

# Unequal treatment

HelpAge

International

*What older people say about their rights during the COVID-19 pandemic*

## Country profile: Canada



Older people's health and lives have been at particular risk from COVID-19. Their rights have also been denied. In October 2020, a consultation was carried out to better understand older people's experience of their rights during the pandemic.

This summary explores themes emerging from the responses. It presents the individual voices of the older people interviewed – voices that, despite the disproportionate impact of COVID-19 on older people, have rarely been heard in discussions on the pandemic. It does not represent the views or experiences of all older people.

Canada is one of ten countries in which the consultation was carried out. A full report from all ten countries is available at

[www.helpage.org/Unequal\\_Treatment\\_report](http://www.helpage.org/Unequal_Treatment_report)

### Details of participants in Canada



5 women  
5 men



2 from rural areas  
7 from urban areas  
1 from an Indigenous community



1 aged 50–59  
1 aged 60–69  
4 aged 70–79  
3 aged 80–89  
1 aged 90–99

10

Total number of participants

## 1. Responses discriminating on the basis of age

Government responses to the pandemic have not treated all older people fairly or equally with others. Besides general population lockdown in the provinces and territories, the Canadian authorities introduced lockdowns in care homes.<sup>1</sup>

Not everyone who took part in the consultation said they had found the isolation of lockdown difficult.

*“I live alone so isolation was no problem. I’m quite active. I have a cabin out in the bush where I go with my little pup to enjoy nature. The first two weeks were kind of hard because all of a sudden your life has to change. [But there were] no big changes. I’m fine.”*

**74-year-old woman, retired social worker living alone in a rural area**

However, for others, the narrowing of their lives and being unable to see their families had had a negative impact.

“People are becoming more aggressive and antisocial. I miss my friends. My life is limited to preparing meals and sleeping, and having to play cards over the computer.”

**80-year-old woman, homemaker living alone in an urban area**

The impact of not seeing family members on older people living in care homes was of particular concern.

“I’m familiar with the long-term care home that’s responsible for half of Edmonton’s deaths. I think about those individuals who live several floors off the ground. They can’t even see their family down in the parking lot. People are not recognising their families anymore.”

**57-year-old man, disability care coordinator living with his spouse in an urban area**

Some participants found that being unable to attend religious services because of restrictions related to their pre-existing health conditions was isolating.

“The church has regulations which restrict people who have pre-existing medical conditions. So, for the past nine months we have not been able to go to church and see our friends.”

**77-year-old man, retired pharmaceutical sales representative living with his spouse in an urban area**

One participant said there was no opportunity to meet with people from younger generations.

“COVID-19 has had a huge effect on programmes where elders and youth would gather. We cannot do this anymore.”

**Man in his eighties, board member of a community services organisation living with his children in an indigenous community**

## 2. Services failing to reach everyone

The pandemic has exposed the inadequacy of many services, as well as the inequality of access to services among older people and the discrimination they can be subjected to.

Some of the people interviewed said they had not needed to use any services, and so could not comment on how services were being delivered.

“In the local newsletter there are links for information. I haven’t used any services. I have my own transportation and, luckily, I’m not in need of help.”

**80-year-old woman, homemaker living alone in an urban area**

One participant had found public transport easier to use because it was less crowded.

“If I went out for a long walk and picked up stuff that was heavy, I could jump on the streetcar. Even now, the streetcars have various degrees of emptiness because a lot of people are working from home and a lot of kids are taking lessons at home.”

**73-year-old man, retired accountant living with his spouse in an urban area**

However, for others, the quality of services differed depending on where they lived. One woman said the community-based services she had access to were good.

“We had a food delivery every two weeks. We got [fresh] vegetables earlier on and frozen vegetables later. A support worker called me every day from our local clinic. It was all arranged.”

**74-year-old woman, retired social worker living alone in a rural area**

However, another participant, also in a rural area, had found accessing services much more difficult.

“The health centre was only open for emergencies. The stores were limited and banking had to be done online. Most of the elders here have no clue how to access the internet. They have no cellphones. They have to have their children explain how it works.”

**66-year-old woman, retired teacher’s assistant living with her children in a rural area**

One participant recognised that the difference between older people’s enjoyment of their rights depended on where they lived.

“Older people are treated well here in [this area] of Newfoundland. You wouldn’t find the same problems here as you would in Ontario and Quebec.”

**90-year-old woman, former homemaker and community volunteer living alone in an urban area**

Others complained of inadequate services.

“My experience with services has been mixed. I was in hospital where I had a pacemaker put in, but while I was there, no one could come and visit me. We’ve heard that older people in nursing homes are found uncared for in their beds.”

**77-year-old man, retired pharmaceutical sales representative living with his spouse in an urban area**

Another area of concern was how to access services if English was not your first language.

“I’ve talked to neighbours on my street who have had some challenges when they have been to a doctor and haven’t had someone there to interpret for them and give an accurate description of what ails them. That’s an area that needs to be explored. How do we make sure that connections to public services are facilitated in other languages?”

**73-year-old man, retired accountant living with his spouse in an urban area**

### 3. Gaps in understanding rights

Older people understand their rights in different ways. They have varying levels of knowledge of their rights, with some having significant gaps.

Half of the older people interviewed said they were aware of their rights or of the need for equality for older people.

“The Ukrainian community in Canada is vigilant and activist. If anyone experiences discrimination, they would let someone know about it. They might approach the Ukrainian Mutual Aid and Canadian Ukrainian Congress. I don’t know many Ukrainian Canadians who would let mistreatment go because they have grown up in the Ukraine, a country where human rights were not important.”

**Man in his seventies, priest living alone in an urban area**

Participants said that elders were treated with respect.

“Most people here tend to respect the elders. They do a lot for elders and children. We work hard from an early age to respect our elders. Even if we didn’t agree with them, we still had to respect them. We never talk back to them.”

**66-year-old woman, retired teacher’s assistant living with her children in a rural area**

However, not everyone knew about their rights.

“Older people don’t know [about their rights]. They have health issues and are not treated nicely by health professionals [but] they have no idea where to go or who to talk to.”

**66-year-old woman, retired teacher’s assistant living with her children in a rural area**

One participant expressed particular concern about their rights in relation to medical treatment.

“I feel right now that the government is taking away our freedom. I’m a little scared of this. Things are being forced on me. Where does my freedom start and where does it stop? I am a little sceptical of what

future we have. I’d say most seniors are not aware that they have a right. When can we claim this right? I’m aware that if I was hospitalised and did not have any relatives, that’s when the issues would start. How would I be treated? How are the nurses trained? Would I be treated with dignity?”

**80-year-old woman, homemaker living alone in an urban area**

Another participant talked about knowledge and understanding of rights being dependent on who you knew.

“If I don’t understand something I will call someone that would know. But others don’t have that [option]. They wouldn’t know which way to turn. It was really hard for one elder that I know. She had no way of getting help. She didn’t understand what was going on or how to deal with it. She doesn’t have children to help her.”

**66-year-old woman, retired teacher’s assistant living with her children in a rural area**

### 4. Changes older people would like to see

Older people identified a number of changes they would like to see to the response to the pandemic that would better protect their rights and improve their lives.

Participants wanted to see a change in the way that care and support services were delivered. They wanted to see more recreational facilities and an end to privately run nursing homes. They wanted to see more standards in place.

“Protocols permit respect. Those in charge [particularly in the health sector] need to ensure updated protocols. If someone in care does not have family to advocate for them, they will suffer the most.”

**84-year-old woman, retired accountant living with her spouse in an urban area**

They felt that care workers should be better respected, better trained and better paid as a way to improve standards.

“Well, we’ve all heard on the news about the cases in nursing homes. It’s atrocious, the mistreatment. So wrong. The workers have to be better educated in how to care for older people. I heard from a personal support worker that they only have 10 minutes to help these people. They need more time as well as more training. The salary has to change too.”

**74-year-old woman, retired social worker living alone in a rural area**

They felt that older people did not have a choice about where to get the care and support services they needed.

“There are more people than ever going into assisted living. There’s no other choice, with people living as long as they are and needing support if they can’t take care of themselves.”

**90-year-old woman, former homemaker and community volunteer living alone in an urban area**

One participant said that it was individuals and not government or public agencies who could make a difference.

“Individuals should reach out to people and let others know they appreciate being reached out to. I think it’s basically a personal social issue that needs to be worked on. I don’t feel that agencies or governments can do any more than they are doing.”

**Man in his seventies, priest living alone in an urban area**

Others said the inequalities in society need to be addressed.

“Our society cannot continue to function in this way. We need to treat the old among us with a sense of decency and respect, and with an understanding that they have contributed to building our society. Sometimes they get forgotten because they have just gotten old. It’s not a good reflection of a healthy society. We’re not treating all of our citizens right.”

**73-year-old man, retired accountant living with his spouse in an urban area**

“I don’t think that elderly people are treated equally to others. Seniors are just pushed out of the way. You are old now, so out of the way.”

**77-year-old man, retired pharmaceutical sales representative living with his spouse in an urban area**

## Endnotes

1. <https://ipolitics.ca/2020/10/14/feds-consider-national-standards-for-long-term-care-as-homes-return-to-lockdown> (13 November 2020)

## What a convention would do

A UN convention on the rights of older people would:

1. **Be a solid base for a fairer society.** It would help ensure that all older people everywhere are treated in a fairer and more just way.
2. **Result in better services for all.** It would help ensure that governments, the private sector and others design and deliver services that respect older people’s rights.
3. **Be a clear guide.** It would be the go-to place to get guidance on what older people’s rights are and how to respect them.
4. **Be a driver for change.** It would set in motion a chain of events that would improve older people’s lives.

## How the consultation was conducted

The consultation was carried out in October 2020 with five women and five men over the age of 50. Due to COVID-19 public health restrictions, individual interviews were done by phone and video calls using non-probability sampling based on convenience and who was accessible to those carrying out the consultation.

The consultation questions were broad to allow respondents to talk about what was important to them. Questions focused on changes in their lives due to the pandemic, their experience of service delivery, knowledge of their rights, rights guaranteed in law and things they would like the government to do differently.

The findings are intended to capture the views of the nine older people interviewed and are not intended to be representative of the population of older people as a whole.

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