. The research revealed a shared sentiment among participants advocating for a simplified and consolidated system that allows seniors to access support through a single agency.

I'd prefer that if there was only one organization that helped the senior immigrants or the seniors in general. So, let's say they have to do their taxes, so now someone else is helping them. To work on ODSP, another person is helping them. The job is divided and they're at an age where their comprehension and memory might not be where it used to be or someone younger who can manage. So, localizing everything together with one person would be easier.

The need for a one-stop-shop approach was reiterated by participants, emphasizing the convenience and efficiency of having a singular point of contact for various needs, from tax assistance to navigating government forms.

One point of contact instead of three or four for seniors. Education of support staff of clinics available for the seniors. Government forms — education and understanding for support staff so they can explain them to their clients. Education regarding citizenship.

The vision for these one-stop, in-person support centres extends beyond practical assistance, encompassing access to computers and recreational activities, creating holistic and accessible spaces tailored to the diverse needs of seniors seeking support.

This research underscores the pressing need to reform and centralize services within the community where seniors reside, aiming to enhance the effectiveness of support systems for the senior population.

## **6. De-Institutionalization and Supporting Seniors to Live at Home**

The call for de-institutionalization resonated strongly throughout the research, with participants underscoring the importance of shifting the focus towards supporting seniors to age in their own homes.

Amidst the numerous challenges associated with LTC, individuals consistently expressed a collective desire for alternatives that prioritize community living. The sentiment against institutionalization was palpable, with one participant articulating concerns about the dehumanizing aspects of residing in such facilities.

I feel like the institutionalization is a big problem, and you know, certainly I feel bad that my parents chose that route, and I don't want to be in an institution when I'm 90, or if I make it, after what I've seen. I mean, they just lose their . . . they're not treated like real people, you know. They're just residents.

So whatever needs to change in our system to get people living in neighborhoods, and family centred homes. I hope it happens in the next 20 years or less.

The call for change was not only prompted by observed deficiencies within LTC, such as neglect, medication errors, overworked staff, and a lack of programming, but also by a broader vision for seniors to live in neighbourhood and family-centered homes. The research findings advocate for systemic reforms aimed at promoting de-institutionalization and cultivating supportive environments that empower seniors to age with dignity and agency within the familiarity of their own homes and communities. While Ontario boasts some of the most robust LTC legislation, the continued development and especially the enforcement of these legal frameworks is essential to guarantee the quality of care for the aging population.

## **7. Improving Communication due to Interconnectivity of Systems**

Improving communication processes between different systems is a crucial aspect of enhancing the overall support structures for seniors. Participants in this study highlighted the need for more streamlined interactions, particularly between homecare and LTC services, and governmental agencies.

Additionally, it was emphasized that policies addressing disability accommodations should be implemented in key legal settings such as the LTB, other tribunals, and the courts. The existing environments were deemed as not "user-friendly", suggesting a lack of accessibility and accommodation for seniors with disabilities navigating these legal spaces.

By establishing clearer communication channels and implementing aging and disability-friendly policies, the systems can become more responsive and inclusive, ultimately benefitting the seniors they serve.

## 8. Prioritize Funding

Prioritizing funding for senior care is a critical step in enhancing the well-being of the aging population.

While opinions varied on where the focus should be — some people felt there needed to be more funding for LTC, while others felt direct funding of homecare services was more important for non-institutional care — a consensus emerged regarding the importance of allocating resources to non-institutional care.

Many participants stressed the need for increased funding in homecare services, enabling seniors to have more choices and remain in their communities rather than opting for institutional care. Participants voiced the need for expanding homecare services to meet the growing demand, investing in respite services for family caregivers, and considering mobile homecare options in rural areas as key recommendations.

By directing funding towards these essential aspects of senior care, policymakers can contribute to creating a more supportive and diverse care landscape that aligns with the preferences and needs of seniors.

## Conclusion

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This research has provided invaluable insights into the profound challenges seniors have been experiencing throughout Ontario over the last three to five years. Shedding light on the ongoing struggles they endure alongside their advocates in pursuit of amicable resolutions. By amplifying the voices of seniors and service providers alike, this report offers a nuanced understanding of both effective practices and areas ripe for improvement.

Discrimination, deeply entrenched within societal structures, exacerbates the many challenges faced by seniors. Poverty emerges as a pervasive issue, serving as the root cause of many of the obstacles encountered, particularly as seniors contend with dwindling incomes post-retirement, fundamentally altering their life choices. Navigating through convoluted and dehumanizing systems further compounds their difficulties, perpetuating vulnerability.

Despite strides towards societal progress, this study illuminates persistent obstacles, magnified by the profound impact of the pandemic on seniors' well-being. In an environment where age-related cognitive decline is unfairly assumed, seniors confront prejudice as they navigate

predominantly inaccessible services. In-person services are essential; virtual-only strategies have left seniors unable to fully access essential support systems and vital networks, exacerbating isolation and marginalization.

The systemic segregation of seniors fosters unresponsive systems, leaving them susceptible to exploitation, particularly among marginalized groups. Moreover, seniors encounter significant barriers when seeking redress, underscoring the urgent need for policy and systemic reforms to cultivate a more inclusive and supportive societal framework.

This layered impact necessitates comprehensive solutions to combat elder abuse and tailored approaches that account for individual backgrounds and communities.

In reviewing the insights from the research, it is evident that several key recommendations emerge to address the challenges faced by seniors in Ontario:

1. **Support Legal Clinics:** Enhance and streamline legal clinic services, ensuring specialized personnel are available to assist seniors. Comprehensive training programs for support workers are essential to address seniors' unique needs effectively.
2. **Adopt Best Practices for Services:** Implement collaborative approaches recognizing the interconnected nature of seniors' challenges. Frontline workers should provide personalized, one-on-one support, particularly within immigrant populations.
3. **Strengthen Informal Supports:** Enhance community-based advocacy networks to provide practical assistance and foster a sense of belonging among seniors.
4. **Empower Through Education:** Develop educational initiatives to empower seniors with essential information about available services and supports. Ensure service providers are well-trained in addressing seniors' unique needs.
5. **Streamline Services:** Implement a one-stop support approach to provide seniors with efficient access to resources and assistance tailored to their diverse needs.
6. **Promote De-Institutionalization:** Prioritize community living options to empower seniors to age with dignity within their own homes and neighborhoods.
7. **Improve Communication and Funding:** Enhance communication processes between different systems and prioritize funding for senior care to create a more responsive and inclusive support environment.

By implementing these recommendations, policymakers and stakeholders can work towards creating a more supportive and dignified environment for the aging population.

In conclusion, this research not only highlights the daily struggles faced by seniors but also underscores the urgent need for enhanced awareness and sensitivity within public systems. Addressing discrimination is essential for the well-being of seniors and for the collective health of our society.

## Appendix: Interview guides

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### A Qualitative Look at Serious Legal Problems for Seniors

#### Research Conducted by

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With Permission from Doris Rajan, PhD

### Interview Guide

March 2023

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<sup>2</sup> This guide was adapted by Doris Rajan using language and formatting from the **Wisconsin Coalition Against Sexual Assault (WCASA) Focus Group Discussion Guide**. Retrieved May 20, 2016, from: [https://www.wcasa.org/file\\_open.php?id=1039](https://www.wcasa.org/file_open.php?id=1039).

## **Consent Process**

A Letter of Information and Consent for interview participants will be completed in advance by all those who have agreed to participate. The researcher will review the information in this letter before the interview begins.

Thank you for agreeing to participate. I am a researcher who has been engaged by Justice Canada to conduct a small qualitative study on legal problems experienced by seniors in Ontario. The research will stand on its own, but also join the series of qualitative surveys which are being carried out to complement the national Canadian Legal Problems Survey. In this interview I will be asking questions about; 1) The types of legal problems that you may have experienced in the last three to five years; 2) The ways you have attempted to resolve those problems; and, 3) The outcome and impact of these experiences.

The information you share today is completely confidential, and we will not associate your name with anything you say in this interview. We would also like to tape this interview so that we can make sure to capture the thoughts, opinions, and ideas that you share today. The information will be used exclusively to inform this research. You may refuse to answer any question or withdraw from the study at any time and you will still receive your honorarium. If you have any questions now, during or after this interview please feel free to contact me.

### **Explanation of the process**

This interview will last for a maximum of one hour. There are no wrong or right answers I am here to learn from you. Any questions? Here we go!

Turn on recording device.

## **I. Introduction**

If you would like, tell me a bit about yourself.

## **II. Questions:**

### **1. Have you experienced any serious problems or had any interactions with the legal system in the last three to five years?**

**Probes** \*(See next three pages for more detail probes for Question 1)

- a. Purchases or services \*
- b. Work related problem \*
- c. Financial – bank or collection agency \*
- d. Family related – child custody, domestic violence \*
- e. Discrimination – due to disability, race, gender, age, etc.\*
- f. Access to health or medical treatments and/or medical records

- g. Problems with health practitioners such as doctors, nurses, dentists, denturists, physiotherapists, occupational therapists, massage therapists, optometrists, pharmacists and dieticians
- h. Problems with Home care services or in-home service providers
- i. Access to prescription medications
- j. Assistive devices
- k. Power of attorney problems
- l. Property: vandalism, property destruction
- m. Housing – access to housing, social housing, calculation of rent-geared-to-income, arrears, repairs, harassment, discrimination or other housing issues
- n. Income or social assistance — CPP, OAS, GIS or GAINS problems
- o. Interruption or termination of driving privileges
- p. Immigration related
- q. Interaction with the police
- r. Interaction with the Public Guardian and Trustee
- s. Problems with a lawyer, accountant, investment advisor, religious or spiritual advisor, or other professional

If there is more than one problem, go to Question 2.

### **Question 1: Additional Probes**

#### **a. Purchases or services**

- a large purchase for which you did not receive what you paid for e.g., home, motor vehicle, scooter or major appliances
- major repairs or renovations for which you did not receive what you paid for e.g., home renovations, repairs done to your motor vehicle or major appliances
- door-to-door sales where you did not receive what you paid for or that there were hidden conditions in the contract
- suspicious liens or mortgages against
- not getting what you paid for in a service e.g., a moving company, a health club membership, a vacation package or having your taxes prepared
- a safety concern with something you bought
- an insurance claim,
- a bill or invoice that was incorrect

- not getting a refund

**b. Work related problems**

- age discrimination in hiring, promotions, hours and dismissals
- not being paid your wages, not being paid for working overtime, not getting vacation pay, severance pay or other wages that you believe were owed to you
- being fired or dismissed from a job
- being refused family-related leave (e.g., caregiving leave), sick leave, or other rights that were part of agreed conditions of work
- a safety issue at your job or workplace
- being subject to disciplinary procedures at work

**c. Financial – bank or collection agency**

- personal bankruptcy
- a collection agency contacting you repeatedly to get you to pay an outstanding bill or debt
- the refusal of credit because of inaccurate information
- a bank or credit union contacting you repeatedly to get you to pay an incorrect charge
- a bank or credit union not accepting power of attorney (POA) documentation OR insisting you create a new power of attorney
- an electricity, gas, or cable company, or any other utility contacting you repeatedly to get you to pay an incorrect charge
- a threat of legal action from an individual, a company or a government agency to collect debt
- misleading or incorrect information that led you to buy insurance, pensions, mortgages or other financial products
- collecting money owed to you (exclude rent or any housing-related money owed) e.g., a loan to a friend or family member

**d. Family related – elder abuse, financial abuse, domestic violence**

- violence or threats of violence from a family member or someone who lives in your household
- someone who lives in your household isolating you or attempting to isolate you from other family members

- someone in your household interfering with your mail, email, phone or other private communications
- someone in your household threatening to bring you to hospital, a long-term care home, a retirement home or another place you don't want to go
- problems with unwanted visitors or guests who refuse to leave your home when asked to do so
- problems with joint bank accounts with a family member
- problems getting information about your bank accounts, pensions and other financial information
- problems with gifts or loans to family members
- problems with family members taking money, savings or other property that belongs to you
- the division of money or property following a family break-down
- collecting spousal support that you were awarded by the court
- applying for, enforcing, or making changes to a spousal support order
- obtaining or enforcing a restraining or civil protection order in the case of a couple or family break-down
- problems with obtaining guardianship of or caring for a child who is not your own

**e. Discrimination**

- Where did you experience harassment, e.g., in a store, at work, at home, when dealing with health practitioners or police?
- Was the harassment based on any of the following grounds, e.g., race, colour, ethnicity; Indigenous identity; religion; age; sex, gender identity or expression; sexual orientation; marital status; family status; a physical or mental disability; language, etc.?
- Please indicate the nature of the harassment you experienced (e.g., aggressive behaviour, offensive remark, sexual comment or gesture, etc.).

**2. Do you think any of your legal problems were connected to one another?**

**Probe:** Which of the problems may have caused or contributed to the other problems that you experienced?

**3. Did you think the legal problem was serious?**

**4. What did you do to try and solve this legal problem?**

**Probes:**

- a. Did you make a complaint?
- b. Did you contact a lawyer / community legal clinic?
- c. Did you contact a social worker?
- d. Did you attend court?
- e. Were you aware of supports and resources that were available to you?
- f. If you didn't take action, why not?
- g. If you received legal advice, who did you receive legal advice from?
- h. If you did not receive advice from a legal professional, why not?
- i. What approaches did you find helpful?
- j. What approaches did you find unhelpful?

**5. What was the legal outcome? What happened?**

**Probes:**

- a. How much did legal professionals help?
- b. What is the current status of the problem?
- c. Were there any costs associated with the problem?
- d. Were there any costs associated with finding a solution?
- e. Was the cost of the solution a problem?

**6. What has been the effect of these legal problems on your life?**

**Probes:**

- a. On your mental/emotional health?

- b. On your physical health?
- c. Financially?
- d. In your relationships?

This is the end of the interview. For purposes of noting any differences between groups of people, could I ask you some questions about how you self-identify?

Again, all the information I am gathering is confidential and will not be connected to your name.

### **Socio-Demographic Information**

1. What is your gender?
  - Male
  - Female
  - Other - please specify
2. Do you identify as:
  - Heterosexual
  - Two-spirited
  - Lesbian or gay
  - Bisexual
  - Other - please specify
3. Do you identify as Indigenous?
  - First Nations
  - Métis
  - Inuk
  - Other (i.e. specific nation)
4. Citizenship Status
  - Born in Canada
  - Born outside Canada (Specify country) \_\_\_\_\_
  - Landed immigrant
  - Permanent Resident
  - Canadian Citizen

5. Do you identify as:
  - White
  - South Asian e.g., East Indian, Pakistani, Sri Lankan
  - Chinese
  - Black
  - Filipino
  - Arab
  - Latin American
  - Southeast Asian e.g., Vietnamese, Cambodian, Laotian, Thai
  - West Asian e.g., Iranian, Afghan
  - Korean
  - Japanese
  - Other (specify)
6. What language(s) do you speak?
  - What language do you feel most comfortable speaking in?
  - What language do you feel most comfortable reading in?
7. What is your household average income?
  - a. Does your income include:
    - Employment income
    - CPP
    - OAS
    - GIS / GAINS
    - Private Pension(s)
8. (Literacy) Do you read newspapers, magazines or books?
9. (Numeracy) Do you receive your bank statements? Follow up: do you understand them?
10. What is the highest certificate, diploma or degree that you have completed?
  - a. How old were you when you left school?
11. Do you have any health issues or conditions?

## **A Qualitative Look at Serious Legal Problems for Seniors**

### **Research Conducted by**

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Modification to Guide by

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With Permission from Doris Rajan, PhD

### **Focus Group Interview Guide**

**March 2023**

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<sup>3</sup> This guide was adapted by Doris Rajan using language and formatting from the **Wisconsin Coalition Against Sexual Assault (WCASA) Focus Group Discussion Guide**. Retrieved May 20, 2016, from: [https://www.wcasa.org/file\\_open.php?id=1039](https://www.wcasa.org/file_open.php?id=1039).

## **Consent Process**

A Letter of Information and Consent for focus groups participants will be completed in advance by all those who have agreed to participate. The researcher will review the information in this letter at the beginning of the focus group.

Thank you for agreeing to participate. We are researchers who has been engaged by Justice Canada to conduct a small qualitative study on legal problems experienced by seniors in Ontario. The research will stand on its own, but also join the series of qualitative surveys which are being carried out to complement the national Canadian Legal Problems Survey. In this focus group I will be asking questions about; 1) The types of legal problems that you (or your clients) may have experienced in last three to five years; 2) The ways you (or your clients) have attempted to resolve these problems; and 3) The outcome and impact of these experiences.

The information you share today is completely confidential, and I will not associate your name with anything you say in this interview. I would like to tape this interview so that I can make sure to capture the thoughts, opinions, and ideas that you share today. The information will be used exclusively to inform this research. You may refuse to answer any question or withdraw from the study at any time, and you will still receive your honorarium.

We understand how important it is that this information is kept private and confidential. We will ask participants to respect each other's confidentiality as well. If you have any questions now, during or after this focus group please feel free to contact me.

### **I. Explanation of the process**

This focus group will last for a maximum of two hours. There are no wrong or right answers I am here to learn from you. Any questions? Here we go! Turn on recording device.

### **II. Introduction - Brief introductions**

### **III. Questions:**

#### **1. Have you (or your clients) experienced any serious problems or had any interactions with the legal system in the last three to five years?**

**Probes** \*(See next two pages for more detail probes for Question 1)

- a. Purchases or services \*
- b. Work related problem \*
- c. Financial – bank or collection agency \*
- d. Family related – child custody, domestic violence \*
- e. Discrimination – due to disability, race, gender, age, etc.\*
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- h. Problems with Home care services or in-home service providers
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- not getting what you paid for in a service e.g., a moving company, a health club membership, a vacation package or having your taxes prepared.
- a safety concern with something you bought
- an insurance claim,
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- not getting a refund

**b. Work related problems**

- age discrimination in hiring, promotions, hours and dismissals

- not being paid your wages, not being paid for working overtime, not getting vacation pay, severance pay or other wages that you believe were owed to you
- being fired or dismissed from a job
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- a threat of legal action from an individual, a company or a government agency to collect debt
- misleading or incorrect information that led you to buy insurance, pensions, mortgages or other financial products
- collecting money owed to you (exclude rent or any housing-related money owed) e.g., a loan to a friend or family member

**d. Family related – elder abuse, financial abuse, domestic violence**

- violence or threats of violence from a family member or someone who lives in your household
- someone who lives in your household isolating you or attempting to isolate you from other family members
- someone in your household interfering with your mail, email, phone or other private communications
- someone in your household threatening to bring you to hospital, a long-term care home, a retirement home or another place you don't want to go

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- collecting spousal support that you were awarded by the court
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- obtaining or enforcing a restraining or civil protection order in the case of a couple or family break-down
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**e. Discrimination**

- Where did you experience harassment, e.g., in a store, at work, at home, when dealing with health practitioners or police?
- Was the harassment based on any of the following grounds, e.g., race, colour, ethnicity; Indigenous identity; religion; age; sex, gender identity or expression; sexual orientation; marital status; family status; a physical or mental disability; language, etc.?
- Please indicate the nature of the harassment you experienced (e.g., aggressive behaviour, offensive remark, sexual comment or gesture, etc.).

**2. Do you think any of your (or your clients) legal problems were connected to one another?**

**Probe:** Which of the problems may have caused or contributed to the other problems that you experienced?

**3. Did you (or your clients) think the legal problem was serious?**

**4. What did you (or your clients) do to try and solve this legal problem?**

**Probes:**

- a. Did you make a complaint?

- b. Did you attend court?
- c. Did you contact a lawyer / community legal clinic?
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- e. Were you aware of supports and resources that were available to you?
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- a. How much did legal professionals help?
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**6. *What has been the effect of these legal problems on your (or your clients) life?***

**Probes:**

- a. On your mental/emotional health?
- b. On your physical health?
- c. Financially?
- d. In your relationships?

Thank you so much for coming and sharing your thoughts and opinions with me. If you have additional information that you did not get to say in the focus group, please feel free to contact me and we can arrange a time to speak further.

That concludes this focus group. I was wondering if I could ask you a few questions about how you identify in terms of your race, disability etc.? This is completely voluntary and again, all information is confidential and will not be attached to your name.

## Socio-Demographic Information

1. What is your gender?
  - Male
  - Female
  - Other - please specify
  
2. Do you identify as:
  - Heterosexual
  - Two-spirited
  - Lesbian or gay
  - Bisexual
  - Other - please specify
  
3. Do you identify as Indigenous?
  - First Nations
  - Métis
  - Inuk
  - Other (i.e., specific nation)
  
4. Citizenship Status
  - Born in Canada
  - Born outside Canada (Specify country) \_\_\_\_\_
  - Landed immigrant
  - Permanent Resident
  - Canadian Citizen
  
5. Do you identify as:
  - White
  - South Asian e.g., East Indian, Pakistani, Sri Lankan
  - Chinese
  - Black
  - Filipino
  - Arab

- Latin American
  - Southeast Asian e.g., Vietnamese, Cambodian, Laotian, Thai
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6. What language(s) do you speak?
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