

SOCIAL ISOLATION OF INDIGENOUS SENIORS

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A report to inform Age Friendly
Edmonton in the implementation
of their vision to make Edmonton
age-friendly for all

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TABLE OF CONTENTS

Acknowledgements	1
Executive Summary & Highlights	2
Introduction	6
Background and Literature	8
Social isolation among seniors and risk factors	8
History of Colonization	8
Health outcomes among Indigenous seniors	11
Senior statistics and Indigenous statistics	12
Research Process	16
Results	18
Individual	18
Personal History	18
Family and Children	20
Current Health and Aging Experience	22
Living Situation	24
Cultural Participation	25
Friends and Recreation	26
Community	27
Community Programs and Services	27
Local Indigenous Activities and Groups	30
Cultural Awareness of Service Providers and Senior Community	31
Urban Indigenous Seniors	32
Transportation	33
Policy	34
Trauma and Reconciliation	34
Systems Navigation	35
Service Providers	36
Conclusion and Recommendations	38
Recommendations	39
Recommendations to community	39
Recommendations to service providers	39
Recommendations to policy makers	39
Sources	41
Appendix I. Interview and Focus Group Questions	45

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EXECUTIVE SUMMARY & HIGHLIGHTS

In Canada, the senior population is increasing at the fastest rate out of all age groups and is expected to become 23% of the population by 2031. In order to maximize the potential of Edmonton's growing senior population, the City of Edmonton and the Edmonton Seniors Coordinating Council co-lead Age Friendly Edmonton (AFE) with the vision of making Edmonton "a community that values, respects and actively supports the safety, diversity and wellbeing of seniors". One of the guiding principles of AFE is that "Services will be inclusive and respect diversity: they will be responsive to cultures, varied English language skills, marginalized individuals", in addition to being aligned with best practices, research and innovation.

Indigenous peoples have a heritage that precedes Canadian history while surviving colonization efforts. The unique challenges experienced by the urban Indigenous population has been known for decades through works such as those with the Royal Commission on Aboriginal Peoples. However, without current knowledge of their experiences, needs and desires, it will be extremely difficult to ensure that all Indigenous seniors are treated with respect and fully engaged in their communities. In order to explore social isolation of Indigenous seniors, the Edmonton Social Planning Council undertook a qualitative descriptive study with Indigenous seniors and service providers. An advisory committee comprised of leaders from both the Indigenous and senior communities were involved in the co-creation of research questions, participant recruitment, and data analysis. Together, the researcher team and advisory committee developed these research questions:

- 1) How do Indigenous seniors experience isolation in the City of Edmonton?
- 2) How do Indigenous seniors themselves define isolation and the ageing process?
- 3) What challenges, barriers or opportunities do Indigenous caregivers, service providers and/or other professionals providing services to Indigenous seniors experience in Edmonton?
- 4) How do Indigenous seniors experience barriers of access to programs and services that are meant to combat feelings of isolation?

KEY FINDINGS

Through semi-structured interviews, Indigenous seniors described a variety of relationships with their immediate family, fellow community, and social agencies. Findings were highlighted at the individual/family, community, and policy level to showcase the complexity the experiences of being an older, Indigenous adult who has survived trauma, family separation, premature death, and/or poverty.

INDIVIDUAL

- A history of trauma is excessively common among Edmonton's Indigenous seniors, and they are continuously impacted by its violent effects today. However, seniors often alluded to their resiliency and strength in spite of being subjected to abuse through the residential school system and the Sixties Scoop. Many have managed to develop healthy social networks and while supporting family and friends.
- Grandparents often become major parenting figures, and interaction with grandchildren is often considered as a source of healing. The bond is vital to the quality of life of the Indigenous seniors and provides them an opportunity to pass along cultural teachings and Indigenous language.
- Many seniors are likely to have health challenges as they age but Indigenous seniors are at higher risk of poor health. This is often not taken into account by policymakers or service providers.
- Indigenous seniors may avoid important activities that necessitate interaction with authority figures, such as medical checkups, engaging with financial institutions, and citizenship activities like voting because they have lost trust in mainstream institutions.
- Most Indigenous seniors interviewed have been living in cities for decades. They have been separated from their traditional lands, ceremonies, languages, customs, and lifestyles for prolonged periods of time. Many found it difficult to

"I check up and see if [my friends] made it through the weekend. A lot of them, all they really need is to be listened to."

adjust in a city where there is limited social and emotional support in comparison to those that were available on the reserve.

- Indigenous seniors are likelier to live in low income. They may feel unsafe in their neighborhoods and they prefer not to leave their homes.

COMMUNITY

Service providers are important to Indigenous seniors for accessing needed resources, participating in community programs, and advocating for change. They can be the major conduit through which Indigenous seniors might have social interaction or develop friendships.

- There is a higher need for more representation of Indigenous peoples as frontline workers including social work, healthcare, and community agencies to generate more trust and understanding.
- Many Indigenous programs and agencies developed a regular dialogue with participants in regards to services and cultural programming. Though this took time, it allowed Indigenous seniors to develop stronger social networks and companionships with other program participants.
- Some Indigenous seniors may prefer companionship programs over group events because they feel safer and more comfortable.
- Institutional environments may trigger memories of abuse they suffered in residential schools, which elicit avoidant behaviors. There is a lack of trauma-informed practice among programs targeted towards social integration or community building.

“Inclusiveness is not a reality because we are often left out of the picture, purposely very often. Then again, that’s what makes us so resilient. We are forced to be resilient in order to survive.”

CULTURAL PRACTICES AWARENESS

- Regular smudges, powwows, crafts, art, and other activities specific to Indigenous culture and well-being are increasingly practiced, even among non-Indigenous organizations.
- Indigenous seniors often experience cultural activities as a way to reconnect with their history and sense of self in adulthood. However, there can be disconnect as some Indigenous seniors have not practiced for many years and feel that they have grown away from it.
- There is ample diversity within the Indigenous community, and a one-size-fits all approach for Indigenous seniors may be inappropriate. Needs may vary according to being Status or Non-Status, and First Nations, Métis, or Inuk.

“They’re going to feel more comfortable accessing the services if it’s not like a white person. There’s the kind of ease that comes with understanding their experience that can’t really be taught.”

TRANSPORTATION

- Public services such as Edmonton Transit Service (ETS) are the main mode of transportation for Indigenous seniors. ETS senior passes are only available for those aged 65 and older, and low-income transit passes may be difficult to access.
- There is a shortage of flexible and affordable transportation for seniors to and from social events. Taxi cabs are an option, but are not financially sustainable. Transportation is a key barrier for seniors wanting to access cultural activities, especially those that are not in the city.

POLICY

Strategies to address social isolation among Indigenous seniors must go beyond treating the symptoms and focus on individuals, families, and communities reclaiming cultures, traditions, ways of life, languages, worldviews, and ceremonies that were threatened during the colonial era and that continue to be threatened today.

TRAUMA AND RECONCILIATION

- There is a lack of collective action to elevate Indigenous organizations to positions of leadership in order for them to exercise their right to self-determination.
- Many Indigenous families are separated from their families and their children as a direct result of the Sixties Scoop, resulting in deep loneliness and distress.
- Discrimination and racism cause social isolation by making Indigenous seniors feeling unsafe to leave their home, consult with healthcare practitioners, or attend social programs.

SYSTEMS NAVIGATION

- It can be extremely challenging to navigate accessing resources both at the community and governmental level due to the required paperwork and language barriers. This is often exacerbated by being on- or off-reserve, being registered with the Indian Act, and confusion about provincial versus federal jurisdiction. This may result in Indigenous seniors not accessing the critical aid they are entitled to, such as health funding and government benefits.
- Many Indigenous peoples have been mistreated by staff of social agencies or healthcare practitioners due to a lack of cultural awareness and therefore became avoidant or mistrustful.
- Lateral violence existing within the community may actively discourage Indigenous representation within organizations.

"A lot of social isolation comes from prejudices in society, discrimination, racism, colonization ... And what does that all come back to, what does it fall on? It falls on one word. Respect."

RECOMMENDATIONS

The following recommendations are proposed based on the data collected and analysis done in partnership with the advisory committee:

RECOMMENDATIONS TO COMMUNITY

- Recognizing that there is an urgent need to respect and promote the inherent rights of Indigenous peoples to live without facing discrimination, governments need to engage the broader senior population in cultural awareness and anti-racism movements. This may be attained through collaboration with agencies such as EndPovertyEdmonton or the Edmonton Shift Lab.

RECOMMENDATIONS TO SERVICE PROVIDERS

- Increase transportation options for Indigenous seniors to access social events, including those outside of the city or on-reserve that are accessible, affordable, and appropriate. This could be through modifying or improving the Disabled Adults Transit Service system or partnering with the Medically At-Risk Driver Centre or the Rural Transportation Pilot Program.
- Increase historical and cultural awareness among frontline health and social service providers about the impacts of colonial violence experienced by Indigenous seniors and how it influences the present day. This may include expanding mandatory training available to service providers to include trauma-informed practice.
- Establish culturally appropriate long-term care and permanent supportive housing facilities that are Indigenous-lead and are equipped to provide opportunities for cultural practices. This could be attained by working with those who develop affordable housing, such as NiGiNan Housing Ventures, Capital Region Housing or Right to Home.
- Recognizing that Indigenous seniors may feel more comfortable with home visitations or one-on-one programs, there is a need for increased funding or resources to expand outreach-focused programs.

RECOMMENDATIONS TO POLICY MAKERS

- Honoring the right of Indigenous peoples to self-determination, Indigenous seniors and the community should be engaged in the decision-making and design of available programs and services. Indigenous people have the right to determine and develop their own priorities when developing health, housing, and other programs. As much as possible, Indigenous organizations should be looked to as leaders for reducing social isolation in Indigenous seniors, and supported as much as possible by the community-at-large. This could include engagement with City of Edmonton Recreation Centres, the EndPovertyEdmonton Indigenous Circle, or the Edmonton Indigenous Seniors Centre.
- Improve infrastructure for seniors as a whole and ensure that these are accessible to Indigenous seniors related to service directories, help lines, and access to mental health supports. This may include working with 211 and other existing directories that recognize the additional bureaucratic challenges that Indigenous seniors face. Exploration must be done as to why low-income rates for Indigenous seniors are higher as compared to the rest of the senior population.
- Promote and encourage Indigenous students within higher education, with the ultimate goal of addressing lower graduation rates and increase representation of Indigenous peoples as healthcare practitioners and service providers.

*“The creator was kind and saw fit to keep me around yet for a while.
Your days ain’t numbered, you have a lot of work to do.”*

INTRODUCTION

In Canada, the number of seniors is increasing rapidly at approximately four times the growth rate of the total population (Beaulieu, James, Emmerton, Evanchuk, & Smith, 2017). It is estimated that across Canada, the proportion of seniors will rise to 23% of the total population by 2031 (Grenier, 2017; Statistics Canada, 2017). In order to maximize the potential of Edmonton's growing seniors population, the City of Edmonton and the Edmonton Seniors Coordinating Council co-lead Age Friendly Edmonton (AFE) with the vision of making Edmonton "a community that values, respects and actively supports the safety, diversity and wellbeing of seniors". Using the framework from the World Health Organization's *Global Cities and Communities* and considerable community/stakeholder input, the work of the past five years has been guided by a *Vision for an Age-friendly Edmonton Action Plan*. The *Action Plan* provides a strategic direction with actionable goals in nine key areas such as Respect and Social Inclusion and Healthy Aging. The next phase of AFE, as outlined in *Age Friendly Edmonton: The First Five Years*, will continue the path of collaborative action. Based on community consultation and feedback, AFE has a renewed focus on four priority areas: Reducing Ageism, Supporting Ageing in Place, Encouraging Intergenerational Connections and Responding to Diversity (Age Friendly Edmonton, 2018).

While efforts have begun in Edmonton to understand the needs of the seniors population at large, as well as the unique needs of newcomers, migrants, and seniors from an ethno-cultural community (Age Friendly Edmonton, 2018), there is a paucity of information on Indigenous seniors' contemporary needs and contexts. One of the guiding principles of AFE is that "Services will be inclusive and respect diversity: they will be responsive to cultures, varied English language skills, marginalized individuals", in addition to being aligned with best practices, research and innovation. Indigenous seniors in Canada can experience social isolation similarly to seniors of other cultural or linguistic backgrounds such as: living alone; having no children; being aged 80 or over; living in low-income; experiencing language or cultural barriers; having a disability; and transportation issues (Miller, Simpson, Buckle, & Berger, 2015). However, Indigenous peoples have a unique heritage that precedes Canadian history. Without foundational knowledge of their experiences, needs and desires, it will be extremely challenging to ensure that all Indigenous seniors are treated with respect and fully engaged in their communities.

"Social participation and social support are strongly connected to good health and well-being throughout life," argues the World Health Organization in its guide to age friendly cities (World Health Organization, 2007). Existing research confirms that isolated or hard-to-reach seniors experience increased risks for a range of poor health outcomes and tend to experience a lower quality of life (Government of Canada, National Seniors Council, 2014). Social isolation has also been correlated to other challenges facing Canada's elderly population, including elder abuse, financial scams, and fear of crime or theft. Social isolation intersects with other marginalization factors, disproportionately affecting ethnic minorities and newcomers to Canada, LGBTQ seniors, and those living in poverty or experiencing mental health or addiction challenges (Sibley, Thompson, & Edwardh, 2016).

Many Indigenous seniors are still healing from historical events of colonization such as the residential school system and the Sixties Scoop (Sibley et al., 2016). The Sixties Scoop was a period from the 1960's to 1990's in which thousands of Indigenous children were removed from their birth families and placed in non-Indigenous environments where they were isolated from their traditional cultures, languages and customs (Sinclair, 2004). The cumulative impact of the residential school system and other historical injustices is a legacy of unresolved trauma passed from generation to generation (Truth and Reconciliation Commission of Canada, 2015).

According to a study by Halton Community Development, interventions to reduce or prevent social isolation "will not succeed until further research is conducted on social isolation and loneliness in the Canadian ageing population" (Sibley et. al, 2016). Following roundtables across the country, the National Seniors Council noted that there is a need to investigate the impact and quality of current practice (Braun, Browne, Ka'opua, Kim, & Mokuau, 2014; Government of Canada, 2016). The field of Indigenous gerontology requires partnerships with Indigenous seniors, families and communities and the use of participatory and transformative methods (Braun et al., 2014). According to the *United Nations Declaration of the Rights of Indigenous Peoples* (UNDRIP), Indigenous individuals have an equal right to the highest attainable standard of physical and mental health, and governments should take necessary steps to achieve this. Specific to Edmonton's context, the *2015 Older Adults Needs Assessment* recommends further investigation into the current network of outreach services in addition to determining what

processes or techniques have been implemented in other cities to successfully address this issue (Edmonton Seniors Coordinating Council, 2011). Embracing the growing global movement towards Age Friendly Cities means becoming an age friendly city for everyone, including our most vulnerable and disadvantaged Indigenous seniors.

The *Vision for an Age Friendly Edmonton* articulates the need to create a plan for outlining how community organizations can support isolated seniors. The project components are designed to determine what aspects of social isolation are unique to the experience of Indigenous seniors through partnering with Indigenous community organizations. It is crucial to use the definition of social isolation as provided by the Indigenous seniors because Indigenous cultures have a holistic perspective on spiritual, mental, physical, emotional and social wellbeing that may contradict the dominant Western perspectives on the topic. The researchers used the Indigenous understanding of the term as defined by Indigenous seniors participating in the project (Edmonton Seniors Coordinating Council, 2011). To better understand the needs of Indigenous seniors, an advisory committee was struck that comprised of leaders in the Indigenous and/or senior community. Personal stories concerning isolation and loneliness were collected from Indigenous seniors themselves, as well as information and perceptions about the programs available to Indigenous seniors. The advisory committee and researchers agreed upon the following questions:

- 1) How do Indigenous seniors experience isolation in the City of Edmonton?
- 2) How do Indigenous seniors themselves define isolation and the ageing process?
- 3) What challenges, barriers or opportunities do Indigenous caregivers, service providers and/or other professionals providing services to Indigenous seniors experience in Edmonton?
- 4) How do Indigenous seniors experience barriers of access to programs and services that are meant to combat feelings of isolation?

This report includes an introduction and overview of the issue, the methods and results of our work with Indigenous seniors, and recommendations to service providers and policymakers. A brief summary of the impacts of colonial history is also included, pertaining to residential schools, the Sixties Scoop, and current implications.

BACKGROUND AND LITERATURE

SOCIAL ISOLATION AMONG SENIORS AND RISK FACTORS

As defined by Family and Community Support Services Calgary (Adelman, Tmanova, Delgado, Dion, & Lachs, 2014), social inclusion is the “ability to fully participate in, contribute to, and benefit from all aspects of society”. The concept of social inclusion encompasses the ability to purchase goods and services, participate in local or national political processes, and be integrated with family, friends and community. A more detailed method of contextualizing the meaning of social inclusion includes “a multi-dimensional, relational process of increasing opportunities for social participation, enhancing capabilities to fulfill normatively prescribed social roles, broadening social ties of respect and recognition, and at the collective level, enhancing social bonds, cohesion, integration, or solidarity” (Silver, 2015). This definition is more sensitive to cultural differences that may exist within communication, social relationships, economic wellbeing, familial ties, and individual wellbeing. In many Indigenous cultures, the medicine wheel teachings are central to achieving a healthy mind and healthy relationships (Lavallee & Poole, 2009; Partridge, 2010). Wenger-Nabigon (2010) outlines that the medicine wheel teachings convey the wisdom of Indigenous culture and knowledge and teaches the idea of balance in human development. Silver’s (2015) definition recognizes that experiencing social exclusion can be the result of a variety of physical, emotional, mental, or spiritual challenges. It is clear that social inclusion can mean different things to different populations. Social inclusion thus, is an indicator of healthy relationships between individuals, and has various implications for well-being. For the purpose of this project, efforts will be made to determine what inclusion, exclusion, loneliness and isolation means specifically for Indigenous seniors in the City of Edmonton and factors which may impact social inclusion.

Sibley et al. (2016) acknowledge that while social isolation and loneliness are often linked, it is crucial to recognize that isolation does not always lead to loneliness. While often happening concurrently, loneliness and isolation are two different phenomena. Loneliness results from “discrepancies between ideal and perceived social relationships”, meaning that loneliness is not necessarily the same as being alone (Brémault-Phillips et al., 2016; Employment and Social Development Canada, 2018; Government of Canada, 2016). An individual can feel lonely despite having a widespread social network and participating in their community. The authors define social isolation as an objective experience that involves a lack of feelings of belonging to a local community and a lack of interpersonal relationships (Sibley, Thompson and Thompson, 2016). Loneliness can occur when an individual views their social relationships as unsatisfying, while social isolation can be recognized by observing a person’s relationships, making it a more objective experience.

Indigenous seniors, newcomers, caregivers, and LGBTQ seniors are at a higher risk of experiencing loneliness or social isolation than the general senior population (Beaulieu et al., 2017; Employment and Social Development Canada, 2018; Stewart et al., 2009). Older immigrants, low-income seniors and minority ethnic groups are at higher risk of becoming lonely or isolated because they participate in less social events as a result of language barriers, literacy challenges or experiences of discrimination. Indigenous seniors can experience a variety of unique risk factors such as: higher levels of poverty and unemployment; higher mortality and morbidity rates; family separation during the residential school period and the Sixties Scoop; substandard housing, and lack of access to community and social services. Indigenous seniors can also experience a variety of barriers when attempting to access health and social support such as: limited access to professional healthcare services and providers; a lack of a family caregiver; significant educational and training needs for healthcare professionals; high rates of depression due to traumatic experiences; a lack of understanding of Indigenous cultural practices and norms among professionals; a lack of culturally relevant programs and services; language and cultural barriers; experiences of discrimination, and the impacts of cultural dispossession and the resulting intergenerational trauma (Beaulieu et al., 2017; Gabel, Pace, & Ryan, 2016; Government of Canada, 2016; Lavallee & Poole, 2009; Rosenberg et al., 2009)

HISTORY OF COLONIZATION

The residential school system in Canada began in the second half of the nineteenth century. By the 1930s there were 80 schools across the country and the last one did not close until 1996 (Stout & Kipling, 2003). This system was part of a widespread and aggressive assimilation policy funded by the federal government meant to strip Indigenous children and teenagers of their

identities, traditions, cultures, languages, and ways of life (Howard, 2014). Indigenous children were forbidden to speak their traditional languages and were made to believe they were primitive and barbaric. This loss of language resulted in a restricted ability to communicate with parents, extended family, and Elders when children were reunited with their communities. Children were taught that all of their cultural practices such as rituals and ceremonies were the work of the devil and were made to believe they would be punished for practicing these traditions (Partridge, 2010). Significantly, children were taught that the storytelling of their parents, grandparents, and community Elders were not true and were forced to forget them, resulting in the loss of the oral histories of many Indigenous nations. Therefore, when children left the schools they were often completely disconnected from their traditions and cultures. This extensive colonial violence had negative impacts on the mental, physical, spiritual, and emotional wellbeing of the children who attended a residential school, and continues to have repercussions for Indigenous families, communities, and entire nations. The present health challenges among Indigenous populations are a symptom of the historical trauma caused by the removal of children from their communities, the banning of many cultural practices, the loss of culture, language and traditions, forced relocation, and assimilation policies (Bombay, Matheson, & Anisman, 2014; Brave Heart, Chase, Elkins, & Altschul, 2011; Gone, 2013).

Through the Truth and Reconciliation Commission (TRC), Indigenous peoples were encouraged to tell the stories of their experiences in residential schools. Survivors told stories of trauma, neglect, physical and sexual abuse, manipulation and family separation. Children were forcibly removed from their families and sent to residential schools without consent. Florence Horassi was taken to the Fort Providence, Northwest Territories school in a small airplane: “When the plane took off, there’s about six or five older ones, didn’t cry, but I saw tears come right out of their eyes. Everybody else was crying. There’s a whole plane crying. I wanted to cry, too, ‘cause my brother was crying, but I held my tears back and held him” (Truth and Reconciliation Commission of Canada, 2015). Many survivors recounted stories of feeling traumatized when they were forced to cut their hair, which has cultural significance in Indigenous communities. Even when siblings attended the same residential school, they were often forbidden from playing together or sitting together at meals. Daniel Nanooch recounted that he spoke with his sister only four times a year at the Wabasca, Alberta residential school. He explained that, “They had a fence in the playground. Nobody was allowed near the fence. The boys played on this side, the girls played on the other side. Nobody was allowed to go to that fence there and talk to the girls through the fence or whatever, you can’t.” Another survivor named Archie Hyacinthe compared the experience of being forced to attend a residential school to being captured and held captive, “That’s when the trauma started for me, being separated from my sister, from my parents, and from our, our home. We were no longer free. It was like being, you know, taken to a strange land, even though it was our, our, our land, as I understood later on” (TRC, 2015).

Residential school students were forced to experience a variety of traumatizing events. Isabelle Witford said that prior to attending the Sandy Bay School she had not experienced physical discipline, “All my dad have to do was raise his voice, and we knew what he meant. So, when I first got hit by the nuns, it was really devastating ‘cause how can they hit me when my parents didn’t hit me, you know?” As a result of being traumatized in such a harsh and alien environment, it was common for children to wet their beds. Wendy Lafound said that at the school in Prince Albert, Saskatchewan, “if we wet our beds, we were made to stand in the corner in our pissy clothes, not allowed to change” (TRC, 2015). In addition to being forcibly removed from their cultures, traditions and languages and experiencing physical and psychological abuse, many survivors spoke of being raped while at the schools. Survivors recounted how the abuse began by being summoned to a staff members’ room, being stalked by staff members, or being groped while passing by. At the school in Fort Albany, Ontario, Josephine Sutherland spoke of being cornered by one of the lay brothers, “I couldn’t call for help, I couldn’t. And he did awful things to me.” The abuse experienced by the children was of varying intensity but all experiences had negative impacts on the mental and physical wellbeing of the victims throughout their lives. Agnes Moses retold the story of being molested by a group of girls at a hostel in Northern Canada, “I never quite understood it, and it really wrecked my life, it wrecked my life as a mother, a wife, a woman, and sexuality was a real, it was a dirty word for us” (TRC, 2015).

The legacies of residential schools can also be felt in family structures. As a result of growing up in such a strict and regimented environment, many survivors experienced difficulty in becoming patient and loving parents. Genine Paul-Dimitracopoulous’s mother was placed in a residential school in Nova Scotia as a very young child. Knowing her mother’s experience with harsh discipline in the residential school helped Paul-Dimitracopoulous understand, “how we grew up because

my mom never really showed us love when we were kids coming up. She, when I was hurt or cried, she was never there to console you or to hug you. If I hurt myself she would never give me a hug and tell me it would be okay. I didn't understand why." Alma Scott of Winnipeg explained that, "a direct result of those residential schools because I was a dysfunctional mother.... I spent over twenty years of my life stuck in a bottle in an addiction where I didn't want to feel any emotions so I numbed out with drugs and with alcohol.... That's how I raised my children, that's what my children saw, and that's what I saw" (TRC, 2015).

In addition to the historical trauma brought about by the residential school system, during the Sixties Scoop, thousands of Indigenous children were forcibly removed from their homes and adopted into mainly non-Indigenous families across the country. Approximately 70% of the children taken during this period were adopted into non-Indigenous families. This policy came with a rapid increase of Indigenous children in government care in Canada: a 44% increase in Alberta; 51% in Saskatchewan, and 60% in Manitoba (Sinclair, 2004). According to the 2016 Census, 7.7% of all children under the age of 14 are Indigenous (Government of Canada). In contrast, 52.2% of children in foster care under the age of 14 are Indigenous. The removal of children from their families and communities and placing them in white families had lasting cultural implications and the separation of Indigenous children from their families continues today (Bombay et al., 2014; Kirmayer, Simpson, & Cargo, 2003).

The Truth and Reconciliation Commission of Canada was initiated to educate Canadians on the harmful history of residential schools, the Sixties Scoop, and to guide a process of reconciliation and healing for all Indigenous peoples in the country (TRC, 2015). The Commission believes that true reconciliation cannot be a reality unless the complex legacy of the residential school system is understood, acknowledged, and addressed by all levels of government and by the general public. More currently, on May 28, 2018, Premier Rachel Notley apologized on behalf of the Government of Alberta to survivors of the Sixties Scoop (Government of Alberta, 2018). This apology was part of Alberta's commitment to reconciliation and brought together survivors, Elders, and representatives from numerous Indigenous communities to share stories, songs, and dances. Over 800 individuals divulged their traumatic experiences of having their children taken away or of being taken away.

Former students of residential schools are beginning to file lawsuits against the federal government and churches over the treatment they experienced at the schools. By 2005, more than 18,000 survivors have filed lawsuits against the federal government, churches and other institutions or individuals involved (TRC, 2015). The Indian Residential Schools Settlement Agreement (IRSSA) was reached in 2006 and was approved by the courts in 2007. The Settlement agreement committed the federal government to providing funding for initiatives to reflect on the residential school experience. It has five main components including the Common Experience Payment where former students receive \$10,000 for the first year they attended and an additional \$3,000 for each additional year they were forced to attend. Additionally, the Independent Assessment Process compensated claims of survivors who experienced physical or sexual abuse (TRC, 2015). Although many cases have been successful, courts were not willing to compensate Indigenous communities on issues of importance, such as loss of language and culture. However, funding was provided to the Aboriginal Healing Foundation to support reconciliation efforts and to fund the commemoration of the residential school experience in Canada. The court approval of the IRSSA was followed by the formal apology of Stephen Harper's federal government. The apology recognized that the purpose of the residential school system was to remove children from their cultures and traditions and to assimilate them into the broader Canadian culture. Harper said, "These objectives were based on the assumption Aboriginal cultures and spiritual beliefs were inferior and unequal. Indeed, some sought, as it was infamously said, 'to kill the Indian in the child.' Today, we recognize that this policy of assimilation was wrong, has caused great harm, and has no place in our country." In response, Phil Fontaine, then National Chief of the Assembly of First Nations, stated that the apology marked a new beginning in the relationship between Indigenous peoples and the rest of Canada (TRC, 2015).

The Truth and Reconciliation Commission of Canada (2015) states that collective efforts and mobilization from all generations are required to revitalize and heal the relationship between Indigenous peoples and the Canadian society and government. The Commission recognizes that historical trauma can have negative impacts on the current mental and physical health of Indigenous individuals, families, communities, and nations. This historical oppression is still entrenched within current societal structures and institutions, and as a result, this population may feel resentment and be unwilling to seek services that could assist them in addressing their feelings of social isolation or loneliness. There is a significant need to incorporate Indigenous

ways of knowing into future interventions to address these challenges (Sibley et. al, 2016). Programs to address social isolation among Indigenous seniors must consider how past and present experiences of colonialism impact their mental, physical, spiritual, emotional, and psychological health. Braun et al. (2013) explain how historical trauma theory connects the experience of colonialism to the current health outcomes of Indigenous peoples. The authors explain that Indigenous peoples have experienced subjugation, loss, and negative health outcomes such as depression, self-destructive behaviour, and chronic bereavement (Braun et al., 2013). Younger generations can be negatively impacted by this trauma through exposure from parents and grandparents. Families may have a reduced capacity to parent children, as many parents and grandparents were forcibly removed from their homes and cultures at very young ages. Older generations can also transmit learned assumptions about their cultures and traditions, including ideas of inferiority learned during their time in residential schools. As a result, “populations historically subjected to long-term, mass trauma exhibit higher prevalence of disease even several generations after the original trauma occurred” (Braun et al., 2013).

Family caregivers for Indigenous seniors may also be lacking in number, due to early separation from their children as part of the Sixties Scoop, or intergenerational trauma, or compromised parenting styles (Habjan, Prince, & Kelley, 2012; Peiris, Brown, & Cass, 2008; Wesley-Esquimaux & Smolewski, 2004). In addition, due to the unpredictable nature of the health of many Indigenous seniors coupled with systemically lower incomes, their caregivers may face additional burden associated with providing care (Parrack & Joseph, 2007). Pace (2013) describes the challenges and stressors experienced by the informal caregivers of seniors who have dementia. In many First Nations communities, respite services or support groups are inaccessible, leading to higher rates of burnout and poor health outcomes for informal caregivers. A lack of access to resources that could improve the quality of care for the senior can worsen the struggles that caregivers experience. Lack of resources can lead to individual perceptions that the needs of the caregiver are not being met in a variety of areas. These areas include: inadequate transportation services; lack of availability for homecare; lack of respite hours; inadequate knowledge of existing services; lack of social support, and few home visits for the individual with dementia. Other challenges include a lack of follow-up from a health care professional, a lack of access to traditional healers. Because there are fewer caregivers of Indigenous communities, those who are caregivers, nurses, or social workers, may have a disproportionately high burden placed on them as well, due to the close-knit nature of the community (Beaulieu et al., 2017). They are especially at risk of burn-out, and other negative consequences.

HEALTH OUTCOMES AMONG INDIGENOUS SENIORS

The impact of colonial history can be seen today when investigating the health outcomes of Indigenous peoples, the number of Indigenous children in government care, and the educational attainment of Indigenous peoples throughout Canada. Reconciliation efforts must continue in a way that is valuable for Indigenous communities and nations and that allows them to heal and reclaim their cultures and traditions (TRC, 2015). Similarly, Pace (2013) explains that historical trauma may be considered a factor that can increase the risk of health conditions among Indigenous seniors. The author completed a study in which participants connected past and present experiences with colonialism to changing ways of life, family structures, the role of Elders in the communities, and in the use of traditional Indigenous languages. First Nations, Métis, and Inuit seniors often experience poorer health outcomes than non-Indigenous Canadians. Chronic health conditions such as heart disease, obesity, and diabetes are more prevalent among Indigenous seniors than in the non-Indigenous senior population. Many Indigenous seniors also experience mental health struggles such as depression or post-traumatic stress disorder (PTSD) as a result of the harmful residential school system. Many Indigenous seniors also struggle with mental health issues such as depression, suicidal ideation or PTSD as a result of the harmful residential school system (Elias et al., 2012).

Despite having additional health challenges, Indigenous seniors can often experience a lack of access to physicians or specialists, which can worsen existing health problems (Health Council of Canada, 2013). Indigenous seniors can also experience a variety of barriers when attempting to access health services and social support, such as: limited access to professional healthcare services and providers; a lack of a family caregiver; significant educational and training needs for healthcare professionals; high rates of depression due to traumatic experiences; a lack of understanding of Indigenous cultural practices and

norms among professionals; a lack of culturally relevant programs and services; language and cultural barriers; experiences of discrimination and the impacts of cultural dispossession and the resulting intergenerational trauma (Beaulieu et al., 2017; Gabel et al., 2016; Lavallee & Poole, 2009; Rosenberg et al., 2009). Many studies have shown that Indigenous seniors experience a variety of health challenges but generally underutilize crucial health services. A number of barriers to accessing services must be considered such as affordability, language and culture, jurisdiction, and challenges Indigenous seniors experience when navigating the system. The limited cultural and historical knowledge of policy makers and care providers can exacerbate these barriers (Beatty & Berdahl, 2011). Underutilization of services can be attributed to colonial violence and persisting racism that create significant mistrust of mainstream institutions (Miller et al., 2015). A

The National Aboriginal Health Organization (2010) conducted a study to identify the gaps and opportunities for improvement in health programs and services for First Nations seniors. After completing interviews with health workers in First Nations communities across the country, the organization found that the following conditions are the most common: diabetes, heart disease, mental health issues, high blood pressure, arthritis, cancer, nutrition issues, chronic illness, substance abuse, mobility issues, and respiratory illness. This population can also experience elder abuse, isolation, challenges in accessing housing, loss of culture, lack of access to transportation, and lack of services. Research has shown that PTSD can lead to significant distress that can inhibit everyday functioning and can also lead to other problems such as substance abuse challenges and other mental health diagnoses (Bellamy & Hardy, 2015). Bombay, Matheson, & Anisman (2014) found that thoughts about cultural identity and past losses can contribute to the health and social outcomes of Indigenous seniors. Preliminary research has shown that historical trauma that causes harm to an individual's relationship with their family, community, and nation may be connected to feelings of depression and sadness. In addition, trauma that causes physical harm to individuals, communities and sacred lands can be connected to symptoms of PTSD and anxiety (Bombay et al., 2014).

SENIOR STATISTICS AND INDIGENOUS STATISTICS

According to data from the 2016 Census, within the Edmonton Census Metropolitan Area (Edmonton CMA) there are 1,297,280 individuals, of whom 12.3% are seniors. Within Edmonton, 76,205 individuals identified as First Nations, Métis or Inuk and/or are Registered or Treaty Indians (that is, registered under the Indian Act of Canada) and/or have membership in a First Nation or Indian band. The breakdown of the Indigenous population according to age can be found in Figure 1. Based on recommendations from the advisory committee, the age threshold for Indigenous seniors is considered 55 years of age and older. When comparing the proportion of those who are Indigenous compared to the rest of the population, it can be seen that there are disproportionately fewer older adults who are Indigenous (Figure 2). Of the 305,720 Edmontonians aged 55+, 3.2% are Indigenous, with 1.1% being First Nations and 2.0% identifying as Métis. With the exception of those aged 0 to 14, there are more individuals who identify as Métis in each age group compared to Inuk and First Nations. Of the Inuk people, there are 1,110 individuals in Edmonton, and roughly 120 of whom are older than 55 years. Two disclaimers must be made about this data. One is that enumeration for the Aboriginal Population Profile may not be as accurate for those living on reserves. Secondly, the terms "Aboriginal" or "Indian" are offensive to some individuals, which is not the intention of this report – they are official terms used by federal bodies.

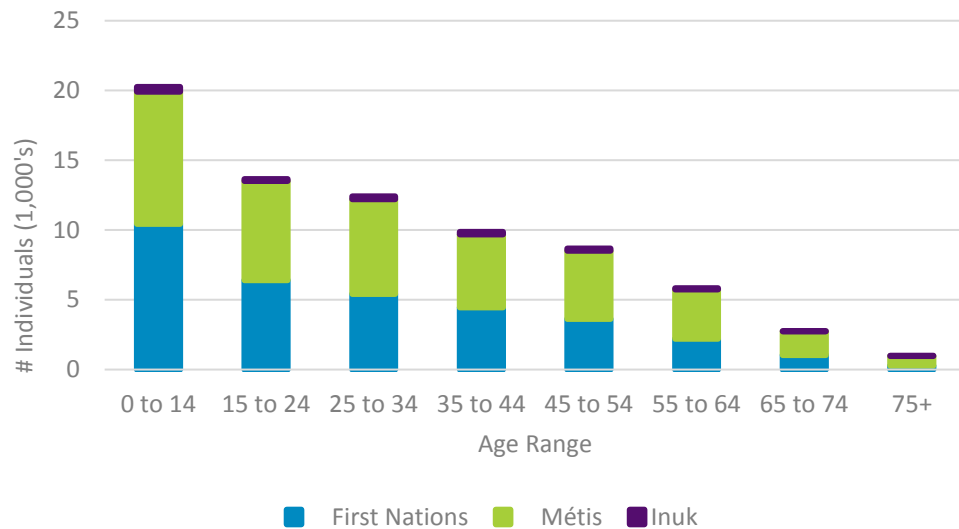


Figure 1. Number individuals identifying as Aboriginal in Edmonton, CMA, Census 2016

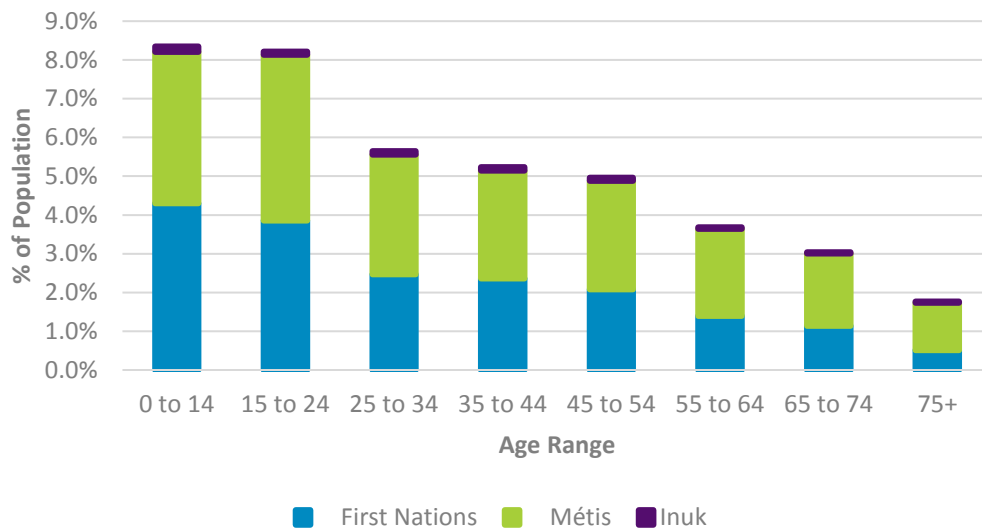


Figure 2. Percent of individuals identifying as Aboriginal in Edmonton, CMA, Census 2016

There are disproportionately fewer Indigenous seniors compared to non-Indigenous seniors. This can be linked to lower levels of educational attainment and income compared to their non-Aboriginal counterparts contributing to health disparities and increasing their risk of avoidable death (Park, Tjepkema, Goedhuis, & Pennock, 2015). A longitudinal study spanning 15 years illustrated a disproportionate burden of mortality among the Indigenous population. Analysis based on Canadian Census data suggests that compared with their non-Indigenous counterparts, First Nations cohort members were significantly more likely to die prematurely. First Nations men were twice as likely to die from preventable causes, and First Nations women were 2.5 times more likely. The most common causes of death included drug and alcohol use disorders, unintentional injuries, diabetes, and infections (for women).

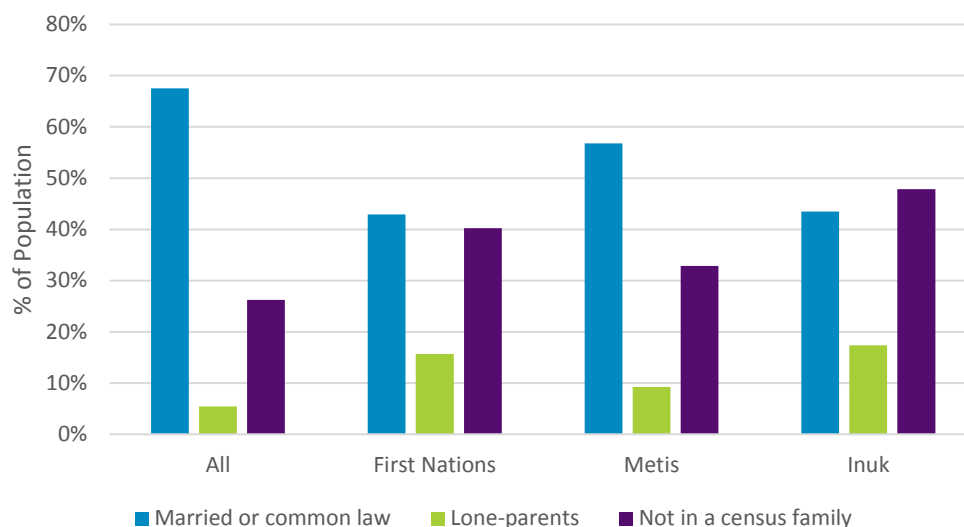


Figure 3. Percent of population aged 55+ by household type, Edmonton CMA, 2016 (Statistics Canada, 2018)

The household structures of Indigenous seniors are different from that of the total population (Figure 3). Fewer Indigenous seniors lived as married or common law couples. They are far likelier to be lone-parents, to live alone, live with people they are not related to, or to live with their grandchildren. This suggests that assumptions should not be made about Indigenous household structures, and that these structures should be considered when designing programs or services.

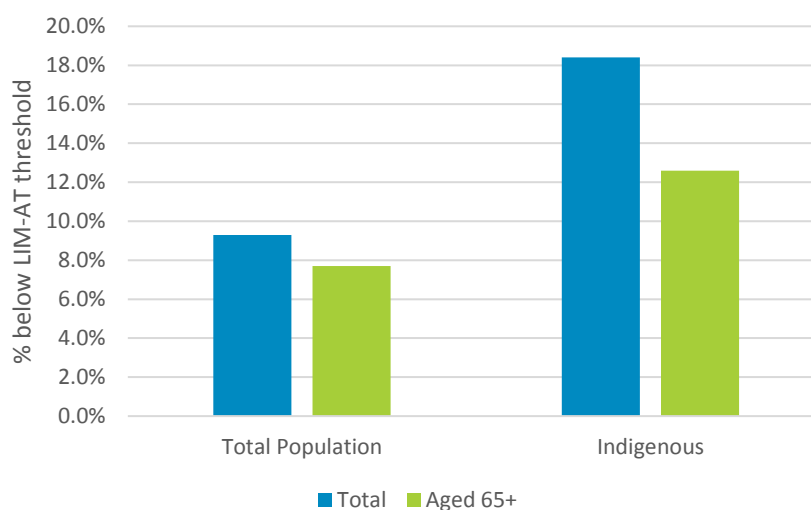


Figure 4. Low-income prevalence of individuals, according to Indigenous identity and aged 65+, Edmonton, CMA, 2015

Compared to the total population, the proportion of seniors who are below the After-Tax Low-Income Measure threshold is lower (9.3% versus 7.7%) due to critical seniors' benefits such as Old Age Security or the Guaranteed Income Supplement. While this trend is similar for those who identify as Indigenous (18.4% versus 12.6%), the prevalence of low-income still remains higher compared to the total population. This suggests that Indigenous seniors are not accessing these universal benefits at the same rate as their non-Indigenous counterparts. It is unclear why Indigenous seniors experience a higher rate of low-income when many of the seniors' benefits are universal. This is a potential area of future inquiry.

In terms of mother tongue, there are marked differences between First Nations and Métis. Among First Nations, two-thirds of those aged 65+ had English as their mother tongue as compared to 85% of Métis. Only a small fraction of Indigenous peoples cited Indigenous languages as their mother tongue. While Cree was predominantly the most common language, other

languages spoken included but was not limited to Dene, Sioux, Michif, Iroquoian languages, and Ojibway-Potawatomi languages. This underscores a diverse set of languages, and assumptions should not be made about what language is being used, especially when delineating between Cree (of which there are multiple dialects) and other Indigenous languages. Despite declining rates of Indigenous languages being considered a mother tongue, there has been a revival of Indigenous languages as a second language (Employment and Social Development Canada, 2018). Roughly 5% of the total Indigenous population has an Indigenous language as the mother tongue as compared to those who are aged 65+ of whom more than 30% have an indigenous language as a mother tongue. Therefore, Indigenous seniors are the main keepers of Indigenous languages and are crucial for the transmission and learning of Indigenous languages for future generations.

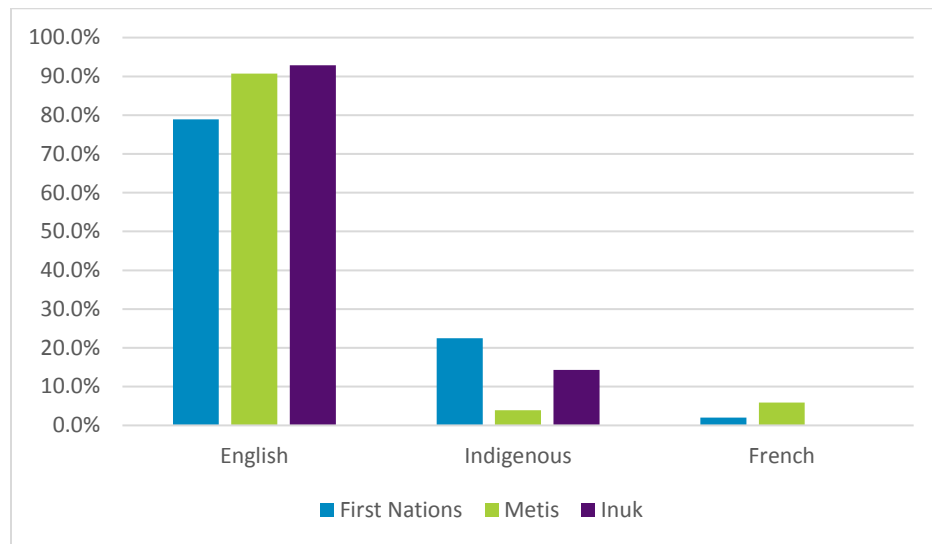


Figure 5. Reported mother tongue of Indigenous peoples aged 55+ in Edmonton, CMA, 2016 (Statistics Canada, 2018)

In order to ensure that research was conducted in an ethical and culturally respectful manner towards Indigenous ways of knowing and learning, the Edmonton Social Planning Council (ESPC) convened an advisory committee. A full list of the committee members may be found in the Acknowledgements. These members gave feedback on interview questions and guided the ESPC on what might be relevant topics, such as trauma, colonial history, and community interests. For example, interview questions were designed to be trauma-informed, so painful or traumatic memories were only shared if the participant volunteered to do so. Another suggestion made by the advisory committee was to provide a tobacco offering during the interview process. The researcher attended a short meeting at Bent Arrow Traditional Healing Society to learn about the significance of tobacco across Indigenous nations and what it means to make an offering. This aligns with traditional protocol, which states that in the cases where something is asked of someone, it is respectful in order to offer something in return (Porsanger, 2004). The advisory committee was involved in interpreting passages, clarifying complex phenomena rooted in the community, and giving feedback on proposed recommendations. A key recommendation was to define Indigenous senior as someone aged 55 or over, rather than the traditional definition of seniors as being 65 years of age or older. This is because Indigenous seniors may present as older, or struggle with health challenges typically seen in older individuals (Beatty & Berdahl, 2011; National Aboriginal Health Organization, 2010).

In order to create as full of a narrative as possible, the research team decided that participants would be included from three main groups: Indigenous seniors, service providers to Indigenous seniors, and caregivers of Indigenous seniors. Various methods were employed to recruit participants from these three groups (Table 1). Indigenous seniors were recruited through local service agencies, although efforts were made throughout the community to connect directly with Indigenous seniors. However, given that the target population were socially isolated individuals, contacting participants proved to be a challenge. Members of the advisory committee suggested agencies to contact, and researchers attended programs in the community, with permission from the hosting agency. Focus groups with service providers proved to be relatively easy to arrange given their visibility to the public.

The ethics review process was completed with *A Project Ethics Community Consensus Initiative* during March 2017 (Alberta Innovates, 2018) as a third-party reviewer to ensure that potential issues surrounding participant safety, consent, and risk were addressed.

The questions in focus groups and interviews were pre-determined, but probing questions were also made during the semi-structured format (Saldaña and Omasta, 2018). Recruitment of seniors, caregivers, and focus groups occurred over many months. Initial interviews with seniors began in October, 2017, with ten initial interviews occurring with seniors. These interviews occurred at various locations that seniors preferred, including service agencies, homes, and public restaurants. After a review of the transcripts and preliminary data, it was determined that a second round of interviews were needed to confirm initial research findings and gather more detail. This iterative process of data gathering, analysis, and further data gathering is common in qualitative studies (Saldaña and Omasta, 2018). The second round of interviews occurred in June to August of 2018. Recruitment for caregivers of Indigenous seniors began in late 2017, and continued until August of 2018, which resulted in three caregivers being recruited. This extended time period spoke to the difficulty of finding candidates. Difficulty in finding caregivers to Indigenous seniors is supported by research findings that Indigenous seniors may be facing a shrinking pool of family caregivers, as they struggle with their own health issues, leave reserves and/or engaging in the workforce (Parrack & Joseph, 2007). It is important to note that because participants were recruited mainly through connections with social agencies and word of mouth, this study likely misses more extreme aspects of social isolation being experienced by Indigenous seniors in Edmonton. Some of the descriptions below have also been left intentionally vague, and names of organizations have been omitted to protect the identity of participants. Interviews were recorded and transcribed. Thematic analysis was used, in which interviews were scanned for emergent themes. Key principles of indigenous research were prioritized in this analysis, such as focusing on strengths that exist within the community, and identifying solutions or opportunities that can allow the larger Edmonton community to be better partners and providers of services. Voices from service providers, caregivers, and seniors themselves are woven together to create an in-depth narrative of Indigenous senior experiences with social inclusion. Coding and

determination of key themes was done in NVivo 12, with cross-checking between key themes and the original transcripts in order to verify that the key themes were supported by the data.

Table 1. Participant groups, recruitment, and data collection

	Indigenous Seniors	Service Providers	Caregivers
Inclusion Criteria	An individual who identifies as Indigenous (First Nations, Métis, or Inuit) who is aged 55 or older	An employee of an organization who provides programming or services to Indigenous seniors	An individual who spends a significant amount of time with Indigenous seniors in providing care or helping with daily life activities
Data Collection Method	Semi-structured interviews	Semi-structured focus groups	Semi-structured interviews
Length of time	0.5 to 1.5 hours	1.5 to 2.5 hours	1.0 to 2.0 hours
Recruitment method	Agency referrals Word of mouth Emails Mailing Lists Social Media	Snowball sampling Word of Mouth Directory searches	Agency referrals Word of mouth Emails Mailing Lists Social Media Posters
Sample number	15 seniors	9 focus groups	3 caregivers

RESULTS

Throughout the interviews, Indigenous seniors described a variety of relationships with their immediate family, fellow community members, and social agencies. These stories are highlighted and analyzed at the individual/family, community and policy levels. These three levels highlight the complexity of our social and political systems while shedding light on the experience of being an older, Indigenous adult who has survived trauma, family separation, premature death, and/or poverty. They are stories of resiliency and survivorship, and ultimately offer hope as we learn of the value that Indigenous seniors could bring to our cities. Due to limitations in the scope of the study, the following may only reflect the experience of Indigenous seniors who currently reside within Edmonton, and the experience of Indigenous seniors in the rural area may be different.

INDIVIDUAL

PERSONAL HISTORY

A history of trauma is excessively common among Edmonton's Indigenous seniors and continue to haunt them. While many Canadians view the legacy of Canada's residential school system and the Sixties Scoop as being an issue of the past, the majority of currently-living Indigenous seniors were among the thousands of children forcibly removed from their families and culture. Most if not all aspects of an Indigenous seniors' life are coloured by their personal history of trauma and abuse as these experiences permanently alter one's personal attitude and sense of safety. Some of these seniors have managed to develop healthy social networks and some degree of trust for the Canadian government. Instances of being abused, forced to sleep on floors, being hit and other mistreatment were recalled in vivid detail. Throughout the interview process, no specific questions were asked about their experiences. Instead, participants chose to share parts of their stories and appreciated the opportunity for someone to listen. They shared stories of physical and sexual abuse, neglect, loneliness, and sadness. One individual who poignantly compared being split from her family to the loss of an animal's pups:

"I've been through hell and back and at a young age I was at a residential school. I was only five years old. I couldn't go to grade one. So they let me sleep on benches in the playroom. I remember that playroom. In the yard we were surrounded by barbed wire fences so we wouldn't run away. Then they called our people outsiders... As soon as you enter the place with our siblings they split us up. They split us up every which way. My brother goes on one way, and us girls go the other way. The thing is, I still remember that in my head, like I have this flashbacks sometimes. It just hurts me, hurts me so much sometimes. I think back about how much they hurt my mother, my father and family. I say why did they do that? Even animals, when they lose their little pups they go looking for it. We're human beings."

In addition to past abuse, many of these Indigenous seniors continued to experience various traumas and abuses throughout their lives, perpetuated by Canadian institutions, individuals in positions of authority, strangers, or even their own families. Individual participants spoke of being raped by police officers, physically assaulted by cousins, and having their concerns ignored when they reported their abuse to authorities, among other painful memories. Some turned to drugs or alcohol to cope with their lives, often resulting in the loss of their own children to the Canadian foster care system. One participant was in residential school for nine years and found it challenging to live a healthy lifestyle after they left and struggled to exit a cycle of violence while living on the streets, "... I've come from an alcoholic and violent relationship with my family. It's all in me. And being from the residential school for nine and a half years, that was like ... that took the cake." The same participant explained how colonization continues to impact Indigenous peoples today, and how isolation exacerbates these negative impacts:

"I am an eight year residential school survivor. The numbers who are still around today is just mind boggling. The numbers should be so much higher of people who survived that system. Unfortunately they are not here, they have moved down to the spirit world for one reason or another. Be that as it may, a lot of our people are still feeling the experience with colonization, still being relegated to the back of the bus, for lack of any better terms. Employment opportunities, sports, healthcare, and many different mediums of society are ones in which our people have not been fully accepted, still to this day ..."

Of the participants who chose to share their experiences with residential school, many experienced homelessness for years after leaving. Another individual outlined the struggles he experienced after leaving residential school:

"I either functioned or else I was going to be a dead man. If not physically, but spiritually, emotionally and so on. You could not imagine this, not until my mid-40s, could I laugh or cry. Neither one. I was like a rock. I was so hardened inside because I had developed this shell that was my protection. That was my way of surviving and I had to do it."

Another male Indigenous senior discussed the pain of living on without their families and loved ones. One Indigenous senior shared how her son committed suicide, and how she is still in mourning for him. Another told a vivid story of how his family was torn apart because of a domestic dispute:

"There are sixteen brothers and sisters in my family. My little sister died. My parents were alcoholics and my mom and my dad argued just before Christmas on the 20th of December and back then a lot of people used to drink on holidays and Christmas and New Years'. As long as they got gift for the kids that's good. My mum said go on. All of a sudden my dad said okay, 'Ok I'm taking one and you're not taking both.' So he took my sister. It was winter time. Back then in the 60s we had a lot of snow back home then. The snow was high. Not like we have snow today. She froze to death. She fell off the wagon and my dad didn't even know. He sat her on the seat and he was gone and it was snowing and snowing. The roads were covered in snow. I have better relationships with females than males. Because that bond is with her."

The impact of repeated abuses on the lives of these Indigenous seniors can also be seen in their perceptions of "the system", a colloquial term that groups together the government, the police, and society's institutions. Because so many of these seniors have been harmed or betrayed by Canadian policies and those perceived as authority – such as doctors – many have lost trust in any people or services associated with the government. As one participant stated, *"that stems from residential school... my mom doesn't trust any government, any public service person. You know, even at the bank [she says] 'oh, they are taking my money', [so I say] 'well that's what they are supposed to do mom'."* Because of this mistrust, many Indigenous seniors avoid important activities that necessitate interaction with authority, such as medical checkups, creating a bank account, and citizenship activities such as voting or contacting local government representatives that could potentially improve their quality of life.

While almost all of the interviewed Indigenous seniors struggled to trust "the system", their attitudes regarding companionship were more varied. Some did, indeed, have fulfilling social lives and frequent visits from family and friends. They visited friends, were in regular contact with their family, and attended both Indigenous and non-Indigenous programs. Others were isolated and reported a deep loneliness, yearning for their loved ones but unable to see them because of physical or financial barriers. One participant, for example, outlived the majority of their family, and this impacted their emotional health greatly: *"I get lonely sometimes. I feel like crying... Everybody that I love seems to leave me. Everybody that I love just dies on me. My dad's side are all gone. My aunties. My uncles. Everybody's gone."* A third pattern identified among these Indigenous seniors was that some preferred isolation, citing a need for privacy or quiet. These seniors sometimes claimed that they did not need friends at all, but as one service provider suggested, this attitude may have more to do with familiarity and habit than true preference:

"That becomes their norm and trying to pull them away from that and trying to [have them] interact with other individuals is extremely hard. They get very comfortable in it. So, it is difficult. I can't come up with a reason why because every person is different, but the big component for me is the comfort level they have with isolation. Even though they don't like [isolation] they get upset and very emotional. They know it's not healthy. They know they don't like it, but they also are fearful for whatever reason to take a step forward and get out of their comfort zone."

Due to their unique histories of trauma, Indigenous seniors often have personalized concepts of safety. While some seniors feel safest inside their homes, seemingly protected from the outside world, others are reminded of the locked doors of the residential schools. One participant connected their history of living in a "closed environment" to living an isolated life in old age: *"I just stay home and watch TV. I don't volunteer, I don't do anything. It's because I'm used to being in a closed environment, I grew up that*

way.” While these seniors may be removed from their residential school experience by decades, they are clearly still affected by their memories of that trauma.

The themes of resiliency and survivorship were demonstrated or emphasized by nearly all of the participants. One individual spoke about how First Nations peoples are the most resilient because they were able to survive the colonization process and being forcibly removed from their families and being subjected to physical and sexual abuse through the residential school system and the Sixties Scoop. Another participant explained how being purposely excluded from various aspects of society helped make First Nations peoples incredibly resilient, *“Inclusiveness is not reality because we are often left out of the picture, purposely very often. Then again, that’s what makes us so resilient. We are forced to be resilient in order to survive.”* The same participant gave an insightful analysis focused on resiliency among First Nations peoples:

“A lot of our people don’t know who they are and what they’re all about, so inadvertently we are removing ourselves from socializing. If it weren’t for our resilience, we wouldn’t have survived. Many of our people went well before their time, whether it was by their own hand, by the hand of somebody else. Through drugs, alcoholism, whatever kind of addiction, through accidents, many different things. Like I said, some brought on by ourselves, some by others. But it’s been a sad fate for many of our people.”

Despite the pain and trauma imposed upon them throughout their lives, many of the participants spoke about taking actions in order to survive or to better their situation. In addition, there are numerous examples of hope and strength. One woman discussed what it meant to stay on a Métis settlement versus leaving to come to Edmonton. *“They had an ABC program and I thought maybe I should experience more than ending up here. You know, I wasn’t scared to come to Edmonton, like most people were.”* This same woman left an abusive marriage of 11 years. *“This way you can go on your own and find your own way... No one else can help me if I can’t help myself”*. She grew up poor and isolated as her family did not have Treaty status, leading to limited access to supports. She was soon to be moving into assisted living and reported, *“I am starting a new life all over again. I didn’t think I’d ever have the chance. When I think back, I hear him talking to himself and swearing from the other room and never knowing what he would do to me. I never realized that I could run away. I am looking forward to being independent. I can go anywhere I want.”*

Many participants also voiced the kinds of skills and strengths they have developed throughout the course of their lives. On commenting on younger Indigenous seniors accessing services, one 90-year-old alluded to his strong work ethic. *“You know I worked right until I was 65. That’s the way we were raised. We were raised that we worked for what we want and not just getting handouts all the time. We did with what we had... Everybody has the same chance, mind you there’s some that want to go back to the original way of life. There is no way that is gonna happen.”* Another Indigenous woman discussed how despite resistance, she still stands up for her friends to be accepted into housing. *“When they have someone like me who is too challenging, they don’t want you in the building. This is racism to me. It’s beyond that really. For standing up for yourself. What do you call that, it’s abuse. It’s a form of abuse when you stand up for yourself and you are questioning something that is not right. It is a form of abuse to be treated badly for that. Hopefully the Edmonton City Council could actually see these very serious things coming from the Aboriginal perspective.”*

FAMILY AND CHILDREN

The experience of historical or intergenerational trauma can be described as psychological baggage that is passed from parents to children and to the later generations (Elias et al., 2012). This trauma is not only passed from one generation to another, but is currently being acted out and recreated in Indigenous culture and society. This unresolved trauma will continue to impact individuals, families, and entire nations until the mental, emotional, physical, and spiritual aspects of the trauma are adequately addressed. Indigenous seniors often have large, multigenerational families that have been impacted by various and repeated traumas. Because so many family bonds were broken during the era of Canada’s residential schools and the Sixties Scoop, many Indigenous children taken from their homes never had the opportunity to witness healthy parenting practices

outside of an abusive institution. Without these role models, the children – when they became adults themselves – struggled to develop the practical or cultural skills necessary to be healthy parents.

Many of the Indigenous seniors we interviewed recounted their experiences with intergenerational trauma, and unfortunately reported that their own children also struggled with issues such as substance abuse and parenting. One individual spoke of their mother who was in residential school for many years, being subjected to violence and neglect. Similar to many survivors, the participant's mother did not learn how to parent in a loving manner and the pattern of abuse continued to her children, *"Mom was in residential school. And she was very very very mean and very abusive, especially to me."* The interview participant grew up in a home of violence, which affected her mental health as a young adult. This individual then found herself in a pattern of unhealthy and abusive relationships as an adult that she struggled to break free from. The loss of Indigenous intergenerational connections directly harmed these families, stealing from them the opportunity to raise their own children and pass on invaluable cultural knowledge and family practices. The following quote from a caregiver to an Indigenous senior describes how this process led to their current family situation:

"With Indigenous [seniors], they don't go see counselors. They don't deal with that past trauma. The trauma just gets passed on and on and on. For myself, my mom, because she didn't deal with any of her stuff, it became generational. There are five of us in our family, me and my siblings... I'm the only one who doesn't have an addiction, I'm the only one who has stable housing, I'm the only one whose children haven't been in care, I'm the only one with a 'normal life'. That's 20%, you know? Because of all the trauma, what-have-you, all my siblings are stuck in that."

Thankfully, this is not the end of the story. Although many Indigenous seniors did, indeed, struggle to raise their own children, our participants repeatedly spoke of their grandchildren as a source of healing and an opportunity to make things right. Many told stories of taking in their grandchildren when the parents were unable to care for them or were absent, creating a parent-child bond between the grandparent and grandchild that was seen as replicating the bond that the Indigenous senior may have been unable to create with their own children in the past. As one participant explained, *"fortunately for me, my kokum [grandmother] raised me, so I got to feel the love, the nurturing and all those things... my kids understand what love is and nurturing and what it is to have a safe home... I'm not the perfect parent by any means but in a way that cycle has been broken."* By creating strong bonds with their grandchildren, Indigenous seniors are given an opportunity to build up the family connections that were so violently broken in the past. Even when grandparents did not take on an instrumental role in the raising of their grandchildren, it was vital to their quality of life that they have regular contact with the youngest members of their family. These relationships provided the Indigenous seniors the opportunity to pass along cultural teachings and values, a culturally important role that they may not have been able to fulfill in the past. Indigenous seniors often look for ways to support their families and to pass on their traditional culture and knowledge to the children and youth of their communities (Partridge, 2010). Through focus groups with Indigenous seniors, the Toronto Aboriginal Support Services Council found that there is a need for a cultural centre where children, youth, parents and grandparents can spend time together and participate in cultural practices and activities. These activities could include rug or basket making, cooking, being in a camp together or having the opportunity to learn through experimentation (Partridge, 2010).

Seniors reported varying degrees of closeness with their children and families. Some participants reported using the phone or computer to talk to loved ones who lived outside of the City or province. Others regularly bussed to see their children and grandchildren, with one woman going twice a week to see her grandchildren. Unfortunately, while many Indigenous seniors are more connected to their families now than they have been due to advances in technology and greater reconciliation efforts, elder abuse is still exceedingly common among these communities. The majority of this abuse takes the form of financial abuse, with children sometimes taking advantage of their elderly parents. Multiple participants reported this behavior, such as the case of one Indigenous senior who had their bank card stolen by their daughter who then spent close to \$8,000 of their retirement savings. Further, when these abuses were reported to authorities, the complaints were often brushed off or ignored completely.

"The aunties, the Kokum's took care of a child if the mother was unable to, which was seldom, but now it's because of addictions that the grandmothers will take the child into care rather than have them in foster care because of the Sixties Scoop and the residential schools and everything that happened. They prefer to keep their kids but they don't understand the addictions that their children are going through, a lot of the parents lost to addictions go to their mothers and say

you know they need money for this and that and that's elder abuse. And they go and eat, they go and wash up and they'll be gone again. Grandma is looking after the kids."

In contrast, one woman stated that to her children, she is a "cash cow" and had more superficial relationships. These abuses can create incredible hardship for all seniors who are already struggling to make ends meet, and further drive families apart.

CURRENT HEALTH AND AGING EXPERIENCE

Interview participants expressed a desire to keep active and maintain their health. They recognized this as an important part of their lifestyle and valued being able to walk and move on their own. This meant requiring appropriate access to the proper health care to manage current chronic conditions, such as bad knees or spines. They also wished for access to recreational classes, such as yoga. All seniors may experience reduced mobility and declining health as they age, which can drastically reduce their independence and sense of agency. Symptoms of aging can prevent otherwise socially active individuals from participating in their preferred activities, such as one participant who reported having to stop volunteering due to their worsening arthritis (Employment and Social Development Canada, 2018).

Further, seniors often have to make trade-offs between their physical, mental, spiritual, and social health when trying to access appropriate health services; this nature of sacrifice is exacerbated among Indigenous seniors, who must often move off-reserve to access health services and, therefore, lose access to family connections and meaningful cultural activities. One participant reported being forced to live in a different city as her husband because of their conflicting health treatments: *"I'm homeless right now [in Edmonton], but my husband is living in Edson. He's sick and his brother is looking after him... I was hoping I could go back and be with my husband... at least I want to be there while he's sick."* This care (or simply living in a major city such as Edmonton or Calgary in order to access health services) can also be prohibitively expensive, restricting access to other important resources such as nutritious food or a bus pass. Some participants reported feeling taken advantage of by service providers who charge high fees, such as house cleaners: *"These cleaners, they are willing to come in, but you have to pay the cash up front. You have to give them the \$50 and after [you collect] so many receipts you can hand them in for a refund. Well, seniors don't have \$50 every two weeks."* This quote exemplifies how many financial support programs for seniors operate through refunds or tax exemptions; these programs are often out of reach of the very seniors they claim to help, as they require individuals to be able to afford the services up front in order to receive the benefit afterwards. This experience is common among many seniors and caregivers, but Indigenous seniors are at especially high risk as generally this group has lower income levels (Beatty & Berdahl, 2011; Blodgett & Schinke, 2015; Elias et al., 2012; Peiris et al., 2008; Templeton & Durksen, 2014).

One issue that over-impacts Indigenous seniors is the unacceptably high rate of preventable deaths among Indigenous communities, at nearly double the rate of the general population (Park et al., 2015). Indigenous individuals who live to old-age often have witnessed a succession of deaths in their families and communities, creating a cycle of unresolved grief and a sense of powerlessness. More pragmatically, sequential funerals can be prohibitively expensive and place intense burden on families who want to honor their loved ones. Even with help from the surrounding community it can be difficult to make ends meet, described in this participant quote:

"She had a son who died in prison and they had a wake... here is a mother who wants to bury her son. They want to have a wake, so they had a wake in the basement. I think the father at the time just opened the basement because there had been no money to pay for [a wake]. And I got a call saying, 'I got no food for my son's wake'. 'well, who's organizing the food?', 'nobody'. So, I said, [I'll] get my wife. We went out to Sobeys. We loaded up a few hundred dollars in groceries. I went to see what was [at the wake] and there was 25 people sitting around and there of course was the body at the wake. No food. And that's just not [okay]. So, we got the food organized and... for a senior to go through that event with nothing [is terrible]. So, they're relying on the community and that's [how] it probably should be, I'm not going to make a judgement on that."

The combination of excessive unresolved grief, poverty, and struggling with worsening health while separated from family and culture is a common problem for Indigenous peoples in Canada, and likely cannot be ameliorated without community and government support.

The Indigenous seniors interviewed felt that healthcare providers do not listen to the needs and challenges of their older patients, and trust was a significant issue. After being diagnosed with prostate cancer, one Indigenous senior reported seeking out a traditional healer with whom he had a trusting relationship with instead of going to the hospital, *“When they told me that my only option was to have surgery this way or this way, I said to myself, the medical industry sees us as customers. As a customer, I am going to make an informed decision and I am going to research what there is out there. I found a traditional healer in my family. I got doctored traditionally.”* Currently, his health issues are taken care of and he feels positively about his decision to not depend on the hospital and for taking control over his health. Another individual did not feel comfortable going to the doctors in Edmonton, so she calls on a doctor in Calgary to fill her prescriptions. Another Indigenous senior shared a story of one homecare worker going through private documents and papers and repeatedly entering their home without permission. The participant explained how this resulted in extreme feelings of anger, discomfort, sadness, and hopelessness as no one seemed interested in helping to mediate the situation. The same participant expressed how caregivers should be required to complete appropriate and relevant training sessions, *“They need cultural training. There is a big difference as to how I want to be treated as a First Nations lady.”*

In contrast, other participants described liking their doctors, despite having to sometimes commute long distances. One participant explained how she needs to take three buses to get to her doctor’s office and simply planning her bus route causes her stress and anxiety, and similarly to other participants, she first tries to find a ride. One participant said that his doctor lives on the opposite side of the city, and that he needs his son to drive him there or take a cab. Many of the participants report using the same healthcare provider for long periods of time, with several reports of having the same doctor for 30 to 40 years. They report close and caring relationships with them, emphasizing the importance of continual care. Further illustrating the deep relationships Indigenous seniors may have with their doctors, one participant stated *“I want him to look after me. I want the doctor to write me a letter that he has to care for me until I’m gone.”*

Indigenous seniors often experienced racism and/or discrimination when accessing healthcare services. Two participants separately reported skepticism or mistrust from their doctors that they would not sell the pills they were prescribed. One even described how his doctor would insist on performing blood tests to ensure that he was taking his medications, leading to a confrontation between him and his doctor. Across Canada, Indigenous populations report unequal access to healthcare services and have lower utilization rates of services (Peiris et al., 2008). Barriers exist across patient–provider interactions, health services and health systems, and are reinforced by institutional, social, and cultural structures. It has been recommended by the Truth and Reconciliation Commission of Canada (2015) that governments at all levels “provide education to public servants on the history of Aboriginal peoples” and that “this will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism”.

Extending past the physical issues, Indigenous peoples in Canada have higher risk of mental disorders when compared to the broader population. Research has shown that PTSD can lead to significant distress that can inhibit everyday functioning and to other problems such as substance abuse challenges and other mental health diagnoses (Bellamy & Hardy, 2015). Thoughts about cultural identity and past losses can contribute to the negative health and social outcomes of Indigenous seniors (Bombay et al., 2014). Preliminary research has shown that historical trauma that causes harm to an individual’s relationship with their family, community, and nation, may be connected to feelings of depression and sadness. In addition, trauma that causes physical harm to individuals, communities, and sacred lands can also be connected to symptoms of PTSD and anxiety. Two participants described accessing mental health services as needed, but others report coming from a history of violence and abuse while not knowing of other ways to cope. It is also important to consider that due to experiences with violence, incarceration, and addictions, some Indigenous seniors may have outlived their children and that proper supports and services need to be in place to account for that (Beaulieu et al., 2017; Sinclair, 2004; Templeton & Durksen, 2014). Many of the interviewees experienced multiple significant losses throughout their lives, leading to a reluctance to form close relationships as a form of psychological protection.

LIVING SITUATION

A major theme that emerged when interviewing Edmonton's Indigenous seniors was their difficulty accessing clean and safe housing. Stories of high rent ("*[It] was \$1100 for a room. Not an apartment. A room with shared bathroom. It's bloody pricey*") and discriminatory landlords or neighbours were common. Of course, living in these unsanitary and hostile environments has broad and harmful impacts on the health of these seniors. Further, some participants noted that while they *could* theoretically move to a new housing unit, the new landlord would likely behave the same towards them:

"My first priority is a home, not isolation or loneliness. That's nothing. That's not the big issue in my life. I don't want to live in the Hope Mission, to hell with that... People are moving out because of the mice, and yet he's charging damage deposit. He's trying to get after my money. He owns the place. Doesn't care, just wants the money. You know how landlords are. I ended up in the hospital because I was getting [mouse] bites... Already the police told me to move out... Even if I move out there's always somebody else anyways."

When our participants did manage to find affordable and appropriate housing, it was common for the landlords to restrict activities that would increase their quality of life. Individuals spoke about having to give up beloved pets and having family visits restricted, which forced them to lose vital social connections and visits from grandchildren. Cultural activities such as smudging are also implicitly forbidden due to rental bans on things such as noise and smoke; while these restrictions are, broadly speaking, to protect the health and privacy of other tenants, they disproportionately impact Indigenous seniors and do not take unique cultural needs into consideration.

Another serious housing challenge experienced by interview participants is discrimination. One individual went to different senior housing facilities and was denied because they were 'not the right fit' for the facility. When the individual tried to question why they were denied, they did not receive an adequate answer and the participant assumed it was because of their Indigenous ancestry. A male participant explained how he tried to find adequate housing for himself and his daughter more than 20 years ago. He told a story about seeing an ad for an apartment in the paper then going for a viewing and being immediately denied, "*Being an Aboriginal man, automatically most of these people will associate me as an alcoholic or a drug abuser or a gang member. We have so many things against us already. They just assume all of us are the same.*" This discrimination can further lead to isolation among Indigenous seniors. One care worker reported:

"We found it causes them to isolate themselves more because they feel like they are going to run into someone who makes a comment in the laundry room or makes a comment in the lounge or ignores them and makes a comment about then in a social function in the building and then they just don't come anymore and they just stay in their room because that is safe to do."

Neighbourhood safety was another major concern among these seniors. Many of the more affordable neighbourhoods in Edmonton have high crime rates or bad reputations, so the seniors who live in those areas prefer not to leave their homes. One participant reported how "*every few minutes [someone knocked] on my door asking to borrow things. I felt very unsafe. At five AM someone knocked on my bedroom window. I got so scared.*" Public transportation was also cited as unsafe, with one participant specifically mentioning that they avoided the underground LRT stations in Edmonton. Others spoke about how they would not be offered seats on the bus, at a cost to their health: "*sometimes people don't stand up so I just keep an eye out for seats. I can be on my feet for at least half an hour. It hurts but it's bearable – I'm used to being in pain.*" While the discounted seniors bus pass was quoted as affordable by many of the participants, these feelings of risk dampen any received benefit for many.

Of course, many of the difficulties Indigenous seniors face could be greatly ameliorated if they had access to sufficient income. Nearly every participant we interviewed stressed that their pensions and any financial government support they were receiving was far too small, barely covering rent in the majority of cases. In addition, many seniors spoke about their difficulty simply accessing information about available financial support. As one participant stated, "*there's not enough education for*

Indigenous Elders about what they can apply for, how they can apply for it.” Many available supports are notoriously difficult to identify, and may be hidden deep in agency websites, or require excessive paperwork and physical visits to an office. For Indigenous seniors who may already distrust government officials or who may experience language barriers or transportation barriers, these ‘available’ supports are anything but.

CULTURAL PARTICIPATION

Culture and resiliency are connected, as participation in cultural activities can be central in building self-esteem (Gone, 2013). By engaging in cultural activities, “parents and guardians help to project a health and healing ethos in their children where the sacredness of all living things is recognized, along with the importance of self-reliance, community obligations and cultural continuity” (Stout & Kipling, 2003). For many Indigenous seniors, cultural activities are often viewed as a way to reconnect with one’s personal history and sense of self in adulthood, much like the experience of having grandchildren. Participants described culture as healing that offers these seniors a sense of community when they cannot live on-reserve or with their family. Further, for Indigenous seniors living in the city, these cultural events can be vital providers of social interaction. Indigenous Elders can have the opportunity to pass on their knowledge to younger participants present, or simply make friends with other adults who understand what it’s like to live in the city as an Indigenous person. In some cases, these visits can positively affect far more than the individual senior, making ripples through the entire community. One commonly used method of adapting is to use cultural art practices for self-expression and recreation which may be useful for addressing mental health issues (Gone, 2013). Indigenous seniors reported doing beadwork, painting, wood burning, and moose hair tufting. One individual described himself as an artisan, and uses his beadwork to generate income for himself. He shared the following:

“I taught native arts and crafts to the homeless people who wanted to get off drugs. I got a lot of people off drugs and we went to seminars we went to outings and we’d go and visit museums for the sake of the word art. Yes it’s a therapy. I always tell them this is how a beautiful picture looks and this is how your life should be, beautiful.”

Unfortunately, many seniors find these Indigenous cultural activities difficult to access. As previously mentioned, activities such as smudging or dancing that individuals may want to perform in their own home are typically banned due to general smoke and noise restrictions. Because these seniors already experience multiple barriers when attempting to access transportation, it is common for them to cease attending these events and, in turn, find themselves becoming increasingly isolated from their communities. Another issue that participants reported regarding their access to cultural events was their reliance on paid service providers to deliver them to these events. Typically, because the service provider is already relied upon to drive the senior to medical appointments, cultural events may be seen as secondary in importance, and therefore forgone easily. Because many of these seniors are anxious about speaking up for themselves in the presence of perceived authority, they are unable to advocate effectively for their social needs. In other cases, community service providers may be keenly aware of the importance of social and cultural events, but do not have the capacity to provide appropriate transportation.

Residential schools were known for severing families through suppressing Indigenous languages. This loss of language resulted in a restricted ability of children to communicate with parents, extended family, and Elders when children were reunited with their communities (Partridge, 2010). Many Indigenous seniors then, have been disconnected from their culture, either directly or indirectly as a result of colonial violence. When asked if she did ceremonies, one senior responded:

“I was 17 when I got on the street and I was 50 when I got off. I got off 10 years ago. I am housed and sober 10 years now... I am not really into it. I have grown away from it. I have grown up to be my own person I guess. Nothing I was grown into you know. If I had grown into it I would try to conserve some of it. But there is nothing to conserve since I never really got into it. I respect it. I respect people who do that.”

Another senior expounded on this, saying that *“They cut off our traditional ways and assimilated us into Caucasian society. My granddaughter is learning about that now. She knows what exactly I went through, what grandma went through.”* In some cases, it may take multiple generations before Indigenous peoples can find their way back to their original heritage. However, of the

interviewed seniors who continue to participate in Indigenous ceremonies, they did not do so on a regular basis but will go when they hear of an event in the city.

Underneath the impact of residential schools lies greater complexity, as experiences are not the same for all Indigenous seniors. Métis children were not universally placed into residential school like First Nations, and so have had a different experience with colonialism. One Métis senior shared how his family did not have treaty status and thus had another perspective on cultural activities:

“So the dancing, and the smudging and stuff like that I know nothing about. I have never done it. We were taught, my mother taught us not to have anything to do with the Treaty Indians. Then there was the White people. We more or less had to make our own way. There wasn’t really much for Métis back in the day when we were little. There was very little work there. If there was anything by the government it would have to be Treaty Indians first.”

This implies that Métis people grew up with different worldviews from First Nations or Inuit groups and felt increasingly alienated. One man stated that *“I don’t do that. I am not a Native I am a Métis. I am more White than I am Native. I don’t do smudge I don’t do those kinds of things. There is only one creator and his name is God.”*

A crucial voice that was initially missing in the residential school narrative are those of the Métis and their unique experiences with residential schools. Not all Métis children attended residential schools, as those who lived in non-Indigenous settlements or on road allowance were not forced to go. Because of the lack of clear government and legal jurisdiction, many Métis children were often shuttled between residential schools or did not have opportunities to access any educational opportunities growing up. Additionally, Métis children who did attend residential school tended to comprise about 9% of the student population and reports of them being treated like “second class citizens” are common (Chartrand, Logan, & Daniels, 2006). Therefore, it is extremely important that the individual preferences of Indigenous seniors be taken into account, and that a one-size-fits-all approach to policy and program design is not appropriate when considering the significant variation in cultural activities and practices within Indigenous peoples. Programs that fail to take into consideration the unique and diverse cultural norms and traditions of Indigenous people will result in institutional discrimination, rendering programs that may be ineffective in their goals to support Indigenous seniors and their caregivers. Yet, few studies evaluate programs using an Indigenous cultural lens (Parrack & Joseph, 2007).

FRIENDS AND RECREATION

Many of the Indigenous seniors interviewed had supportive, nurturing networks of friends and family. These particular seniors tended to report staying active into their advancing age and were still able to travel independently to maintain social connections (*“I go to programs; I keep myself busy - I do lots of stuff. I’m not lonely. I’m not isolated”*). One participant described how they would go out of their way to travel from the North side of Edmonton to the South side simply to see his old friends at the bottle depot: *“A lot of them are unpredictable – we never know when we will see each other again but it’s nice to see we haven’t kicked the bucket or something, you know?”* One man spoke about how he listens to his friends who struggle with addictions and provides them with emotional support. He is proud that he provides a friendly ear for his friends who are in vulnerable situations and who are trying to improve their lives. Indigenous seniors also had regular outings with friends; for example, they regularly met in MacDonald’s or Tim Hortons and go for a low-cost snack. One 70-year-old woman reports that she sees her friends every day, and that *“I have lots of young friends too. Young women they like me. Not just old ladies. They look up to me. Some of them always say I am a mother figure.”* Despite the distance between communities, many seniors also take public transit and walk all throughout Edmonton. In this way, they act as social and emotional supports for one another. Regarding visiting friends on the opposite side of the city, one woman says:

“I check up on a few of my friends. You know the people that are using. I check up and see if they made it through the weekend. A lot of them all they really need is to be listened to. I am listening to a lot of people. Although I can’t solve any

of their problems the point is that they did convey something and that they did get it off their chest. It makes me feel good. Gives you a sense that you've done something, you've given a little. Even if it's just a smile or... "

Wesley-Esquimaux & Smolewski (2004) conducted research showing that as abused children grow up, they learn certain behaviours and defense mechanisms to protect themselves. These defense mechanisms often lead to the individual blaming themselves for the abuse they endured and can lead to them acting out their experiences in dysfunctional and unhealthy ways. One Indigenous senior was aware of this phenomenon. She actively advised and supported others, saying *"A lot of our people were subjected to being part of the criminal element. Not by choice but by circumstance. Not through something that was their own fault. It's one of the things I tell my people. Don't go blaming yourself there are other mitigating factors"*.

Many seniors discussed wanting to feel a sense of connection with those around them and want opportunities for companionship. Healthy relationships are not a reality for many of our interviewed seniors. Declining health – physical or mental – leads to the loss of social connections for many individuals who are unable to maintain them independently. Others reported being exploited by the few friends they have as their independence decreased, such as being victims of theft. At the other end of the spectrum, participants reported Indigenous seniors would often isolate themselves within the home and rarely socialize.

Participation in programs varied across individuals as well, with some Indigenous seniors going out every day, and others not participating in activities for months. Some Indigenous seniors also took pride in helping their friends and volunteering for programs as a form of giving back. Numerous individuals from the same program spoke of a feeling of camaraderie and explained how this helps them feel comfortable and at ease while accessing the programs. However, for the seniors without healthy social networks, it was not uncommon for front-line service producers to be the only social interaction our participants had. One participant even reported that her social worker was her *"best friend"* who she thought of as her *"daughter"*. While this speaks to the paucity of close relationships in seniors' personal lives, workers can provide meaningful connection to Indigenous seniors.

COMMUNITY

Community service providers are critical for connecting people with opportunities to engage with others and in culture (Iwasaki, Bartlett, & O'Neil, 2005; Lavalley & Poole, 2009). Their services are varied and include Elders/seniors' breakfasts, cultural activities, harm reduction programs, housing, outreach work, and transportation, among others. Both Indigenous and non-Indigenous service providers were included as Indigenous seniors use services throughout the community. Within this section the relationships between healthcare, service providers, and the community of seniors (Indigenous and not) are explored.

COMMUNITY PROGRAMS AND SERVICES

During the course of the interviews, it became clear that there are workers in this sector who are dedicated to the well-being of vulnerable peoples. Service providers who were empowered and equipped with the resources to properly execute their work made a world of difference for seniors that had tangible benefits for their well-being. When a social worker or service provider commits to creating a relationship with their clients, it can become a key pillar of support for them. A common sentiment was feeling close with staff at agencies such as the Bissel Centre or Boyle Street Community Services: *"We're a community here. We all feel at home here. We all respect each other"*. The seniors valued their relationships with frontline workers, with one participant saying *"the people [who] are there to help don't get enough credit. And that's why there's a lack of front-line workers because of the way media portrays homelessness or they have an idea that change won't come about"*. Service providers are also critical for Indigenous seniors in accessing needed resources, participating in community programs, and advocating for social change.

One participant outlined her disappointment in the lack of companionship programs available for seniors in the City of Edmonton, *"It is more of a social thing, like having someone come and visit. I really enjoyed the visits. They do not have this kind of service anymore. Then there is a lot of people who don't want people they don't know coming into their place. If there was*

somebody that's going to come in and visit and maybe have a cup of tea. People are usually in a big hurry now". Another participant shared how happy she was when her social worker took the time to visit her at home and socialize with her. This participant expressed happiness and gratitude for having someone who shows interest in her life and that will help her meet her needs. Home visits were cited as especially valuable as many Indigenous seniors do not feel safe leaving their homes due to being more likely to live in unsafe neighborhoods or past trauma.

"I never got any even one single immediate family member with me all my life. And that created an atmosphere of dis-association with society because I was totally removed from society and many of our people are because of those kinds of factors. A lot of our people don't know who they are and what they're all about so inadvertently we are ourselves remove ourselves from socializing."

Statements such as this revealed that there is a variety of preferences for socializing. There is a tendency among service providers to have larger group events, in part because home visits can be time-consuming and expensive. However, Indigenous seniors are more likely to not feel safe in group settings. Instead, they expressed preferences for one-on-one meetings at home or in quiet spaces, or someone to run errands with them, go on walks, or share a meal with.

The importance of service providers also speaks to the potential lasting harm that can occur when interactions between service providers and Indigenous seniors are negative. One woman discussed her challenges with her home visitation worker, who felt that her health care needs were not properly met; these encounters eroded the trust between her and her worker and there were resultant outbreaks of stress-related ailments. In other cases, service providers may unknowingly re-traumatize Indigenous seniors. Institutional environments, such as care facilities, hospitals, and even recreation centres may trigger Indigenous seniors into remembering the abuses they suffered during residential schools. Avoidant behaviours, such as not wanting to enter basements or be left alone in locked rooms, could be viewed as Indigenous seniors being "difficult" but are actually rooted in their past experiences. Therefore, a trauma-informed approach to practice is critical for understanding the effects of colonial history on seniors in the present day (Green et al., 2015; Knight, 2015; Ko et al., 2008). A lack of understanding and compassion for Indigenous seniors can result in relationships being frayed or severed with the organization, as was shown by stories from both seniors and service providers.

Many Indigenous seniors have lived through decades of tumultuous history, including residential schools and more recently, the Sixties Scoop. The repercussions of these events still reside within the community and have tangible impacts on their lives as they deal with past trauma and a lifetime of racism and exclusion. These attitudes may follow them if they enter institutionalized care as their health declines. Staff from a housing agency report the hostility that some Indigenous seniors face when entering a home, as many of the other patients hold prejudiced views of Indigenous peoples. One caregiver of an Indigenous Elder describes her experiences with bringing her mother to a day program:

"It did get to a point where I could no longer take her because she was absolutely terrified of me leaving her. I remember when she was the only Native person with all these white people. She didn't want to be there... it really affected her that way. She did go on until the end of June. At the end of June, I had a meltdown because I saw terror in her eyes – not just fear, it was terror."

In some cases, Indigenous seniors may be afraid of reaching out to support staff about their needs and wants. This makes it extremely difficult for Indigenous seniors to integrate in a space *"where you got a bunch of white people who really shut them down and looking down on them because... that era was really nasty to Indigenous people"*. Relationships are further complicated when, understandably, Indigenous seniors develop avoidant behaviours towards certain service providers or institutions. A program coordinator working in an Indigenous organization shared, *"Now, we are with this generation of seniors who were raised in a completely different generation where being Indigenous meant you were really a second-class citizen or less than and now I think we are better but we are still not where we should be"*. Indigenous seniors expressed feeling lonely, uncomfortable, or uneasy while at the programs they access on a regular basis. One participant explained it in an explicit manner, *"If you're mistreating seniors at a seniors' place that is supposed to be for me, what do you think you're doing? You're isolating me some more. It's the same in homecare, housing and seniors' centres"*.

While racism can be difficult to address, it is vital for community organizations to consider their Indigenous members when designing recreational facilities or creating seniors' groups, so the most marginalized members of the city can have access to important social connections as well. Inclusion of Indigenous seniors in decision-making and program design is often overlooked, but the interviewed Indigenous seniors wished to be included in these processes. The lack of cultural safety also speaks to the need for Indigenous agencies and programs that can provide safe spaces for their community. Many of the Indigenous programs/agencies took many years or months to become developed. Agencies that revealed high levels of engagement with Indigenous seniors were in constant dialogue with participants about the types of programs that they desired. They also discussed frequent, reliable programming, especially if that programming contained a cultural component such as daily smudges, weekly Elder/seniors breakfasts, or monthly soup and bannock. Regularity is helpful for building a core group of attendees, in addition to fostering connections between attendees. One service provider elaborated on the need to include Indigenous seniors in program design:

"A lot of folks I've worked with, when I sit there and we start their care planning, and ask 'so what are your goals, what do you want'? And it's hard for them to speak to that and as things come out, being able to hear 'I didn't realize I had a choice, I thought I just had to do what people told me to do' because some of them have been used to the institutionalized system where there is punishment or not doing what is expected of you. Or not knowing that there is the choice to push and advocate for what is needed or wanted".

The consistency with which certain agencies emphasize the creation of meaningful, lasting relationships was exceptional. *"When they come here, they feel the love"* reported one inner-city service provider. Another illustrated the process of relationship building:

"They become family. We create a bond. We create a bond with each and every senior that walks into these doors. And when we heard about [name redacted] passing away, it really hits home with us when we went to the services at the church that she always attended. Not only did we attend, but a lot of the seniors that interacted with her [at our agency] were there as well to pay their respects".

These deeper relationships have tangible benefits, including increased attendance from Indigenous seniors. Another agency reports that their "doors are always open" and while that can lead to more challenges, it is true to their ideals and beliefs about how organizations should operate in service to the community. Within Indigenous organizations there is a culture based on connection and a departure from rigid processes and institutions, which was described by one caregiver as "sterilized". Strong relationships allow proactive approaches to care and well-being. In cases where relationships were not pre-existing, organizations were only contacted once a point of crisis had already been reached due to family conflicts such as abuse, imminent loss of critical services, or financial issues. When there was regular contact with seniors, there were more opportunities for prevention rather than crisis management. Another unanticipated benefit is that Indigenous seniors may not develop relationships with just employees, but with other program participants. This led to stronger social networks whereby seniors would check in on one another via home visits or, provide news of events or happenings within the community, or share transportation and food.

While relationship building is important, it is not easy to do. It requires trust, respect, and transparency to begin; many service providers are simply not allowed the time or the space to do this, or do not have adequate training or awareness. One employer at a permanent supportive housing facility elaborates below:

"I find that it takes a lot longer for the residents to trust you here. It takes at least 3 months for them just to gain trust and to start opening up to you because of either residential school or trauma factors or foster homes. So many different systems that they have been in. So they have a distrust and there could a language barrier as well. Some of them only speak Cree".

Another service provider discussed how when working in mainstream organizations, she was discouraged from performing duties that she perceived as necessary for her clients but were viewed as "above and beyond" her job description. Policymakers, community leaders, and program managers need to be aware that relationship building with Indigenous seniors takes an

extended period of time and a higher level of commitment that must be incorporated into program design and resource allocation.

LOCAL INDIGENOUS ACTIVITIES AND GROUPS

The amount and variation of Indigenous cultural activities has expanded in the past several years. Smudges, powwows, crafts, art, and other activities specific to Indigenous culture and well-being are increasingly practiced. Seniors and service providers recounted the power of connecting with culture and ceremony as powerful ways of healing as an alternative to Western medicine and/or processes. For many Indigenous participants, practicing culture was treated as a pillar of maintaining their well-being and identity. Both Indigenous and non-Indigenous agencies reported using the services of an Elder who visited regularly to perform ceremony and provide guidance but not all agencies did so. Non-Indigenous organizations are also becoming increasingly interested in providing culturally appropriate activities to Indigenous seniors, but are unsure how to proceed or incorporate this into their regular programming. However, caution should be exercised when organizations that are not Indigenous-lead wish to offer cultural programming. Indigenous peoples have the right to self-determination and should be equipped with the resources to freely offer traditional programming (United Nations, 2007). Rather than compete with them, mainstream organizations should support Indigenous agencies and properly refer clients, as Indigenous organizations should be the main providers of cultural activities.

A direct impact that colonialism has had on Indigenous peoples is the disconnection between Indigenous seniors and their ability to be identified as Elders by their community. One Indigenous employee elaborates:

“Our independence to be able to define who our Elders were was stolen through the process of colonization and right now that’s why we are struggling with our people and even our youth to say who is our Elder and then we argue with each other about who an Elder is or if that person has a right to be. When that was never the case and that’s the cause of colonization because it was stolen from us to be able to articulate who our Elders are. And even now today, people get shy to call themselves an Elder when they’ve earned the right to be.”

This disconnect has made it more difficult for Indigenous communities to connect with youth and to pass on their teachings. According to leaders within the Indigenous community, Elders can come in a variety of ages, and in any shape or form. In addition, they can offer more than just cultural or spiritual leadership, but also within political and artistic spheres. Complications arise when individuals who better fit pre-existing conceptions of what an Elder should look or act like are given preferential treatment and respect, leading to disenfranchisement of Elders and seniors who do not fit the archetype.

“Canadians make in the healthcare system or other systems is that Indigenous [seniors] should be living this great life and great experience because they’re supposed to be the most sacred generation of their people when they’re the most poorest and the most least understood because we apply those assumptions.”

A need that was cited within all major respondent groups (seniors, caregivers, and service providers) was the need for more representation of Indigenous peoples as front-line workers, including social work, healthcare, and community agencies. There is value to having a service provider who intrinsically understands Indigenous culture and can bring that perspective to their work. When asked about steps that could be taken to reduce social isolation, one service provider suggests, *“I think probably sensitivity to diversity and representation. Like, getting more First Nations people in those front-line positions, they’re going to feel more comfortable accessing the services if it’s like not a white person, no offense but [laughter]. Like yeah I don’t know. There’s like the kind of ease that comes with understanding their experience that can’t really be taught”*. Representation also means fewer barriers to accessing Indigenous knowledge as it may remove the need to refer Indigenous seniors to other service providers and facilitates cultural safety. Overall, it can greatly assist with systems navigation and program referrals as employees have a deeper understanding of needs or concerns.

With the momentum gained by the recent Truth and Reconciliation movement across Canada, many institutions and service providers have begun work to increase the awareness of cultural perspectives among their staff. Edmonton Police Services, for example, had more than 55% of their staff complete mandatory training on Indigenous communities and historic trauma (EndPovertyEdmonton, 2018). Over 100 employees have taken courses on Intercultural Competency along with staff from other community agencies. Massive Open Online Courses have been offered by the University of Alberta (University of Alberta, 2018) and the University of British Columbia (University of British Columbia, 2018). Employees who participated in focus groups reported being involved in these courses. Service provider staff also come from a diverse range of backgrounds. Some are Indigenous and grew up with teachings, and thus are intimately familiar with ceremony and protocol. Others were removed from their teachings as children, and became reconnected as adults and welcome opportunities to learn more and be connected. Finally, the last group are non-Indigenous peoples with varying desires and motives for learning more about Indigenous cultures, some of whom have decades of experience working with Indigenous communities and others who have newly begun.

While the wider availability and increasing demand for Indigenous cultural teachings should be celebrated, it cannot and should not stop there. Many training courses focus on past histories and basic Indigenous history, but are not contextualized in the present day. One Indigenous researcher shared her thoughts on this issue:

“I just want to state that first it’s very commendable and good that a lot of Indigenous organizations are implementing Indigenous awareness and training programs. However, they do need to be addressing current and complex issues of Indigenous people based on their social realities and current cultural distinctions that they are currently living in. For example, most courses will focus on descriptions or statistics but do nothing to describe current realities that Indigenous people are living in”.

These current realities are multiple-fold. Predominantly, service providers can show an insensitivity to trauma (trauma-informed practice), which can trigger seniors and reduce trust in the system. Triggers can include confining seniors to small or enclosed spaces, exposure to religious items, and even situations of extreme stress can lead to flashbacks. Steps need to be taken to improve the cultural safety of institutional spaces so that Indigenous seniors might fully participate. Service providers may view adaptive behaviours as being “troublesome” or “problematic” but are actually adaptive. In one case, an Indigenous senior did not want to participate in a program which required her to take the elevator, which was viewed by staff as making an excuse. However, confinement to small spaces may be extremely difficult as being locked away was a common form of abuse in residential schools. One caregiver describes the experience of putting her mother into long-term care:

“It brought back all the residential school, being locked away. And trying to get the staff understand that when she’s sitting by the window and she’s looking outside and then she starts to tear up it’s when you need to distract her and get her out of her room. It’s so detrimental for her to sit there and stare out that window. She needs something else. You need to distract her, you need to do something with her.”

The potential for trauma informed care is expanded upon within the Policy section.

Another area of struggle is that other, non-Indigenous seniors can hold prejudiced views and be purposefully exclusionary towards Indigenous seniors. Even when service providers are personally inclusive and non-judgmental, they have an extremely difficult time counteracting the beliefs of other program participants, who may have concrete views and ways of thinking as a result of the time in which they grew up. Derogatory comments, exclusionary behaviours, and in some cases, hostility, from other seniors were cited as reasons why some Indigenous seniors do not feel comfortable participating in mainstream programming.

While the majority of Indigenous seniors can and do speak English, there is a lack of awareness among service providers of the vast diversity within the Indigenous population. For example, while Cree is the most commonly spoken language, other languages include Michif, Dene, Sioux, Ojibway, Inuktitut, among others (Statistics Canada, 2018). Another is that there are differences between First Nations, Métis, and Inuit seniors in terms of how they were impacted by Canada’s colonial legacy. Not

all Métis seniors attended residential schools (Chartrand, Logan, & Daniels, 2006), while the majority of First Nations and Inuit seniors are more widely affected by residential schools, by being students themselves or being closely related to someone who did (Beaulieu et al., 2017; Government of Canada, 2016). It is important to avoid assumptions that Indigenous seniors are similar as they may have different languages, ceremonies, and protocol and there may even be regional differences as well between First Nations of different provinces.

While there is a lot to learn about Indigenous cultures and people, how it is learned and the most effective medium is called into question. Rather than classroom style teachings and “book learning”, Indigenous ways of passing on knowledge are experiential, hands-on, and rooted in story-telling (Bird, Wiles, Okalik, Kilabuk, & Egeland, 2009). This may require a shift in the approach that front-line staff may be used to. Within story-telling, one aspect is that the same story may hold different meanings from one individual to the other. Therefore, the lesson that one person learns from a story may be different than their neighbour based on their own unique experiences and viewpoints. This is an intentional part of Indigenous story-telling, and one that non-Indigenous partners need to be open to when learning.

URBAN INDIGENOUS SENIORS

The hostility and indifference of urban environments to the Indigenous identity has been known for decades (Royal Commission on Aboriginal Peoples, 1993). One reality that many Indigenous seniors face is the physical distance between the reserve from which they may hail from and the city in which they reside. About half of Indigenous peoples live in urban areas, while the rest are in remote rural areas, such as reserves (Beaulieu et al., 2017). Strategies to reduce social isolation in seniors need to take this into account. Reasons for moving into the city include wanting to be near their children who are looking for work and are in greater need of accessing health care services which may not have been available on their reserve. It is extremely difficult to age in place within a reserve due to a lack of infrastructure to aid in mobility and healthcare (Habjan et al., 2012). After moving from a reserve, seniors are then separated from their homes, and therefore their traditional lands, ceremonies, languages, customs, and lifestyles. There is a large shift in culture, available resources, and this is not always taken into consideration when accessing services. They are used to being surrounded by family or those of whom they have grown up with and are not adjusting to a different environment and therefore have limited social, economic, and emotional support in the city:

“In the reserve you don't we have a lot of support family -wise but we don't have enough resources down there to be successful but up here, we have so much resources but so little support in family interaction that we lose our self”.

For Inuit seniors, this distance is staggering, with home being considered thousands of kilometres north. Community centres or cultural centres can be the closest thing that seniors can access that mimic feelings of home because “somebody answers the phone” for them. These seniors can come to rely heavily on these services for a sense of connection. Other seniors coming from reserves recall how they were dropped off at the bus station, and received little to no transitional services to help them settle into the city. There is also variation in what resources that each band can provide to their members, and clarifying what seniors have access to can be confusing and unclear for both them and their support workers. These seniors can be considered “first generation urban Indigenous” and many were expected or forced to make their own way, despite experiencing culture shock after moving from reserves.

Compounding the challenges of moving on reserve is the difficulty of going back. Many seniors reported not visiting their reserve for many years, and when they do, feeling unwelcome or alienated due to their extended absence. Travel to reserves can be difficult, with trips requiring private transportation that Indigenous seniors may not have access to. Not only are they disconnected from family and friends, but also opportunities to practice ceremony and culture that is not available in the City or is not practiced in ways that are specific to their band or region. Therefore, seniors can experience multiple levels of isolation after moving from reserves.

TRANSPORTATION

Transportation is a key barrier to engaging in social activities, especially as there are not senior-specific facilities in all geographic areas (Edmonton Seniors Coordinating Council, 2011) and was the most often cited barrier to accessing programs targeted towards reducing isolation. While travel services exist for going to medical appointments, the same amount of priority is not placed on social events. Large events, such as powwows, are not always in the city and can be difficult to go to. Indigenous seniors cited lack of transportation as the main reason they could not attend events. Social events also have additional barriers, including the need to coordinate transportation for large groups of seniors at a time, many of whom may have varying challenges with mobility, being administered medications, and/or require specialized busses or vans. Agencies are not always given funding for travel, but it is a significant barrier to expanding programming. One service provider shared, *“if we had a big van capacity we could reduce a lot of senior isolation and also bringing them in to revitalize their mental physical and spiritual health and so on.”*

Almost all participants reported using the bus or walking. Multiple participants cited the affordability and convenience of having access to public transport. While ETS seniors’ passes are available at a fraction of the full cost, older adults less than 65 years of age are not eligible. This is an issue as many Indigenous seniors may not be 65 but experience adverse that are similar to seniors who are much older (Peiris et al., 2008). For example, some of the participants reported having bad knees or finding it difficult to walk or use the stairs. In some cases, a few were not able to use the bus due to a lack of balance or autoimmune diseases. Many did not have cars, as some cited poor eyesight or not having access to a vehicle. In the case of taking public transportation, some seniors said that they found it difficult to stand on a bus, and that people would not give up their seats. Seniors’ mobility is an important component of being independent and preserving quality of life – therefore, injuries and aging may prevent seniors from participating in social activities and outings (Edmonton Seniors Coordinating Council, 2011; Government of Canada, 2016). Another concern is DATs (Disable Adult Transportation), the Edmonton Transit Service option for seniors or those with physical disabilities. One participant explained that DATs is catered to individuals with limited physical mobility, but it does not fully benefit its targeted audience, as it is not accommodating if an unforeseen event occurs.

Some Indigenous communities are not located on public transportation routes, creating risk of isolation for both the senior and the caregiver. The cost of transportation and accommodation in rural areas puts a financial burden on the Indigenous senior, their family, and the broader community (Habjan et al, 2012). This need is rarely considered in the planning of public transportation routes. If public transportation is inaccessible or provokes anxiety for these Indigenous seniors, they often turn to their family or friends to meet their transportation needs. This can be a fine arrangement for all involved, but all too often a variety of barriers increase stress for the charitable family members or the senior. For example, many medical appointments are scheduled at times when the seniors’ adult children are working, forcing them to take time off to accompany their parent. Some seniors also reported that the family members they rely on resent having to make themselves available: *“I have a son not too far away, but I don’t see him very often... If I can get a hold of him, then he would probably take me to the doctor’s office, but then I’ll have to listen to him complain about taking me”*. These seniors do not want to be a burden on their family, but their situation demands aid from younger, more able-bodied people.

In one case, an Indigenous senior stated that if he had to go out, he would take a cab. However, taxi services and other privately-owned options are expensive and are not usually a financially sustainable choice. Assistance with things like being helped into and out of cars and carrying heavy items such as groceries are also up to drivers’ discretion and cannot be counted upon. Non-profit transportation agencies can and do provide more attentive service with referrals and in some cases, report instances of elder abuse. However, one non-profit organization is unable to meet the demand for transportation, as there are many more seniors who need rides than there are volunteers able to assist them. Lastly, in terms of travel out of the city, which is common for Indigenous seniors who may wish to visit reserves, no publicly available options exist, and with the cancellation of Greyhound, there are very few options for those who wish to travel out of town who do not have access to a vehicle.

"I think number one is to brainstorm with the Elders themselves and get it straight from them because it's easy for everyone to make a plan for Elders and say 'oh they need, they need that', but if you hear from the Elders and what their issues are, that's the only way to move forward".

It is crucial for programs to focus on the reclamation of identity, culture, and traditions, and Indigenous worldviews and ways of knowing. Simply treating the symptoms of social isolation is a band-aid solution that does not address the root causes of the problem. The true cause of social isolation among Indigenous seniors is the attack on cultural identity brought about by Canadian colonial policies (Lavallee & Poole, 2009). Therefore, programs to address social isolation among Indigenous seniors must go beyond treating the symptoms and focus on individuals, families, and communities reclaiming the cultures, traditions, languages, ways of life, worldviews, and ceremonies that were threatened during the colonial area and that continue to be threatened today. This requires policymakers and administrators to work hand-in-hand with community by empowering Indigenous organizations to take the lead and be actively involved in decision-making.

TRAUMA AND RECONCILIATION

The narrative above shows how this legacy has led to unhealthy romantic relationships, homelessness, violent lifestyles, negative relationships with and perceptions of government and social workers, feelings of hopelessness in areas of healthcare and housing, feeling disconnected to one's Indigenous culture, and purposely isolating oneself from the surrounding community as a survival method. There are negative impacts on the mental, physical, spiritual, and emotional health of the participants and this can lead to feelings of social isolation and/or loneliness. One participant had a nuanced and well-thought out perspective on isolation and loneliness that is quoted below:

"I'd just like to begin by saying that in my estimation, a lot of social isolation comes from prejudices in society, discrimination, racism, colonization. All of these have been the foundation for isolation of any form. And what does that all come back to, what does it all fall on? It falls on one word. Respect. When there is an absence of respect in any element of society, then you have unacceptance. You have inequality, you have discrimination in various forms. Many various forms. It has both its positive and its negatives because, for example, in our Aboriginal communities, we talk about how we are resilient people."

In addition to the historical trauma brought about by the residential school system, during the Sixties Scoop, thousands of Indigenous children were forcibly removed from their homes and adopted into mainly non-Indigenous families across the country. Colonial violence of separating families is still seen and felt today within the Indigenous population, especially seniors, who more often than not were forcibly removed from parents or had children taken away from them.

"So what I see in my everyday experiences where I work is a high number of Indigenous seniors who don't have connections to their children or grandchildren because they've been living on the streets, so to speak, for years and years. So that kind of disenfranchisement is not being talked about either and so because of the need for reconciliation between family to happen and that's not really occurring, in the way I think it could be maybe in future generations, so you have a large surge of Indigenous elders and there's assumptions that broader Canadians make in the healthcare system or other".

The reuniting of Indigenous families is essential for their own well-being and to facilitate the transfer of cultural information to next generations.

Despite their hardships, many Indigenous seniors and service providers continue to be very hopeful about the building movement towards reconciliation. One Indigenous senior was thrilled that Mayor Don Iveson got re-elected and says that he is trying to encourage true reconciliation for Indigenous peoples in Edmonton. This individual directly emphasized the creation of the Indigenous Relations Office, which aims to build good relations. Another senior expressed great hopefulness for the current movement towards Truth and Reconciliation. She states

“It’s one of the reasons why I am so pumped up about the process of reconciliation because now we have a learning curve that impacts both the Aboriginal and non-Aboriginal community. Because the realization is setting in that what happened did happen, it was part of the reality. But we have to move forward. Never going to forget it but you can forgive what happened in terms of the negatives”.

A key component of healing is reconnecting seniors with Indigenous cultural programs. Healing approaches should incorporate Indigenous worldviews that are connected to healing such as ceremony, nature, connectedness, and balance. Healing models that are successful for Indigenous peoples focus on the spiritual, emotional, mental, and cultural aspects of the healing process and include collective healing that brings together Indigenous peoples who have traumatic histories (Bellamy & Hardy, 2015). The Aboriginal Healing Foundation (2006) outlines a variety of considerations that should be taken into account when designing and delivering Indigenous healing programs such as: creating a comfortable, open and non-judgmental atmosphere; taking the time necessary to complete the program adequately; working in circles and groups; emphasizing safety throughout the process; building trust between staff and participants and between participants; having the right staff and support; creating a non-threatening environment; creating a comfortable and open space for healing, and creating cultural safety. Culturally relevant project activities such as medicine walks, ice fishing, or ritual cleansing can help participants feel relaxed and safe in the healing environment. Portraying traditional art, having service providers speak Indigenous languages, and regular events or activities help participants feel connected to their spiritual and cultural traditions and to remember the teachings of the elders in their communities. Programs must guarantee emotional and physical safety of participants as healing from historical trauma cannot occur without feelings of safety and comfort. As a result, cultural and spiritual safety are paramount to the success of Indigenous healing programs.

But rather than simply placing the onus on community agencies and their service providers, there needs to be far-reaching efforts across the sector to coordinate a targeted collective action.

“So I just don’t understand why our community agencies aren’t working together. For me, I’m not saying this is the right idea because I don’t know all the politics and all the crap that’s involved. But somehow there should be uhh...the government should be working with some agency that’s saying ‘we’re gonna make these people work together’ and what’s it called when you bring best practice? Bringing best practices together?”

Organizations such as EndPovertyEdmonton (EPE) are playing a pivotal role in creating collective action to end poverty that is rooted in racism and colonialism. Four of their thirty-five priority actions relate to moving towards true reconciliation (Gunn & Chow, 2018). Since 2017, work from EPE has resulted in the establishment of an Indigenous Round Table to advise on Indigenous-specific issues in the City of Edmonton (EndPovertyEdmonton, 2018). In addition, work has begun to open an Indigenous Cultural and Wellness Centre, such as creating a Steering Committee, holding a pipe ceremony for guidance before community engagement, and initiating a broad-based Environmental Scan in April 2018.

SYSTEMS NAVIGATION

“The system sucks! Huge. Big time. It really does. If you’re bold and strong and advocate strongly then you make a little bit more headway than the poor meek person standing right beside you”.

Many Indigenous peoples have been mistreated by the system due to racism, discrimination, and/or a lack of cultural awareness for the purpose of ceremony in health, so they do not trust the system and want to avoid it. Indigenous seniors spoke of feeling let down by all levels of government. They outlined feelings of pain, resentment, anger, and sadness when commenting on how governments have treated Indigenous peoples. Values disassociated from Indigenous belief systems, such as government ownership of land and water, long-time abuse from numerous systems, including justice, child and family services, and disrespectful behaviours from government employees, have contributed to a rightful wariness and mistrust of governmental systems. One Indigenous senior explained how the provincial government eliminated his Alberta Works benefits after he started earning a minimal income:

“Going through cancer, I kind of felt that the system dropped the ball on me. I felt like I fell through the cracks. My relationship we had our problems. Sometimes I was homeless. Being sick, I couldn’t really do a lot. Being honest with Alberta Works, I got cut off and I lost my home because I was honest with them... they just kept lowering the amount, and I got behind in my rent and I eventually got evicted. They are unrealistic. I am getting punished for making my life a little bit better and trying to feed myself”.

While child welfare agencies received thousands of dollars for every Indigenous child they adopted, Indigenous families who searched for their children during this period were deliberately lied to and misled by social workers. As a result, social work has a negative meaning for many Indigenous peoples, similar to commonly held negative perceptions of mainstream institutions. The profession is often connected to the theft of their children, the destruction of family ties and cultural traditions, and the oppression of Indigenous communities and nations (Sinclair, 2004). One individual shared, *“The social worker that I talked to, her recommendation was sign your daughter into child social services and go stay at the shelter”*. The individual expressed feelings of disbelief, anger, and confusion as to why someone who was supposed to help keep them together would suggest he break up his family. Other frustrations with community workers was that they were not responsive to their issues, were not always accessible when they were needed, and only occasionally effective.

It can be challenging to navigate the system because of barriers including paperwork, language barriers, and delayed receiving of benefits, and seniors often cannot find help to do so (Treloar et al., 2014). This often results in seniors not accessing the critical aid they are entitled to, such as health funding. What is critical to Indigenous seniors and their family was the ability to match services and programs to their needs. Complicating this is the gap of services between reserves and cities; Indigenous seniors commonly reported leaving reserves to access required healthcare services such as insulin shots and cancer treatment but bounds between provincial and federal governments are foggy (Parrack & Joseph, 2007), leading to confusion about which organizations should be contacted. Social workers and system navigators who are willing to help and provide client-centered services were considered extremely helpful by family caregivers and seniors. However, social workers and systems navigators are notoriously under-resourced and did not have the capacity to fully address clients’ needs.

SERVICE PROVIDERS

“... the relationships in some Indigenous folks might not have changed so there is still a lot of mistrust with social workers, with police, with the medical professionals and what can we do? And I think that we have to take ownership of that and go out of our way to create positive relationships and learn from each other”.

Service providers should be better funded and receive critical training. Many seniors express a desire for more Indigenous service providers; effort should be made to recruit, educate, and support Indigenous service providers as they enter the sector. We need sustained awareness and support for non-Indigenous workers and allies to learn about Indigenous history, trauma-informed practice, and strategies for diverse Indigenous groups (Knight, 2015). At the policy level, workers are not empowered to do what may be necessary but outside of the scope of their normal work: *“the social worker was good at trying to explain herself but also realizing that she can only do what she can do for my mom within the scope of what she’s able to give and do”*.

There is great potential for trauma-informed practice to improve outcomes and inclusivity of programs targeted towards addressing social isolation in seniors. It is a holistic approach where practitioners are sensitive to how past traumas influence the present day, and neither ignore nor dwell on past trauma (Knight, 2015). Rather than focusing on symptoms and outward behaviours, there is awareness of how the socio-political sphere can affect individual health and well-being. When patients understand that childhood and adult trauma underlie many illnesses and unhealthy behaviors, they often stop blaming themselves, feel more self-acceptance, and make progress toward health and well-being (Machtinger, Cuca, Khanna, Rose, & Kimberg, 2015). Providers who understand this connection are able to create clinical environments that are less triggering for both patients and staff, identify referrals to appropriate trauma-specific services, and develop more effective therapeutic alliances and treatment plans with their patients. Indeed, disclosure of past abuses and trauma in a safe and accepting space has

the potential to be therapeutic in and of itself. Overall, trauma-informed practice can validate and normalize patients' behaviours and experiences.

Trauma-informed practice is most effective when it is provided across the care continuum and includes recreation and social events (Pineles, Ready, Street, & Griffin, 2012). It can be implemented in steps, and need not overhaul entire systems and practices at once. However, full implementation requires genuine commitment, resources, and support from clinic/institutional leadership which is facilitated by policy directives. While the majority of work focuses on trauma-informed practice in a healthcare setting, it is most effective when implemented across the whole continuum of care and service provision. This includes recreational facilities, long-term care centres, and senior centres. Especially in the case of recreational centres and senior centres, trauma-informed care may be overlooked. However, there is precedence for trauma-formed care when looking at next steps for Age Friendly Edmonton 2.0, specifically the strategic goals relating to diversity and inclusion (Age Friendly Edmonton, 2018).

CONCLUSION AND RECOMMENDATIONS

The Vision for an Age Friendly Edmonton Action Plan strives to ensure that all seniors have access to a wide range of appropriate, affordable, and accessible transportation services that will encourage them to independently meet their needs and to participate in their communities. The Action Plan also emphasizes the necessity of support for senior drivers to ensure their own safety and the safety of other community members (Age Friendly Edmonton, 2018). The second phase of the Age Friendly Initiative highlights responding to diversity (Age Friendly Edmonton, 2018), and ensuring that services available to seniors are inclusive and respect diversity. This includes being responsive to different cultures, varied English language skills, marginalized individuals and persons with disabilities.

The following is a brief summary of answers to the original research questions of this project.

How do Indigenous seniors experience isolation in the City of Edmonton?

Racism and discrimination are major drivers of isolation in Indigenous seniors. It prevents Indigenous seniors from leaving their homes, attending social programs, or accessing resources and services. The negative impacts of colonialism on the physical, mental, spiritual, and emotional health of Indigenous seniors has made them more vulnerable to feelings of loneliness, isolation, sadness, and anger. These experiences require enormous amounts of emotional and mental energy to cope with, leaving less capacity for self-care and maintaining relationships. However, despite experiencing multiple forms of trauma, many Indigenous seniors remain connected to social circles that are supported by family, friends, social agencies, and other marginalized communities. Furthermore, they remain pillars of support in their social networks.

How do Indigenous seniors themselves define isolation and the ageing process?

Indigenous seniors who have vibrant social lives or keep themselves busy with various programs and engagements may not consider themselves isolated. Contact with family, either remotely or in-person, appears to be the primary determinant of whether an Indigenous senior considers themselves isolated. However, Indigenous seniors are likelier to have children or close family who have passed away due to higher mortality rates of Indigenous peoples as a whole. This can create financial burden in addition to prolonged grief.

Many of the participants currently cope with health challenges as a result of living on the streets, battling severe mental health issues, and living in precarious or unsafe housing. While coping strategies used can include protecting oneself through isolation, some also use art as a means of self-expression, and in some enterprising cases, a mode of alternative income. While Indigenous seniors are at greater risk of poor health, many expressed a desire to keep active and maintain their well-being. However, as health declines, it may be challenging for seniors to continue being social due to limited financial resources.

What challenges, barriers or opportunities do Indigenous caregivers, service providers and/or other professionals providing services to Indigenous seniors experience in Edmonton?

There is a lack of trauma-informed practice among service providers who serve Indigenous seniors both in community and governmental settings. Programs to address social isolation among Indigenous seniors must focus on individuals, families, and communities reclaiming the cultures, traditions, languages, ways of life, worldviews, and ceremonies that were threatened during the colonial era and that continue to be threatened today. Simply treating the symptoms of social isolation is a band-aid solution that does not address the root causes of the problem. Indigenous seniors should be included in planning and decision-making of programs. In the case of cultural programs or ceremonies, Indigenous-lead organizations should be the providers as much as possible. Collaboration and referrals between Indigenous and non-Indigenous service providers should be encouraged, with Indigenous organizations taking a leading role. Increasing representation of Indigenous peoples in front-line staff or administration is another key way in which social isolation may be addressed.

How do Indigenous seniors experience barriers of access to programs and services that are meant to combat feelings of isolation?

In order for members of the senior Indigenous community to be fully engaged, their basic needs and safety have to be met before they can have the mental/emotional resources available to devote to establishing and maintaining social connections. Barriers to accessing programs that are meant to combat social isolation include lack of transportation to and from social events, discrimination by both non-Indigenous participants and service providers, and costs of participation. Many of the benefits to Indigenous seniors will be affected by improvements to seniors' infrastructure as a whole, including the expansion of 211 as a resource guide and better avenues to report and protect against elder abuse, especially financial.

RECOMMENDATIONS

The following recommendations are proposed based on the data collected and analysis done in partnership with the advisory committee:

RECOMMENDATIONS TO COMMUNITY

- Recognizing that there is an urgent need to respect and promote the inherent rights of Indigenous peoples to live without facing discrimination, governments need to engage the broader senior population in cultural awareness and anti-racism movements. This may be attained through collaboration with agencies such as EndPovertyEdmonton or the Edmonton Shift Lab.

RECOMMENDATIONS TO SERVICE PROVIDERS

- Increase transportation options for Indigenous seniors to access social events, including those outside of the city or on-reserve that are accessible, affordable, and appropriate. This could be through modifying or improving the Disabled Adults Transit Service system or partnering with the Medically At-Risk Driver Centre or the Rural Transportation Pilot Program.
- Increase historical and cultural awareness among frontline health and social service providers about the impacts of colonial violence experienced by Indigenous seniors and how it influences the present day. This may include expanding mandatory training available to service providers to include trauma-informed practice.
- Establish culturally appropriate long-term care and permanent supportive housing facilities that are Indigenous-lead and are equipped to provide opportunities for cultural practices. This could be attained by working with those who develop affordable housing, such as NiGiNan Housing Ventures, Capital Region Housing or Right to Home.
- Recognizing that Indigenous seniors may feel more comfortable with home visitations or one-on-one programs, there is a need for increased funding or resources to expand outreach-focused programs.

RECOMMENDATIONS TO POLICY MAKERS

- Honoring the right of Indigenous peoples to self-determination, Indigenous seniors and the community should be engaged in the decision-making and design of available programs and services. Indigenous people have the right to determine and develop their own priorities when developing health, housing, and other programs. As much as possible, Indigenous organizations should be looked to as leaders for reducing social isolation in Indigenous seniors, and supported as much as possible by the community-at-large. This could include engagement with City of Edmonton Recreation Centres, the EndPovertyEdmonton Indigenous Circle, or the Edmonton Indigenous Seniors Centre.
- Improve infrastructure for seniors as a whole and ensure that these are accessible to Indigenous seniors related to service directories, help lines, and access to mental health supports. This may include working with 211 and other existing directories that recognize the additional bureaucratic challenges that Indigenous seniors face. Exploration must be done as to why low-income rates for Indigenous seniors are higher as compared to the rest of the senior population.

- Promote and encourage Indigenous students within higher education, with the ultimate goal of addressing lower graduation rates and increase representation of Indigenous peoples as healthcare practitioners and service providers.

The resilience within the Indigenous seniors cannot be overstated and very little has been done to highlight the community's strengths. Many participants understood the current struggles of Indigenous peoples as part of a broader struggle with discrimination, racism, and prejudice among the general Canadian society and all levels of government. These Indigenous seniors then, are not powerless victims but fully realize the actions of previous governments and the challenges faced within their community. However, some participants shared the belief that for Indigenous peoples to truly heal, they must forgive the perpetrators of the violence and move forward with an open heart and mind to forge positive relationships with the rest of society. Therefore, as service providers, policy advocates, and change makers, it would be to our universal benefit to engage Indigenous seniors in their wisdom and tenacity. In the words of one senior, *"Three years ago I had a heart attack. The creator was kind and saw fit to keep me around yet for a while. Your days ain't numbered you have a lot of work to do"*.

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APPENDIX I. INTERVIEW AND FOCUS GROUP QUESTIONS

QUESTIONS FOR INDIGENOUS SENIORS

1. How long have you lived in the City of Edmonton? (If they were not born in the city, ask where they came from before that).
2. Can you tell us about where you currently live and who you live with?
3. How do you spend time or connect with family, friends, or anyone else you might be in contact with in your life?
4. How often do you leave the house to see a healthcare or service provider? How do you get there? (E.g. doctors, service providers, social workers, etc.) Feel free to share stories or explain certain events
5. Are you satisfied with the level of contact you have with family and friends? What do you think would make these experiences better?
6. Where and how often do you get to meet new people? Do you wish for more opportunities like this?
7. In the past, have you tried to access programs or recreation in order to meet people or spend time with friends or family? What factors do you think made participating easier? What made it more difficult? (Probe for factors at the individual/family, community, or policy level).
8. How do you think your relationships with others or your ability to be social has changed over time?
9. Do you participate in ceremonial protocols or teachings? How does this impact your ability to be social or participate in community?
10. What communities do you consider yourself to be a part of?

QUESTIONS FOR SERVICE PROVIDERS IN FOCUS GROUPS

1. What kind of cultural awareness do you have about the Indigenous cultural context and how was that acquired?
2. How would you describe your organization's relationship with Indigenous seniors? Could you tell us stories about your relationships?
3. How do you think we should move forward to reduce social isolation in seniors? What needs to be in place or what needs to happen for this to happen?
4. Does anyone have any final comments?

QUESTIONS FOR CAREGIVERS OF INDIGENOUS SENIORS

1. How/why did you become a caregiver for the person you are caring for?
2. How long have you been a caregiver this senior?
3. What are your favourite parts about being a caregiver? What do you find rewarding or is most important to you? (E.g. getting to know your loved one better, fun things to do together, making an impact, etc.)
4. What are your least favourite parts about being a caregiver? What parts are challenging or would you like assistance with? (E.g. not having enough time for yourself, burn-out, financial issues, etc.)
5. Do you think that your loved one gets enough socializing? (If no: What do you think could be done to address this? If yes: what do you do, or what does your senior do, to be social?)
6. Do you accompany your loved one to any social activities?
7. One thing that we are exploring is how Indigenous teachings are passed along in the community. Do you and/or the person you are caring for take part in any kind of cultural teachings?
8. Do you feel you have adequate support to complete your caregiving to the best of your ability? Do you have needs that are currently not being met? (E.g. information, respite, transportation, accessing health services, housing, financial security, food security, in-home services, neighborhood safety, privacy.)
9. What would make your job easier? What would you like to see in terms of supports? (e.g. More support with information and referral, access to in-home health services, respite services, healthcare knowledge, traditional healers and elders, assistance with transitioning the senior into long-term care)
10. Are there any concerns about any future housing needs for the person you are caring for?

Scona Senior's Center
(Senior Citizens Opportunities Neighbourhood Association)

