Integrating multicultural seniors in age-friendly North Shore communities
Integrating multicultural seniors in age-friendly North Shore communities
Today’s goals

• Understand experiences of multicultural seniors living on North Shore
• Share strategies for fostering more age-friendly communities and meaningfully include seniors in local programming
Senior-specific immigration demographics for North Shore
INTEGRATING MULTICULTURAL SENIORS IN AN AGE-FRIENDLY COMMUNITY

Partnership Project between Silver Harbour Seniors’ Activity Centre, Lionsview Seniors’ Planning Society and City of North Vancouver

Funded by The Union of BC Municipalities
This short presentation focusses on the demographics of the senior’s immigrant population in BC and the three municipalities on the North Shore. It also focuses on four immigrant populations chosen for the project.

A presentation of the overall report will follow.
<table>
<thead>
<tr>
<th>Origin</th>
<th>BC immigrant population</th>
<th>Senior population (% of total pop.)</th>
<th>Senior immigrants (% of seniors pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European origin</td>
<td>150,935</td>
<td>19%</td>
<td>45.3%</td>
</tr>
<tr>
<td>Asian origin</td>
<td>138,680</td>
<td>17.4%</td>
<td>41.6%</td>
</tr>
<tr>
<td>All other origins</td>
<td>43,770</td>
<td>5.5%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Total immigrant population</td>
<td>333,385</td>
<td>41.9%</td>
<td></td>
</tr>
<tr>
<td>Total BC senior population</td>
<td>795,415</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
North Shore Population According to the 2016 census

- Total population: 181,306
- Over 65 years of age: 35,385 (19.5%)
- Immigrant senior population: 16,885 (48% of the total senior population)
The target multicultural groups for this project were chosen based on the demographic information about the immigrant population of the North Shore obtained from Statistics Canada, 2016. It was noted that seniors from China, Iran, Philippines and South Korea formed a high percentage of the immigrants on the North Shore.
## Immigrant Population Aged 65 and Over

### Selected Groups from Canada Census Data 2016

<table>
<thead>
<tr>
<th>Place of birth</th>
<th>City of North Vancouver</th>
<th>District of North Vancouver</th>
<th>District of West Vancouver</th>
<th>North Shore Total</th>
<th>% of All Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iran</td>
<td>530</td>
<td>810</td>
<td>660</td>
<td>2,000</td>
<td>11.8%</td>
</tr>
<tr>
<td>China</td>
<td>210</td>
<td>510</td>
<td>395</td>
<td>1,115</td>
<td>6.6%</td>
</tr>
<tr>
<td>Philippines</td>
<td>215</td>
<td>180</td>
<td>55</td>
<td>450</td>
<td>2.7%</td>
</tr>
<tr>
<td>Korea</td>
<td>80</td>
<td>125</td>
<td>85</td>
<td>290</td>
<td>1.7%</td>
</tr>
<tr>
<td>Selected Total</td>
<td></td>
<td></td>
<td></td>
<td>3,855</td>
<td>22.8%</td>
</tr>
<tr>
<td>All other groups</td>
<td></td>
<td></td>
<td></td>
<td>13,030</td>
<td>77.2%</td>
</tr>
<tr>
<td>Total All Immigrants 65+</td>
<td>4,145</td>
<td>7,100</td>
<td>5,640</td>
<td>16,885</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: China includes Hong Kong
<table>
<thead>
<tr>
<th>Place of birth</th>
<th>City of North Vancouver</th>
<th>District of North Vancouver</th>
<th>District of West Vancouver</th>
<th>North Shore Total</th>
<th>% of All Recent Immigrants 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iran</td>
<td>110</td>
<td>160</td>
<td>100</td>
<td>370</td>
<td>44.8%</td>
</tr>
<tr>
<td>China</td>
<td>40</td>
<td>30</td>
<td>50</td>
<td>120</td>
<td>14.5%</td>
</tr>
<tr>
<td>Philippines</td>
<td>25</td>
<td>30</td>
<td>-</td>
<td>55</td>
<td>6.7%</td>
</tr>
<tr>
<td>Korea</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>10</td>
<td>1.2%</td>
</tr>
<tr>
<td>Selected Total</td>
<td>175</td>
<td>220</td>
<td>160</td>
<td>555</td>
<td>67.3%</td>
</tr>
<tr>
<td>All other groups</td>
<td>60</td>
<td>125</td>
<td>85</td>
<td>270</td>
<td>32.7%</td>
</tr>
<tr>
<td>Total All Recent 65+</td>
<td>235</td>
<td>345</td>
<td>245</td>
<td>825</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: China includes Hong Kong
Recent Immigrants arrived between 2011 and 2016.
Recent Immigrants arrived between 2011 and 2016

Data from 2016 Census Graphics by NewToBC
Recent Immigrants arrived between 2011 and 2016

Data from 2016 Census
Graphics by NewToBC
Between loneliness and belonging:
Lifelong experiences of (dis)connection
among older immigrants

Sharon Koehn
Department of Gerontology at SFU
Lifelong experiences of (dis)connection among older immigrants

Sharon Koehn, PhD (Gerontology, SFU; Sharon Koehn Research Consulting)
Multicultural seniors in age-friendly North Shore communities webinar, May 19th, 2020
Social isolation vs. loneliness

- **Social isolation** (no or few meaningful ties) to social participation – *objective*: size of the person’s social network.
- **Loneliness** to belonging – *subjective*: the feeling that the number or intimacy of social relationships is not enough
  - But social isolation also seems to have some subjective components
Canadian government response

Social isolation of Seniors (Vol I): Understanding the Issue and Finding Solutions
Social Isolation of Seniors (Vol II) Ideas exchange event toolkit
Recent immigrants (in Canada < 5 years) at greater risk

- More likely to experience risk factors identified for all older adults (e.g., higher levels of poverty, lack of awareness of services),

- Experience unique challenges, such as lack of charter language (English/French) ability
Lived Experiences of Aging Immigrants
A narrative-photovoice project 2014-2017
Risk factors for social isolation and loneliness (1)

- living alone;
- being age 80 or older;
- having compromised health status;
- having multiple chronic health problems;
- having no children or contact with family;
- lacking access to transportation;
- living with low income;
Risk factors for social isolation and loneliness (2)

- changing family structures;
- being left behind by younger people migrating for work;
- location of residence;
- experiencing critical life transitions such as retirement, death of a spouse, or losing a driver’s license;
- lacking awareness of or access to community services and programs; and
- being a caregiver.
Storytelling

2 case studies
Kim Young Chul, 77

“In Canada, the most difficult part is finding a place to rent”
1938: Born in Korea

1963: Married and began work as civil servant

1998: Daughter sponsored him and his wife to immigrate to Canada

1999-2004: Ran own restaurant; sold after shooting

2005-2019: Worked on mushroom farm until retirement

2014: Daughter moved to U.S.

Now: Caregiver to his wife
Feeling disconnected, isolated, in need of housing
Wants to learn English
Discomfort with American son-in-law
Low vision—can’t drive & wife has mobility challenges
Few services for Koreans
Limited income
No status/family ties in Korea now

“Without [my daughter], every single thing is a challenge.”
Mr Kim’s risk factors (1)

— living alone;
— being age 80 or older; [getting close]
– having compromised health status;
– having multiple chronic health problems;
– having no children [close by] or contact with family;
– lacking access to transportation;
– living with low income;
Mr Kim’s risk factors (2)

- changing family structures;
- being left behind by younger people migrating for work;
- location of residence;
- experiencing critical life transitions such as retirement, death of a spouse, or losing a driver’s license;
- lacking awareness of or access to community services and programs;
- being a caregiver.
Immigrant-specific barriers

- Lack of English
  - Money for interpreters
  - Pay for English courses
  - Citizenship disqualifies him for free EAL classes
  - “It’s inconvenience, difficult. But let’s say I feel like disabled. ...No communication....I can’t [be] involve[d].”
- Takes classes at immigrant-serving organizations; studies at library
- Hampers navigation to housing
Family and Support
Ill health and support network

- Relied on a network of friends; no family nearby
- Depression from dependency ("burden") – support group
- Struggles to establish eligibility for services (compensation, caregivers)
- Rehabilitation, surgeries, medications
- Return to Philippines for family support – too expensive
Divine’s risk factors (1)

- living alone;
- being age 80 or older;
- having compromised health status;
- having multiple chronic health problems;
- having no children [close by] or contact with family;
- living with low income;
- lacking access to transportation;
Divine’s risk factors (2)

— changing family structures;
— being left behind by younger people migrating for work;
— location of residence;
— experiencing critical life transitions such as retirement, death of a spouse, or losing a driver’s license;
— lacking awareness of or access to community services and programs;
— being a caregiver.
Factors specific to migration that increase risk of social isolation (1)

- **Language barriers** – not all immigrants can take classes as newcomers due to conflicting responsibilities, but classes are no longer free after 5 years. Few services in origin languages for some minorities, e.g. Korean.

- **Family** – often assumed that immigrant families “take care of their own” but migration (and pre-migration circumstances, e.g. war, unstable employment) can separate families and not all immigrants have children

- **Migration policies** – long period of dependency following sponsorship*/domestic worker rules limits opportunities
Factors specific to migration that increase risk of social isolation (2)

- **Caregiving** – grandchildren (esp. sponsored immigrants) +/or spousal
- **Lack of awareness of services** – language barriers + unfamiliarity with social structure and variety of services
- **Housing** – location limited by affordability/accessibility – late-life immigrants (esp. sponsored) often have low income, limited choices
- **Transportation** – language + sensory impairment/disability adds to difficulty of getting driving license; language barriers can inhibit transit use
Community supports, esp. in own language – includes immigrant serving agencies, multicultural clubs in community centres and religious institutions

Charter language capability – classes needed at any stage of migration trajectory

Subsidized housing close to community supports and public transit

Pensions (prior to end of sponsorship period, now 20 years)
What helps?

**Babysitting services** in conjunction with community programs for immigrant older adults

**Low-cost/free culture and language appropriate respite care** for caregivers (volunteers?)

**System navigator** outreach to assist immigrant older adults with finding needed services
Thank you!

Sharon Koehn Research Consulting
sdkoehn31@gmail.com
Connect via LinkedIn or Researchgate

Son Jung Suk ignores the rain to connect with friends
Please use the chat function to ask a question
Five minutes
Challengers & barriers and pathways to success for North Shore newcomer & immigrant seniors’ access to community services

Parampal Sharma
North Shore Multicultural Society

Annwen Loverin
Silver Harbour Seniors Activity Centre
BARRIERS AND PATHWAYS TO SUCCESS FOR NORTH SHORE NEWCOMER AND IMMIGRANT SENIORS' ACCESS TO COMMUNITY SERVICES

PARAMPAL SHARMA
(NORTH SHORE MULTICULTURAL SOCIETY)
AND ANNWEN LOVERIN
(SILVER HARBOUR SENIORS’ ACTIVITY CENTRE)
27 Years Experience Working with Immigrant Seniors Knowledge and Best Practice Expertise (North Shore Multicultural Society)

Integrating Multicultural Seniors in an Age-friendly Community Project (City of North Vancouver, Lionsview Seniors Planning Society, Silver Harbour Seniors’ Activity Centre)

Today’s Forum: Multicultural Seniors in Age-Friendly North Shore Communities
NORTH SHORE MULTICULTURAL SOCIETY: SERVICES FOR SENIORS

- Bridging Programs
- Community Connections
- ESL Programs
- Settlement Services
- Community Events
1. Hold workshops with ethnocultural seniors in four separate ethnocultural groups (Iranian, Chinese, Korean, Filipino)
2. Hold two intercultural cafes
3. Perform interviews with stakeholders in the community
4. Support current programs and services informed by new information
5. Create new programs based on preliminary discussions with seniors
6. Analyse the data obtained
7. Advance some recommendations
8. Disseminate the learnings for discussion in order to formulate more recommendations.

COMMUNITY PROJECT
Immigrant older adults are increasingly diverse. This is not only due to changes in countries of origin for seniors but also due to the many ‘statuses’ of immigrant seniors.

Settlement and integration is a complex process that takes time... and is often connected to life changes/ transitions.
CHALLENGES EXPERIENCED BY IMMIGRANT SENIORS ON THE NORTH SHORE

- Varying legal and social service access statuses
- Settlement and tasks of daily life in Canada
- English Language challenges
- Cultural challenges, expectations and changing roles
- Dependence on family and sponsorship breakdown issues
- Housing/ transportation / ‘geographic dispersement’
- Poor social ties and bonds
- Poor social connections and bridges to mainstream society
- Managing health, wellness and frailty
- Limited funding for seniors settlement/ESL services = less availability of services
SENIORS & VULNERABILITY

Health

Immigration Status & Access to Services

Length of time in Canada
# Migrant Seniors Statuses & Vulnerability

<table>
<thead>
<tr>
<th>Vulnerability</th>
<th>&quot;Super-Visa' Senior (Highest)</th>
<th>Newly arrived immigrant senior (May Still be High)</th>
<th>Aged in Canada Immigrant seniors (Lower)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa holder</td>
<td></td>
<td>Smaller group due to changes in immigrant system.</td>
<td>Largest group of seniors</td>
</tr>
<tr>
<td>Private health insurance</td>
<td></td>
<td>Often sponsored family reunification category which is capped.</td>
<td>Start seeing first wave of high diverse cohorts – will increase. Not well understood.</td>
</tr>
<tr>
<td>No access to CPP or OAS or other income securities</td>
<td>Access to health care</td>
<td>Access to Settlement Services</td>
<td>Secondary and primary applicants.</td>
</tr>
<tr>
<td>No access to Settlement Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly dependent on adult children *</td>
<td></td>
<td>Highly independent, more settled children.</td>
<td></td>
</tr>
<tr>
<td>High levels of isolation *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High barriers due to language and cultural barriers *</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BEST PRACTICES FOR IMMIGRANT SENIOR SERVICES

- ESL and social connection programs
- Settlement services
- Intergenerational programs
- Programs that support the reflection of life and wisdoms through appropriate cultural lenses
- Accessible and cultural relevant seniors programming in the community
  - “Parallel Programming” - 1st language
  - Bridging Programs (Settlement to Local Seniors Programs)
INCREASING DIVERSITY

Chart 7
Projected distribution of various cohorts at age 65, by place of birth

Source: Statistics Canada, Demography Division, special tabulations from Demosim, reference scenario.
SERVICE DELIVERY CONSIDERATIONS

- Developmental Stages
- Diversity of Seniors
- Goals of Integration
- Vulnerabilities are Diverse
- Create Bridging Programs
Many move relatively successfully throughout the community (shop, take public transportation, meet with friends and peers)

Didn't take public transportation because it was confusing

Need improvements in outdoor spaces, roads and streets
Some are more comfortable within their own cultural group and have not found a need or incentive to become more involved in the larger community.

Some perceive their adult children pattern themselves after western culture and do not “take care” of their senior parents as it occurs in their home country. This often leaves the seniors living in some isolation.

Some return to their home country, because of a lack of supports.

Some depend on their children thus putting a stress on family.

COMMUNITY PROJECT LEARNINGS - CONNECTEDNESS
<table>
<thead>
<tr>
<th>Financial losses, cultural isolation, lack of integrative programs and services are barriers to full integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of English skills prevented people from taking classes or participating in community activities</td>
</tr>
<tr>
<td>Don’t use some health care services (e.g. vision, hearing, physio) because of cost</td>
</tr>
<tr>
<td>Not enough English classes for seniors, to build language skills and encourage integration</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS

- More ESL classes tailored to seniors learning styles
- More intercultural conversational programs
- Interpreters for accessing government documents
- Intercultural gatherings, celebrating other’s cultures
- Transportation training and built environment improvements
- Specific workshops (first language or with translation) on various topics (health, housing, technology, volunteering, etc.)
- Meaningful volunteer opportunities in the community and help finding these

- Improve collection of data from seniors not connected to services
- Reduce financial barriers to service access
- Develop collaborative model and system of working with newcomer seniors
Please use the chat function to ask a question
Thank you for joining