

“I Feel Like a 'Somebody' Again”

Ethics of Care at a Shelter for Older
Adults Fleeing Abuse in Canada

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Land

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Partners

Background



Recent work has highlighted abuse towards older persons (i.e. elder abuse) as an under-researched pathway into homelessness (MacNeil & Burnes, 2022).

A large-scale meta-analysis of 52 studies in 28 countries estimated that **one in eight older adults** experience some form of abuse annually (Yon et al., 2017).

In Canada, **only 13 shelters specifically serve those fleeing elder abuse** (Coalition for the Prevention of Elder Abuse, 2022).

Objective

This study **examined qualitative data from a shelter** in a Western Canadian city which serves adults aged 55+ who are homeless due to abuse, drawing on a **feminist ethics of care framework** (Tronto, 1993, 2013).

Framework

A feminist ethics of care framework understands humans as interdependent and inherently embedded in caring relations in order to exist in a social world (Lawson, 2007; Mee, 2009; Sevenhuijsen, 2003; Tronto, 1993, 2013)



Methods

- Semi-structured, qualitative interviews with 10 clients and five providers at an elder abuse shelter in a Western Canadian city
- Secondary qualitative data analysis (Hinds et al., 1997) of data drawn from a larger study evaluating shelter/housing sites in Canada and exploring how these sites support older people experiencing homelessness to age in the right place (Canham, Mahmood, et al., 2022)

Three Themes

1

Cultivating Trust and Relationship-Building Between Providers and Clients

2

Caregiving, Mutual Care, and Collective Care Among Clients

3

Lack of Care and Processes of Repair

1 Cultivating Trust and Relationship-Building Between Providers and Clients

Providers described an organizational approach which focused on relationship- and trust-building through attending to clients' physical/emotional needs in responsive and flexible ways.

Focus on “...building relationships with clients and building that trust so that the clients will talk to you about what's going on...”

(Provider 1)

1 Cultivating Trust and Relationship-Building Between Providers and Clients

Clients described organizational policies and providers who attended to clients' physical/emotional needs as significant in their shelter experience, using language of "care" and "trust."

**Client 1, age 60, at shelter
3 weeks:**

"I can get feel that... when I'm talking to [social worker], for the three meetings we had, one thing I noticed is her eye contact. Another one is she doesn't interrupt...she cares, like I can already tell she ain't here for a paycheck."

1 Cultivating Trust and Relationship-Building Between Providers and Clients

Clients described acts of care by providers and volunteers.

Client 4, age 64, at shelter 2 weeks:

described her appreciation of gifts of slippers and flowers upon arrival and how she felt providers' care through the choice to give her a beautiful room. She said she felt like a "somebody" at the shelter in contrast to a previous abusive situation.

1 Cultivating Trust and Relationship-Building Between Providers and Clients

An ‘organizational culture of care’ (Eaton, 2022) included a focus on care for the group.

Providers organized celebrations, activities, and weekly meetings in addition to one-to-one connections with clients.

Provider (P1):

“A lot of [clients] really love it [at the shelter] because they start build a social circle. So, I think the reluctance to move isn't really about the shelter, it's about the people that they've gotten to know there.”

2 Caregiving, Mutual Care, and Collective Care Among Clients



Clients described caregiving and mutual care for others as part of shelter life:

- Giving gifts and compliments to others
- Offering kind words and coffee to people on streets who were homeless
- Cooking meals for other clients and staff
- Listening to and supporting other clients
- Assisting fellow clients with applying for financial assistance

2 Caregiving, Mutual Care, and Collective Care Among Clients

Acts of caregiving and care-receiving among clients were also significant in clients' descriptions of what 'aging in the right place' meant to them.

Client 3, age 63, at shelter 9 months:

described another client's welcoming gesture as part of what 'aging in the right place' meant to him:

"I thought, 'She's a person, and you know, it does mean something to me' ...I said I wouldn't care, but I did."

3 Lack of Care and Processes of Repair

Episodes of exclusion and conflict were challenges to community-building at the shelter.

Some clients mentioned cliques and occasionally being encouraged by fellow clients to exclude other clients.

3 Lack of Care and Processes of Repair

Systems of conflict resolution were integrated into shelter life.

Client 6, age 58, at shelter 10 months:

“If you've got an issue with a client you go to the staff, that simple. Sometimes you'll have a mediation between the two, right? That's how it works...That's the way I like it.”

3 Lack of Care and Processes of Repair

Systems of conflict resolution were integrated into shelter life.

Client 1, age 60, at shelter 3 weeks described the impact of a staff-led meditation after a conflict:

“So, without avoiding each other, we talk to each other. We actually went for a walk, the other night to the store together...it's better than frigging being angry.”

Implications

- Providers' acts of care supported by larger organizational practices of flexibility and responsiveness can foster trust with clients and an 'organizational culture of care' (Eaton et al., 2022).
- Fostering an environment which supports clients' caregiving and mutual care for each other may be significant in clients' experiences of aging in the right place in shelters for older adults fleeing abuse.
- Conflict resolution processes as part of systems of care can support relational repair and community-building in shelter contexts.

“... care is about relationships. And relationships require, more than anything else, two things: sufficient time and proximity. Among the most important considerations in rethinking society from a caring perspective, then, is creating time and space for care” (Tronto, 2013, p. 166).

Thank you!

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