

# **Presentation to the Prime Minister's Caucus Task Force on Seniors**

2<sup>nd</sup> floor Board Room, Rosaria Centre  
Mount Saint Vincent University  
Saturday, November 1, 2003  
10:00 a.m.-Noon

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**Nova Scotia  
Advisory Council on  
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Good Morning, Task Force Members and Guests:

Thank you for the opportunity of presenting views of the Nova Scotia Advisory Council on the Status of Women this morning, on the important topics of poverty alleviation, eldercare, inclusion of elders with disabilities, and workforce issues.

These are all matters of vital importance. A "key message" that I want to leave with you today is this: each of the above issues affects women differently than it does men. Among the very old, those over 85, women outnumber men three to one. Because of the male-female differential in life expectancy, older women are much more likely to be widowed than older men: 82 per cent of all widowed persons are women. Close to 40 per cent of women aged 65 and over live alone, compared to 18 per cent of men. And, unattached individuals are at higher risk for poverty than people who live as part of a family. Nova Scotia has the highest rate of disability in Canada, and 47 per cent of women over 75 have a moderate to severe disability. Because of the mortality differential, there are 10,000 more disabled senior women in Nova Scotia than there are disabled senior men.

Women are more likely to be abused in their senior years, with financial abuse leading the way. It is important to continue work in the area of elder abuse, particularly to empower the abused elder to speak out without shame. Furthermore, it is important to disseminate knowledge that we already have. For example, a prevailing myth is that elder abuse is a result of caregiver stress. In fact, research conducted even ten years ago clearly demonstrated that the abusers of elderly people were usually relatives with serious dependency issues, individuals who have never established themselves as mature independent adults, so when confronted with the realities of caring for someone else are not able to do so. It is important to recognize these realities to avoid developing interventions that do not target the actual nature of the problem.

Without in any way seeking to minimize the concerns of aged men, I do want to emphasize that the relatively worse status of senior women reflects the ongoing and

cumulative inequalities of women throughout their life-span. Over the long run, creating a society where equality, fairness and dignity for all women is a reality will also eliminate the disparities between senior women and men that we see today.

Having begun with this overall message, I want to tell you about a research program in which the Advisory Council on the Status of Women shares leadership with the Atlantic Centre of Excellence on Women's Health. We call this the Healthy Balance Research Program. The Program is funded by the Canadian Institutes of Health Research for \$1.7 million over five years. We are now at the mid-point of this project, which focuses on women's paid work, unpaid caregiving, empowerment and health status. We want to know how women's work is related to their health, and want to identify what is needed to create the Healthy Balance visualized in our program name.

### *Income Security*

The relevance of the Healthy Balance work to this task force is that it highlights the centrality of carework for women throughout their lives, including into their senior years. A full 15 per cent of female retirees, retire into caregiving for someone else. And, of course, for many women "retirement" with financial security is an unrealizable dream because of non-standard paid work patterns. Fifty per cent of women's paid labour force participation now is not standard, nine-to-five, full-time permanent work as an employee. Such non-standard work does not readily lend itself to the accumulation of pension income and savings. So, the first three recommendations coming forward from this presentation are these:

#### ***Recommendation 1***

That Canada's income security systems for seniors be re-designed to provide greater opportunities for participation by people outside the standard full-time, full-year, life-long workforce participation patterns that have characterized men, but not women. A key element in such re-design will be to increase the participation of non-standard workers in pensions and retirement savings schemes.

#### ***Recommendation 2***

That seniors be allowed to maintain their RRSPs past the age of 70, provided they are still in the paid work force.

#### ***Recommendation 3***

That the application process for retirement and seniors' benefits be simplified, and where possible, automated. For example, the application process for survivors' benefits could become far simpler than it is now.

### *Homecare and Caring for the Caregiver*

The Healthy Balance Program has completed numerous focus groups with caregivers from a number of equity groups, including African-Nova Scotians, Mi'kmaq persons, immigrants and persons with disabilities. Among the results of this work is a clear recognition of the importance of adapting homecare and elder care programming to the cultural realities of participants.

#### ***Recommendation 4***

That Homecare Programs be designed and workers be trained to work with people from varied cultural backgrounds, with knowledge and accommodation of cultural differences, language, and customs. Of particular importance is the need to meet the concerns of off-reserve aboriginal persons.

In reading transcripts of focus groups with caregivers from many different walks of life and backgrounds, one gets an overall sense of exhaustion. One point made by a caregiver, is that she gets so tired by the end of the day that she's too exhausted to cook for herself. Offering advice, another caregiver in the group advised, "Boiled eggs are easy." It is that sense of having to reduce one's own needs to the simplest expedients, because there is not time, energy, or money for anything else, that is repeated by caregivers. Within Homecare programs then, it is imperative that the needs of caregivers, not just the needs of care recipients be taken into account.

#### ***Recommendation 5***

Homecare Programs must include adequate respite provisions to meet the needs of caregivers.

#### ***Recommendation 6***

That the contributions of caregivers be recognized financially, through self-managed care initiatives for example.

### *Disabilities*

Disability increases with age, and there are large numbers of senior women with disabilities, particularly with mobility impairments, in Nova Scotia. As the Prime Minister's Task Force has already recognized in the workbook distributed prior to these hearings, transportation is an important issue for this population, particularly for those

living in rural areas. With advancing age, it becomes increasingly problematic to continue driving both for cost and disability reasons.

### ***Recommendation 7***

That accessible transportation initiatives, with attention to rural areas and the real-life problems of those in need of transportation assistance, be a priority for the federal government, working closely with their provincial counterparts, to improve the mobility of seniors and thus their ongoing inclusion in the lives of their communities. Such programs should be community-based and build on work already under way, particularly within the disabled community.

### *Workforce Issues*

I have already touched on the workforce issues that arise for women as a result of the care they provide to others throughout the lifespan. The net effect is that many women remain economically vulnerable throughout their lives. And as I have indicated earlier, it is important for many older women to remain employable because they have not had the opportunity to build up pension credits at the same rate and pace as their male counterparts.

### ***Recommendation 8***

That the federal government support “phased retirement” initiatives, whereby people can work part time, but their pension entitlement does not diminish as a result. In other words, pension entitlement should be based on the five “best” years as opposed to the five “last” years of employment. Some pension plans already take this approach, and it should be expanded more widely.

The question was raised, whether tax deductions for volunteer time should be instituted. Tax deductions do not benefit people whose incomes are too low to pay taxes, or whose incomes are too low to manage the out-of-pocket expenses associated with volunteering.

### ***Recommendation 9***

That Seniors organizations be consulted directly to determine what measures would further enhance voluntary sector participation by seniors from all backgrounds, and particularly from low income levels. Furthermore, every effort should be made to consult with non-participating seniors to determine what measures they would find helpful in increasing their volunteer participation. For many, it will be respite from caregiving!

There are numerous additional recommendations that one could make. Not the least of these would relate to access to health care and particularly pharmacare. Given the short preparation time for this session, I am presenting to you those recommendations that have come up repeatedly, and, further, looking at recommendations that would have a particularly beneficial effect on women. I thank you for the opportunity to present, and look forward to your questions.