

Growing Old in Burlington:

A report on seniors trends and issues



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Halton Social Planning Council**

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Highlights

According to Statistics Canada 2001 Census data:

- Twelve percent of the Halton population or 44,770 persons are seniors (65 years of age or older).
- Compared to the other municipalities within Halton, Burlington has the highest percentage of seniors in its population at 14.1% (21,235 seniors).
- Over half (56.9%) of Burlington seniors or 12,080 persons are aged 65 to 74 years of age.
- Older seniors (those aged over 85 years of age) make up a smaller proportion, representing only 8.8% of all Burlington seniors.
- The majority of seniors (57.1%) are female but the gender gap between males and females increases with age. In the 85 years and over age range, 69.6% are female.

According to The Ministry of Finance report *Ontario Population Predictions 1999-2028*:

- By 2028, the number of Halton residents who are 65 or older is expected to increase 186.3% to 128,170 persons.
- It is expected that 17.5% of Halton's population will be within this age group by 2021, increasing to 19.9% by 2028.

According to Statistics Canada 1996 Census data:

- In Burlington, 60.0% or 6,625 seniors were born in Canada and 39.5% or 10,150 seniors are immigrants. The majority (95.7%) of Burlington immigrants aged 65 and over came to Canada before 1986.
- The majority of seniors (53.2%) have incomes of less than \$20,000 a year and 17.7% (2,970 seniors) live below the low-income cut-off. Poverty is higher in Burlington for older seniors with 23.2% of seniors aged over 74 years of age with low incomes.
- The majority (67.7%) of Burlington seniors live as a couple, 25.7% of seniors live alone and 5.6% of seniors live with relatives.

Introduction

Purpose

The purpose of this report is to provide the community with a profile of the Burlington seniors¹ population along with an overview of the trends and issues that effect this group of people. The report outlines issues that seniors face that affect the quality of their lives and their full participation in this community. The report is based on traditional social-economic indicators as well as information from key informants. The aim of the report is to inform discussion on the issues affecting this important segment of Burlington's population.

Methodology

The first section in this report presents socio-economic data on specific areas in respect to Burlington seniors using mainly Statistics Canada Census information. The 2001 Census data is currently being released, with the majority of the data being released in mid 2003. Therefore, the data section refers mainly to 1996 figures. Where available, Burlington specific data is used. However, in some instances, data is only available at the Region of Halton level.

The second section contains insight into social and economic trends and issues influencing the lived experience of seniors from the vantage point of selected key informants. The Council interviewed six persons, whose different perspectives and experiences give them special insight concerning seniors' issues in Burlington. Interviews were structured using an interview schedule (see Appendix) with questions designed to identify areas of concerns, changes that affect seniors, and action strategies that can be implemented to improve the well being of seniors. The interview questions serve as a guide to a discussion intended to access the particular knowledge and expertise of the person being interviewed. The questions were designed to be exploratory in nature and, therefore, open-ended.

¹ This report uses Statistics Canada definition of seniors, which is those aged 65, and over. Census data only include institutional residents for age, sex, marital status and mother tongue data. All other census data do not include seniors who live in institutional collective dwellings such as nursing homes, chronic care hospitals, and residences for senior citizens.

Context

According to Statistics Canada 2001 Census data, twelve percent of the Halton population or 44,770 persons are seniors (65 years of age or older). Compared to the other municipalities within Halton, Burlington has the highest percentage of seniors in its population at 14.1% (21,235 seniors).

Similar to the rest of Canada, the population in Halton is ageing. The senior population is expected to increase more than any other age category over the next two decades. A Health Canada 2002 report, *Canada's Aging Population*, states:

Seniors constitute the fastest growing population group in Canada. In 2001, it was estimated that 3.92 million Canadians were 65 years of age or older, a figure that is two thirds more than in 1981. During the same period, the overall Canadian population increased by only one quarter. The proportion of seniors in the overall population has gone from one in twenty in 1921, to one in eight in 2001. As the "Baby boomers" (born between 1946 and 1965) age, the seniors population is expected to reach 6.7 million in 2021 and 9.2 million in 2041 (nearly one in four Canadians). In fact, the growth of the seniors' population will account for close to half of the growth of the overall Canadian population in the next four decades. (Health Canada, 2002, p. 3)

The Ministry of Finance report *Ontario Population Predictions 1999-2028* predicts that by 2028, the number of Halton residents who are 65 or older is expected to increase 186.3% to 128,170 persons. It is expected that 17.5% of Halton's population will be within this age group by 2021, increasing to 19.9% by 2028.

Socio-Economic Profile²

Age

Census data for 2001 in Table 1 shows over half (56.9%) of Burlington seniors, or 12,080 persons, are aged 65 to 74 years of age. Older seniors (those aged over 85 years of age) make up a smaller proportion, representing only 8.8% of all Burlington seniors.

BURLINGTON POPULATION 65+ BY GENDER AND AGE

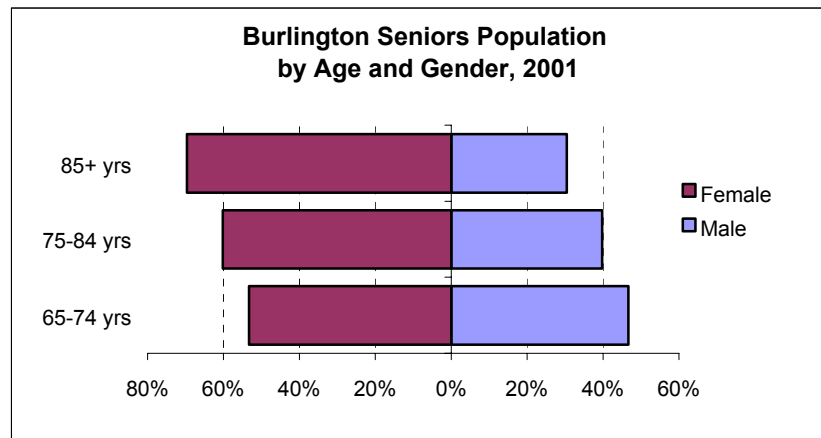
	65-74 years	75-84 years	85+ years	Total 65+
Male	5,645	2,900	570	9,116
Female	6,435	4,385	1,305	12,126
Total	12,080	7,280	1,875	21,237

Source: Statistics Canada, 2001 Census.

- Table 1 2001 Burlington population 65+ by gender and age

Gender

Table 1 also shows the Burlington population 65 years of age and over in 2001 by gender. The majority of seniors are female. In 2001, 57.1% of the population 65 and over are female and 42.9% are male.



- Figure 1 Burlington seniors population by age and gender, 2001

² Unless otherwise stated, the following data is from Statistics Canada 1996 Census data. Age categories are defined by this source.

As Figure 1 shows, the gender gap between males and females increases with age. In the 85 years and over age range, 69.6% are female and 30.4% are male.

Immigration

Using 1996 Census data for Burlington, 60.0% or 6,625 seniors were born in Canada and 39.5% or 10,150 seniors are immigrants. The majority of Burlington immigrants (95.7%) aged 65 and over immigrated before 1986. Only 1.6% immigrated between 1990 and 1996.

Ethnic Origin

The largest percentage of Burlington seniors (44%) indicated on the 1996 Census that they were of English origin. The next largest ethnic group indicated was Scottish at 22.3%, followed by Irish at 15.5% and Canadian at 15.1%.

Visible Minority

In 1996, 2.3% of the Burlington population 65 and over stated that they belong to a visible minority. This figure is much lower than that of the province, where 7.8% of seniors stated they are a member of a visible minority.

Income Source

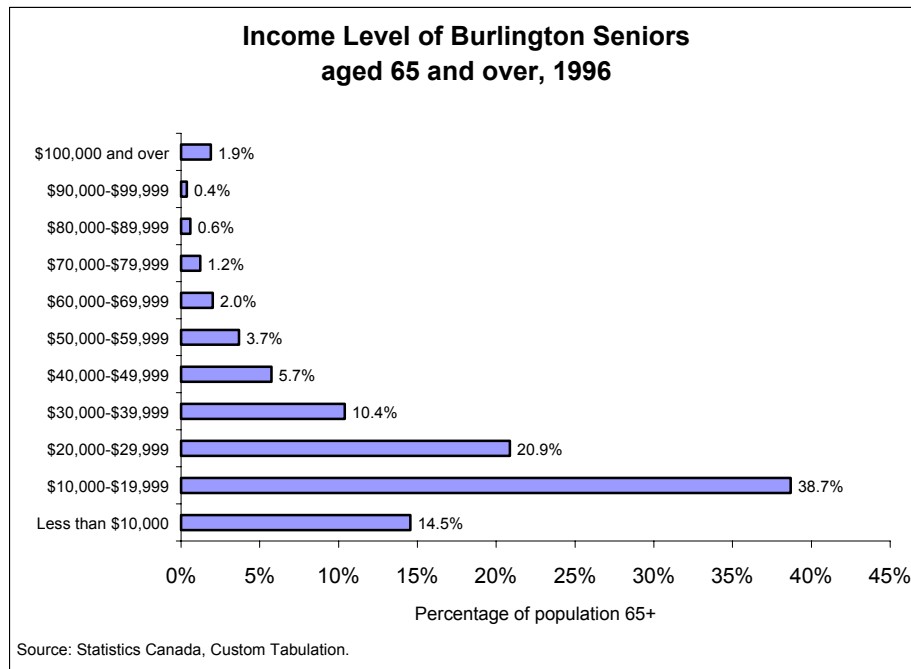
According to the Census, seniors in Burlington receive income from a variety of sources. They include:

- Old Age Security, Guaranteed Income Supplement and Spouses Allowance at 90.4%
- Canada Pension Plan at 86.3%
- Other government at 65.7%
- Retirement income at 59.4%
- Earnings (the lowest proportion of seniors' incomes) at 10.6%.

Note that income sources do not add up to 100% because many seniors have more than one source of income.

Income Levels

In 1996, the majority of seniors (53.2%) have incomes less than \$20,000 a year. Twenty-one percent of seniors have incomes between \$20,000 and \$30,000 and 16.1% have incomes between \$30,00 and \$50,000. Figure 2 breaks this information out in more detail.



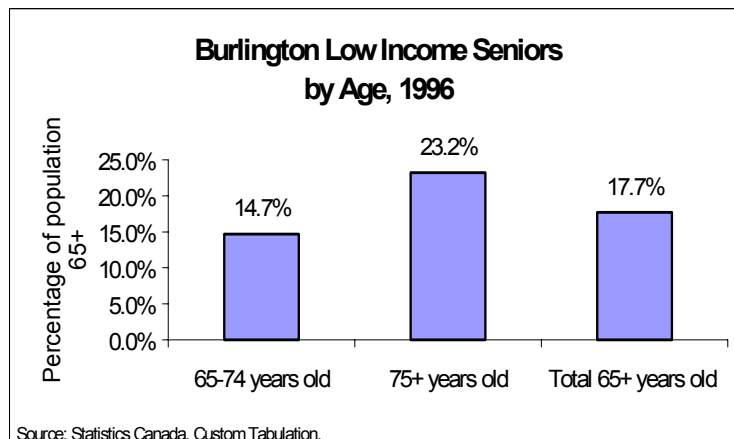
• Figure 2 Burlington seniors income levels

The average annual income in Burlington for older seniors (those aged 75 and over) is less than for those aged 65-74 years of age, at \$24,082 and \$25,645 respectively.

Low Income

Poverty among seniors in Ontario is a pressing issue with 16.8% of seniors living in poverty (using Statistics Canada's low income cut-off³). In Burlington, the percentage is slightly higher with 17.7% of seniors living below the low-income cut-off (2,970 persons). Also this is higher than the Halton average of 14.7%. Figure 3 shows that poverty is higher in Burlington for older seniors with 23.2% of seniors aged over 74 years of age with low incomes.

³ The Low Income cut offs (LICO's) are published by Statistics Canada. Persons and families living below these income levels are considered to be living in "straitened circumstances". There are different LICO's according to family size and size of community. They are more popularly known as Canada's poverty lines. Using the most recent 2001 figures, the LICO for a single person in Burlington is \$16,160.



• Figure 3 Low income Burlington seniors

Living Arrangement

The majority (67.7%) of Burlington's population 65 and over live as a couple in private households. This increased from 1986 when 64.4% lived as a couple. In 1996, 25.7% of seniors live alone and 5.6% of seniors live with relatives.

Housing

Of the 7,140 seniors in Burlington that are living as families, 79.7% own their own homes and 20.3% rent their housing. This is significantly different for unattached seniors, where 52.6% own and 47.4% rent their housing. Of those that own their homes, 83.6% of seniors in families and 90.9% of unattached seniors are mortgage free.

There are 660 senior citizen social housing units in Burlington administered by the Regional Municipality of Halton, of which approximately 610 are subsidized units. Waiting lists for subsidized seniors housing in Burlington varies depending on the location of the housing that seniors apply to and no new subsidized seniors housing has been built since 1994.

Long-term Care

The Community Care Access Centre keeps data on the number of seniors waiting to be placed in long-term care facilities. In Burlington, there are currently 727 long-term care beds and there are 112 seniors in Burlington waiting for placement in such facilities.

Unpaid Care to Seniors

The Census definition of unpaid care includes care by family members in or outside the household, friends, or neighbours, but does not include voluntary assistance provided by an organization or community group. Using this definition, 15.7% of Burlington's population 15 years and older provided unpaid care to seniors in 1996.

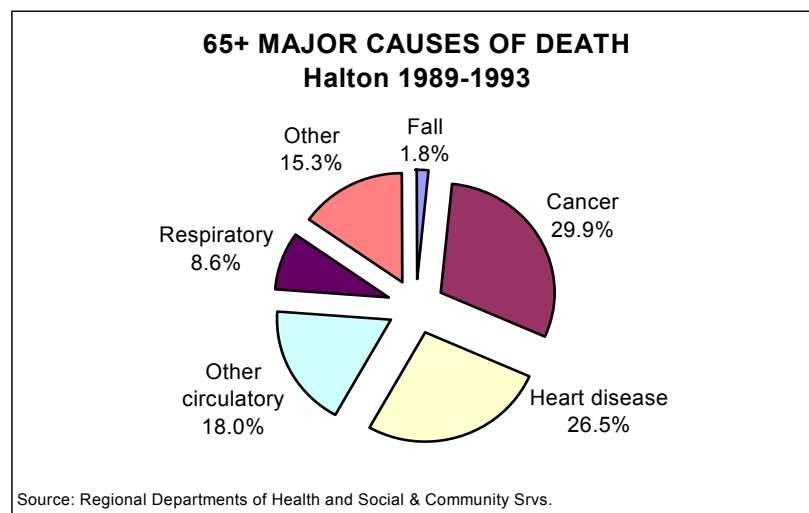
A larger percentage of women provide care to seniors than men. Of the 17,155 Burlington residents giving one or more hours a week caring for seniors, 60.3% are female and 40.7% are males.

Disability

The Census definition of disability refers to the limitation in the kind or amount of a person's activity due to a long-term physical condition, mental condition or health problem. In Burlington seniors aged over 75 have more activity limitations (42.7%), compared to those aged 65 to 74 years of age at 22.9%.

Mortality

Mortality in Halton 1984 to 1993 (January 1997) reports that the major causes of death for seniors in Halton is circulatory disease at 44.5% (including ischemic heart disease at 26.5% and cerebrovascular disease at 18%). Cancer is the second major cause of death at 29.9%. The major causes of death are shown in Figure 4.



• Figure 4 65+ major causes of death in Halton from 1989 to 1998

For seniors, the average yearly mortality rate per 1000 is highest for males 80 years and above at 127.3 and lowest for females 65-69 years of age at 11 per 1000.

For males, the major causes of death are from cancer, lung cancer at 9.7%, prostate cancer at 5.7% and colorectal cancer at 3.9%. For females, the most common cancers are breast cancer and lung cancer at 5.0% and 4.5% respectively.

Key Informant Interviews

Key informant interviews explored through the experience of selected individuals the condition of seniors in the community, the important issues they face and, particularly, how conditions may have changed for this population over the past 5 years.

Areas of Concern

Over the past five years, studies and research have identified areas of concern that affect the lives of seniors. Interviewees were asked to comment on these areas and indicate if they believe that they continue to be areas of concern. The following section discusses these areas.

Adequate Income

All of the key informants feel adequate income is an issue for many seniors in Burlington. The inadequacy of Canada's Old Age Security Pension and Guaranteed Income Supplement⁴ was discussed and is illustrated by the following two comments:

"Income is definitely an issue, particularly for those relying on investments to supplement their income. Old Age Security Pension and the Supplement is just not enough to live on. Just go to the food bank and look at the number of seniors."

"What was adequate then is not necessarily adequate today. The cost of living is increasing but pensions and investments are not keeping pace."

One key informant feels that there is a presumption on the part of community to view seniors as wealthy, when in fact they may not be. This individual comments:

"Just because you are a senior, they can't assume you are wealthy. Appearances are not always what they seem. For example, a senior might appear very well dressed, but go to the charity shop for clothing."

⁴ The Old Age Security Pension (OAS) is universal for those 65 years of age and over, subject only to residence requirements. As of October 2002, the monthly OAS Pension rate for a single person is \$449.32. OAS Pensioners with little or no other income (such as private or employment pension plans) may receive a full or partial Guaranteed Income Supplement (GIS). The maximum GIS for a single person as of October 2002 is \$533.99 a month.

Most key informants believe income adequacy is strongly linked to the cost of living, in particular housing. Summarizing the comments of other key informants is the statement:

“Adequacy depends on the senior’s situation. For example, housing costs can make a big difference.”

Family Relations and Support

Key informants identify family support as a major issue that affects the quality of life of older people. Discussion focuses particularly around the pressure families are under to provide elders in the family with the necessary support they need. As well, the key informants raise the concern that many seniors have little or no family support. The following comments illustrate this:

“You’re lucky if you’ve got family support; a lot of seniors don’t have family living close by. You are fortunate if you have your family close by.”

“Families are suffering from care giver burnout. Home supports cost too much and families can’t afford the costs of equipment that some seniors need in their homes.”

“Very few family members have the spare time on their hands to provide the support. The pressure is particularly on women in the family because they are the ones who usually take care of the elders and more women are working and just can’t do it. It’s a tremendous strain on families.”

“Family members can’t provide the necessary support. In some cases sixty-five year old seniors are trying to look after their eighty-five year old mother and just can’t provide the necessary support and care.”

Elder Abuse

All key informants feel elder abuse is a very important concern. They feel that elder abuse can take many forms, not just physical, and that it is a very hidden issue “that people don’t like to talk about”. Remarks include the following:

“People prefer to believe it [elder abuse] is not an issue but it is, even though there are no figures.”

“We can’t prove it [elder abuse], even though we know of cases. Older people will never tell you, especially if it involves their own family. It’s a matter of pride for them.”

Several key informants believe that there is no clear definition of elder abuse. They suggest that there are many different types of abuse and that the public, seniors, family members and caregivers need to be educated about such abuses. Comments that reflect this include:

“An education piece is needed. Seniors often do not see it as abuse, so it’s happening but we don’t know about it.”

“Neglect is abuse, but abuse is not seen as abuse unless its physical abuse.”

It is rather disturbing that several key informants not only feel abuse is very common but is growing as a result of the poor level of community supports which leave family members and caregivers overworked. The following comments illustrate this issue:

“A lot of it [abuse] arises when there are a lack of other services. Family members have to provide so much extra support that they are pushed beyond what they should be asked to do. The problem then is mainly emotional and verbal abuse, although sometimes it can be physical abuse when seniors are handled too rough.”

“Caregivers and family members get very tired which can lead to subtle forms of elder abuse. Medication may be administered incorrectly or neglect can occur. These things are common, but they are not acknowledged as abuse.”

Widowhood

Key informants feel widowhood is an issue for many reasons. One key informant describes widowhood as a *“major life adjustment”*. Transportation was raised as an issue. As one key informant states: *“Transportation can become a big issue because often women tend not to be the drivers.”* The issue of household maintenance is also identified through the following statement: *“the husband traditionally looks after household maintenance, so widowed females are left unable to cope.”* However, the opinions of the interviewees focus on the reduction of income when widowhood occurs. Examples include the following:

“When widowhood occurs, the disappearance of an extra income when the cost of living stay the same, makes maintaining independence a problem for many seniors.”

“Many senior couples are totally dependant on one another, particularly for income.”

“Senior women in Burlington, as elsewhere in Canada, are more likely to live below the poverty line once their spouse has passed away.”

Home Care⁵

Key informants are in agreement that health care is an important issue, particularly as it relates to the issues of home (personal) care services.

⁵ This includes personal services such as light housekeeping, bathing and nursing care

Those interviewed are very concerned about the inaccessibility of home care service for seniors that require these services but cannot afford to purchase them. Key informants experiences suggest that seniors are receiving reduced levels of home care services administered through the Community Care Access Centre. Their comments suggest that service levels are insufficient, they include:

“Most seniors get one hour [of home care], but one hour is not enough, even for the able bodied senior. It’s totally inadequate.”

“Home care is a huge issue. Most seniors only get one hour, so maybe they get one bath a week with very little time left over to do other things that seniors need. So if you can’t afford it you get very little support.”

Home Support Services⁶

Key informants also believe home support services should be provided to seniors along with home care services. These services enable seniors to live in their homes longer as the following comments suggest:

“One of the main problems is that the recent guidelines for Community Care Access Centre service provision do not include homemaking. They only provide personal care. If you need home support services you have to pay, so those that can’t afford them don’t get the help they need in their homes. This creates a two tier system which is unfair.”

“If people had the help they needed, they could stay in their homes longer. It’s not just cleaning and laundry that seniors need, but also general home maintenance and repair.”

Family Medicine

Key informants agree that seniors’ access to a physician is a major problem. It is noted that many doctors in the community have retired and existing doctors are not taking new patients, especially seniors with multiple health concerns. The following two comments describe the problem:

“Many seniors have no family doctor and have to rely on walk in clinics, getting a different physician each time.”

“Not having a family doctor is a major issue for many seniors. It leads to many serious health problems being missed at clinics where there is no history of the patient.”

⁶ This includes services such as heavy housekeeping, odd jobs and seasonal maintenance

Access to medical doctors who understand an individual's cultural roots and language acts as a barrier to care. One key informant describes this problem:

"Seniors who are coming from other countries and who are often brought [to Canada] by their children, find it hard to find doctors that speak their own language and doctors that do are not taking on new patients."

Prescriptions

The cost of prescriptions is another concern of those interviewed. The issue of cost has been made worse by the removal of some drugs from the Ontario Drug Plan. Comments describing this situation range from:

"More drugs have been removed from the Ontario Drug Plan, so seniors have to pay. This is an issue, particularly for low income seniors."

"People are living longer with increasing health problems that they need money to address [their illness]. It is difficult to pay for health costs, especially with the changes to the Ontario Drug Plan."

"Many medicines are not covered by the seniors drug plan, such as palliative care medicines, which places a lot of financial pressure on families. For example, morphine is given in the hospital for free, but if you want to die at home you have to pay for the drug."

Dental Care

Again inaccessibility to dental care is driven by cost. Programs such as the Halton Oral Health Outreach (HOHO) program⁷ is praised for helping seniors. The following comments describe the crisis of dental care faced by seniors.

"If you can afford dental care O.K. but if you can't then you don't get any. Seniors are keeping their teeth longer so dental care is a big issue, particularly in senior's homes. It is a problem as it affects the general health of seniors."

"Dental care is a big issue. Many seniors don't have a dental plan, so they just don't get dental care. But it is getting better with programs like HOHO. We need to expand programs like this."

"Seniors with limited incomes don't have regular cleanings and poor fitting dentures can lead to health disorders."

"Dental care is an issue; many seniors don't have a dental plan and therefore can't afford it. It would be a good idea to have a program, such as the student dental program in Hamilton, to provide seniors with free dental care for minor services like cleaning."

⁷ The Halton Oral Health Outreach program was developed to address issues that prevent the elderly and adults with disabilities from accessing oral health care services in Halton. The program provides a single point of access for oral health information and assistance in receiving coordinated services.

Hospital Care

Early release from hospital without the proper supports in place for seniors, appears to be the main area of concern expressed by the key informants. Some comments include the following:

“Stay is an issue. Older people get pushed out [of hospitals] too quickly and they take longer to heal than younger people.”

“Very often seniors are released too quickly before services can be put in place. Release planning is inadequate.”

“The Emergency room is filled with elderly people needing beds. [Yet,] early discharge is an issue which places pressure on community support service. Seniors are being sent home with no supports in place.”

Residential and Long Term Care Facilities⁸

All identify residential and long-term care as issues. Cost is identified as one of the main barriers for seniors that need facility care. The following comments illustrate this observation:

“If you can afford it, long-term care is not an issue. You can get in immediately. We are building too many expensive facilities. Four just opened in the last year. It would be better to put some money into home care and home supports.”

“Why are we building lots of new long-term care facilities with private rooms when the waiting lists are for wards. I’m sure there are lots of private rooms in new facilities that are sitting empty.”

“There are lots of new facilities in Burlington and long-term care is not the main issue like it used to be. The answer is keeping people in their own homes and providing the services to do that.”

The second issue raised in the discussion about facility care is the need for additional home care and home supports services. Key informants feel often seniors and their families do not have the necessary home supports, thus providing them with one option – facility care. The following two comments illustrate this view:

“There is pressure to move seniors into long-term care facilities that could function at home but the services are not accessible or affordable to maintain people in their own homes. We are forcing seniors to lose their independence when they don’t have to.”

⁸ Residential Care facilities include rest and retirement homes. Long Term Care facilities, formerly known as Nursing Homes and Homes for the Aged, are accessed through the Community Care Access Centre.

"We fought for long term care beds but now we have too many. People need home supports and home care and that has been cut. Unfortunately, we have improved the long-term care situation but at the expense of home care. Long term care should not be the only option for seniors."

Affordable Housing

Key informants identify affordable housing as one of the critical issues facing seniors in Burlington. Key informants comment not only on the lack of subsidized housing for seniors but also the long waiting lists.

"There is simply not enough subsidized housing for seniors and the waiting lists are too long."

"Affordable housing is just a joke in Burlington and the wait lists are too long for subsidized housing."

"No affordable rental housing is being built and lots of older people need to rent not buy somewhere to live."

Transportation

All key informants see transportation as an important issue for seniors. They identify accessibility, cost and frequency as the most important limits placed on seniors using public transit. Comments include:

"The bus system needs to be more accessible to seniors. The steps on the bus can be very difficult and walking to the bus stop can be difficult for some seniors. Many have to rely on taxis."

"Many seniors have to rely on the bus service because low income seniors cannot afford taxis but the frequencies are poor."

"Transportation is a huge issue; public transit is very limited and again it's expensive for a lot of seniors so unavailable."

Security/Safety in the Community

Most key informants feel safe in the community, in terms of violence against ones' person, is not an issue for Burlington seniors. The comment: *"I think seniors still feel relatively safe in their community"* is repeated. However, safety is discussed as an issue for some multicultural seniors. The following comment illustrates this concern:

"Safety doesn't appear to be an issue for seniors, with the exception of seniors from some ethnic groups, particularly those from the Sikh community that dress the same as Bin Laden. They don't feel safe to be in public. Afghanistan and Pakistan seniors, particularly ladies, again because of their distinct clothing, feel they stand out in public and could easily be targeted."

Several key informants also comment on the problem of 'scam artists' or strangers that approach seniors. The following observations sum up this concern:

"Seniors get taken in by scams. They are so lonely that they welcome people on the phones or at their doors because they are so glad to talk to someone."

"Seniors on their own can be taken advantage of by people coming to the door. Seniors get strangers trying to become 'friends' or sell them things they don't need."

Recreation

Key informants have mixed views on the issue of recreation. With only one seniors' centre in Burlington, discussion focused around it. Some feel access to the Burlington Seniors Centre is affected by cost (user fees) and access by public transportation. On the other hand, others feel recreation at the Centre is adequate for seniors. Some of the comments included the following:

"Seniors are well served by the Burlington Seniors Centre, although access is an issue for some seniors."

"This is another issue linked to transportation and income. Some seniors can't get to the Seniors Centre as public transit is not accessible and family members can't drive them as they work during the day. Then, some seniors simply can't afford it."

"Only seniors that are well enough to take the bus or drive a car can get to the seniors centre. It would be good if the Centre had its own bus to assist seniors."

"If you can get to the Seniors Centre then you are OK, as there is only really the Seniors Centre in terms of recreation. But I know the people that use the Centre love it."

Volunteerism

Most key informants believe that seniors are active volunteers in community organizations. However, transportation is identified as a barrier to full participation in volunteer activities. For example:

"Lots of seniors do volunteer work. They realize being active in the community can keep them in better health."

"Most seniors are very glad to volunteer and many do. The only problem again is transportation to get to and from the organization. But many seniors like to volunteer their time."

However, as one interviewee observed:

“Getting seniors to volunteer can be a problem – for many reasons. Some seniors don’t feel they are physically able to volunteer whilst elderly men often see it as a women’s role.”

Barriers to Participation

Key informants identify access and transportation as the two main barriers to active participation of seniors in the community. The following comment captures these main concerns:

“Accessibility to services is a big barrier both in terms of transportation and physical barriers. Physical barriers, for example, include availability of ramps, gradients of ramps, doors, and uneven surfaces. Transportation barriers particularly include the cost and the frequency of public transit.”

Immigrant Elders

Language and isolation are identified as the main issues for immigrant elders. Several key informants comment on the difficulties that immigrant elders have in communicating, even with their own families, when they are unable to speak English. Physical isolation, when seniors are left alone at home during the daytime, is also raised as an issue. The following comments capture these concerns:

“Language is an enormous problem, and other problems derive from that because if you can’t communicate then you can’t do anything – even talk to your next door neighbour or go to the store.”

“Language is often a barrier for immigrant seniors. Their children have often forgotten their home language, so communication even within the family becomes an issue.”

“Many young families from other countries bring their elderly parents to live with them in this country. Unfortunately, it can mean that the parent or parents are left alone all day with no support or companionship. In a way, it could be classed as elder abuse.”

Changes that Affect Seniors

Key informants were asked to discuss changes they are aware of that have affected the quality of life of seniors over the last five years. Numerous and diverse issues are mentioned in response to this question including:

- Government cut backs and restrictions to home care;

- Government cut backs to home support services;
- Government cut backs in health care which leads to i) reduced hospital stays and ii) long waiting lists for medical treatment;
- Government de-listing drugs from under the Ontario Drug Plan;
- Cost of living increasing including cost of food and the price of physical activity programs;
- Old Age Pensions not linked to the increase in the cost of living;
- Privatization of utility companies leading to higher utility costs.

Actions to Improve Seniors Well-being

The last area key informants were asked to discuss were actions that they feel would improve the well being and quality of life of seniors by a) government and b) the community.

Government

All key informants agree that government through enabling public policy and programs needs to provide more funding for seniors programs including pensions, home care, home supports, subsidized housing and public transit. Remarks capture the following concerns:

“Senior levels of government need to increase their budgets for seniors programs. They particularly need to increase pension allowances.”

“With an increasing seniors population, Ontario needs to provide additional funding to elderly services. For example, for telephone reassurance services the number of clients has increased 50% over the last five years but government funding has only increased 2% over the same period.”

“The government needs to put more dollars into home care and supports so that seniors can continue to live at home.”

“The government needs to build more subsidized housing for seniors or mandate that private rental apartments have a certain number of subsidized units within them.”

“Increase funding for public transit to increase bus frequencies so seniors can better access services.”

Community

Key informants have varied suggestions on actions the community can take. Suggestions include the following:

“Members of the community can donate more of their time or money to the charitable sector so that adequate services to seniors can be provided.”

“Involve more seniors in planning and developing policy or programs that affect seniors in the community.”

“We need to think about our own lives and elders in our own families and try and support them more. Educating the community about this should be done.”

“The community needs to be aware of seniors issues. The problems are hidden, particularly issues like isolation. The community could take some simple measures like a trip to the mall for seniors to do their Christmas shopping.”

Summary of Issues

- People are living longer and the population is ageing, the 65 and over age group is increasing within the population. The need for all services for seniors particularly for health services will increase dramatically over the next few decades.
- Issues concerning elderly women, such as adequate income and widowhood will also become increasingly important since the majority of seniors are female.
- A large proportion of seniors are living alone. For some this means solitude and isolation.
- As the growing Burlington population becomes more diverse, providing services for the multicultural community will become more of an issue. Multicultural seniors have specific issues such as language barriers that must be addressed by our community in order to build an inclusive city.
- Despite most seniors receiving government incomes, poverty among seniors is an issue. Burlington has a higher poverty rate than the provincial poverty rate for seniors. One in five Burlington seniors live in poverty and the rate of poverty increases with age.
- Housing for seniors is an issue. Housing providers need to be aware and increase efforts to plan for the housing needs of senior residents. The need for more subsidized housing for seniors is clearly identified.
- The need for adequate funding of home care and home support services for seniors is clearly identified, as well as increased availability and planning for hospital release of elderly patients. The lack of such services is stressful for seniors, families and care givers.
- Health related costs for prescriptions and dental care are identified as an issue that is creating hardship for Burlington seniors.
- Transportation is identified, along with cost, as a major issue and barrier to services for seniors. The key informants stress the need for more public transit and community bus services.
- Awareness of the issues of elder abuse needs to be addressed. A community education and awareness program is necessary.

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United Nations Principles of the Older Person

The United Nations General Assembly adopted the following 18 principles for older persons on December 16, 1991. (Resolution number 46/91)

Independence #1:

Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self help.

Independence #2:

Older persons should have the opportunity to work or to have access to other income-generating opportunities.

Independence #3:

Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

Independence #4:

Older persons should have access to appropriate educational and training programs.

Independence #5:

Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

Independence #6:

Older persons should be able to reside at home for as long as possible.

PARTICIPATION

Independence #7:

Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well being and share their knowledge and skills with younger generations.

Independence #8:

Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

Independence #9:

Older persons should be able to form movements or associations of older persons.

CARE

Independence #10:

Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

Independence #11:

Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental, and emotional well-being and to prevent or delay the onset of illness.

Independence #12:

Older persons should have access to social and legal services to enhance their autonomy, protection, and care.

Independence #13:

Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.

Independence #14:

Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of life.

SELF-FULFILLMENT**Independence #15:**

Older persons should be able to pursue opportunities for the full development of their potential.

Independence #16:

Older persons should have access to the educational, cultural, spiritual, and recreational resources of society.

DIGNITY**Independence #17:**

Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

Independence #18:

Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status and should be valued independently of their economic contributions.