

# Caregiving, Family and Home Care Forum

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GREATER VANCOUVER SITE REPORT  
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## INTRODUCTION

On February 26, 2019, a diverse group of stakeholders attended the Caregivers, Family and Home Care Forum hosted by the Lived Experiences Vancouver research team. This forum used the photovoice exhibit, *The Lived Experience of Aging Immigrants*, to springboard facilitated discussions on the topics of caregivers, family and home care in relation to immigrant older adults. [Click here](#) to view an online version of the exhibit.

Funding for the forum was provided by grants from Michael Smith Foundation for Health Research ([Reach 2017](#), PI, Sharon Koehn) and the Social Sciences and Humanities Research Council (Connection 2018, PI, Shari Brotman). It is one of a series of forums to be held across four Canadian sites (Greater Vancouver, Calgary, Montreal, and Quebec City). Following completion of all the forums, a consolidated project report will be released.

The forum was organized in conjunction with the United Way of the Lower Mainland's launch of their [Healthy Aging CORE](#) (Collaborative Online Resources and Education) platform. Isobel Mackenzie, [BC's Seniors Advocate](#), attended the forum and delivered an insightful presentation on immigrants and care in BC, which served as inspiration for the discussions at the forum.

This site report for the Greater Vancouver *Caregivers, Family and Home Care Forum* summarizes the key themes and ideas that were discussed during the forum for each theme (caregivers,<sup>1</sup> family and home care<sup>2</sup>) and the final concluding discussion that occurred at the end of the forum. Discussion of the individual themes occurred as a part of World Café style conversations, where groups of 6-8 people discussed each theme. The concluding discussion at the end of the forum consisted of a larger group discussion.

Please note that the opinions contained in this report do not necessarily reflect those of the research team or all participants in attendance, but rather reflect faithfully the diversity of opinions and comments made by all the forum participants.

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<sup>1</sup> The theme of caregivers referred to informal (unpaid) caregivers.

<sup>2</sup> The theme of home care broadly referred to formal (paid) care provided in the home, including assistance with ADLs and IADLs.

## THEME: FAMILY

QUESTION 1. WHAT ARE YOUR IMPRESSIONS ABOUT FAMILY IN RELATION TO IMMIGRANT OLDER ADULTS BASED ON VIEWING THIS EXHIBIT?

***Family is central to the lives of older immigrants. However, immigrant older adults have diverse family experiences and it should not be assumed that they receive support/enough support from family to meet all their needs.***

- The exhibit highlighted the diversity of experiences of family, as well as the uniqueness of the immigration process (i.e., entry as a refugee vs. landed immigrant; first generation immigration process vs. joining family already here, etc.).
  - Sources of diversity included reasons for immigration, the degree of closeness and relationships with one's family, living arrangements, etc.
- Many decisions related to immigration were made after considering the needs of one's family, and family is who older immigrants rely on for support in their new country. Indeed, aging immigrants were described as typically being dependent on their families, as they may not have anywhere else to go for support.
- An overriding theme from participants was that family is central to the lives of older immigrants.
  - The exhibit highlighted the high levels of family responsibility felt by immigrants – both for grandchildren, children, parents, grandparents, aging spouses, other family members, etc., as well as for extended family members, including those that are back in the “home” country.
  - The exhibit highlighted family loyalty, sacrifice/support, and a deep sense of pride for family. The family was a source of strength.
- Participants described the values of familial responsibility that exist in various cultures around the world. As a result of these values, there are many responsibilities and expectations regarding family and caregiving, which often fall to working adult children.
- For those that did not have family here, their “community” became their family, and was their source of strength.

***Issues may emerge between immigrant older adults and their families due to tensions between Canadian values/family culture and the values/family culture of the home country.***

- The reunification process after family separation was not always as smooth as expected. The intersection of Canadian values/family culture with the values/family culture from the home country resulted in “culture shock.”
  - Home country expectations of family support, intergenerational living, etc. are often no longer possible or realistic while living in Canada.
  - Traditional expectations and responsibilities can pose challenges for adult children of immigrant families, who are often expected to earn a living while also caring for their children and aging parents. This can be very difficult to balance.
  - Expectations can change over time as the families expand to the second and third generations of Canadians.
- Immigrant families in Canada are undergoing a culture shift. The multi-generational family here is also becoming a multi-cultural family due to the blending/changing of the original culture to the Canadian culture (more specifically, the “Vancouver” culture).
- Participants also highlighted changes to traditional gender norms and roles that may occur due to immigration. Older males now have care responsibilities in Canada – this may be due to their inability to find work in Canada if their credentials are not recognized here.
- The social isolation of immigrant older adults was described by participants as a common impact of the challenges facing immigrant families. Older adults often have nowhere to go, and nobody to socialize with, particularly if they do not speak English.

***Acculturation expectations in Canada are unrealistic and place too many pressures on immigrant older adults and their families.***

- Participants commented there appear to be too many acculturation expectations on older immigrants vs. the reality of their immigration experience.
  - For example, there are high expectations that immigrants should learn English and integrate into Canadian society but, for many, heavy caregiving responsibilities and the need to work long hours in low paying jobs get in the way.
  - Participants felt these expectations are unrealistic: When do they have a free hour (or a free dollar) to attend an ESL/EAL<sup>3</sup> class?
  - The immigration experience can be very stressful; the prolonged stress and tension is visible via the high incidence of chronic conditions in the exhibit.

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<sup>3</sup> English as a Second Language (ESL) / English as an Additional Language (EAL)

## QUESTION 2. WHAT ACTIONS DO WE NEED TO TAKE IN ORDER TO REMOVE BARRIERS/BUILD ON STRENGTHS?

***Communities need to provide more opportunities for immigrant older adults to feel included, engage socially, and develop “chosen families.” This can include creating new community spaces and programs, as well as ensuring existing resources are welcoming for immigrant older adults.***

- The broad definition of “family” was discussed – increasing social connections can help to create strong networks and “chosen families” for immigrant older adults. This is especially important for individuals with little family around.
- Communities need to create spaces where older adults, particularly immigrant older adults, can gather and participate socially.
  - Urban planners and developers should prioritize public social hubs/spaces for older adults who need somewhere to go and gather with friends during the day.
  - At the same time, rather than relying solely on the creation of new programs and spaces, it is also important to figure out how to best utilize existing infrastructure (e.g., community centres, churches, etc.) to offer programming that targets aging immigrants who are at risk of social isolation. Such programs must be culturally sensitive, affordable, and accommodate language challenges.
  - There is a need to create community spaces specifically for non-English speaking older immigrants in order to build their self-confidence and empowerment collectively. These spaces can become go-to places for them and provide supportive environments where information and workshops/programs can be tailored for their needs (e.g., health/wellness, housing, employment opportunities, etc.).
- Community services that are culturally sensitive and gender inclusive are needed. One participant felt that his father (an immigrant from China) would benefit from socializing with other men his age, but said he had had a difficult time meeting people. In part, however, this was due to a sense of pride that precluded his interaction with others.
- Participants maintained that more grass-roots initiatives are needed within neighbourhoods (i.e., at a BlockWatch level) to promote cultural awareness and understanding. Neighbourhood Small Grants are a great source of small funds (\$500) to host block-based events to welcome new neighbours, share food, and provide information. Older immigrants could be encouraged and supported (i.e., with assistance to write the grant proposal) to develop these types of small projects.

***Participants stressed the importance of integrating family into programs and initiatives to promote the wellbeing of immigrant older adults.***

- Intergenerational spaces/programs where immigrant older adults and their families (particularly grandchildren) can participate were deemed to be very important.
  - Local schools need these types of spaces/programs too. Schools could give grandparents a task/role within the school community so that they feel welcome and included.
- Several participants maintained that there was a lack of awareness among younger family members of existing community programs for older adults. Outreach to this demographic by community services that can help immigrant older adults transition to life in Canada or connect with others of similar backgrounds and experiences is essential.

***Supports are needed to assist immigrants to overcome barriers to engaging with their new community.***

- Not speaking English is a barrier, and the cost of ESL/EAL classes is an additional barrier.
- There is a lack of cultural awareness and education to relieve culture shock when immigrants come to Canada.
- The professional credentials of immigrants are often unrecognized in Canada, leading to lack of employment and therefore lack of opportunity. This issue needs to be addressed at the federal level so that standards can be developed nationally.
- The development and offering of community counselling services for aging immigrants is crucial. Such services should target challenges faced by aging immigrants, such as dealing with the trauma associated with family separation.
- The stresses of the immigration process and not knowing how to navigate the system were also discussed as barriers to participation. It was recommended that the root causes of stressors in the immigration process be identified and addressed.
  - It was not clear to participants though who should take responsibility for this.
  - It was recommended that more collective advocacy is needed in this area.
  - Paid support staff positions will be needed to achieve this.

## CAREGIVERS

QUESTION 1. WHAT ARE YOUR IMPRESSIONS ABOUT CAREGIVERS IN RELATION TO IMMIGRANT OLDER ADULTS BASED ON VIEWING THIS EXHIBIT?

***Caregivers play a critical role in supporting older adults, but in Canada this work is undervalued, underrecognized and unsupported.***

- While society praises and purports to value informal caregiving, this usually does not reflect the reality of what informal caregivers experience. Caregiving is underrecognized and undervalued.
- Canada's systems do not recognize the value of informal caregiving. For immigrant older adults, this has resulted in families being kept apart for years.
- There are both upsides and downsides to caregiving, and positive and negative aspects of the experience, which should be recognized.
- There are gaps in support services for caregivers. Many caregivers do not receive enough support and experience burnout.
- The impacts of care were noted as not exclusively affecting care recipients, but caregivers may also be subject to poor outcomes if unsupported (i.e., self-care needs, physical and emotional demands of care, system navigation and supports lacking).
- Participants noted that formal (paid) caregivers also are undervalued. They experience unfair working conditions and often work long hours and are not properly compensated

***Caregiving is seen as the responsibility of families and it is often assumed that immigrant older adults receive strong support from their families. While this is often the case, it is not always feasible.***

- Caregiving is seen as a family's responsibility – this work is informal and unpaid.
  - The default assumption is that there is always a family care system for patients and an expectation that there will always be a family care provider.
- Many older adults themselves are working in caregiving roles past age 65 (e.g., caregiving for a spouse).
- Along the immigrant journey (characterized as an isolating and uprooting experience), family roots continue to be a priority for old and young members of immigrant families. In the face of the trauma that immigrants have experienced, family remains a connection and priority for immigrant older adults.

- Duty and a sense of responsibility to the family, and the preference of immigrants for family care, leads to the prioritization of family care.
- This is contrasted with feelings of guilt or pressure that may be experienced if a person is unable to provide family care.
- Immigrants living in Canada experience unique caregiving challenges:
  - Many younger immigrants' parents live back in their home country, not Canada. As a result, they cannot take care of their parents and feel guilt over this.
  - Many immigrant older adults in the exhibit were single and away from the rest of their family; caregiving may be a growing concern for them in the future (e.g., who will take care of me?).
  - Immigrant older adults may have experienced years of separation from their family (including their children), making it hard for these family members to re-connect.
- The exhibit reinforced the significance of connective cultures among immigrants, the value placed on extended family (local or distant), and the cultural desire to provide care.

***Immigrant older adults are often the primary caregivers of their grandchildren. Many were sponsored by adult offspring specifically for this purpose and are silenced by feelings of dependency on their family, making them vulnerable to elder abuse.***

- Many immigrants come to Canada for the purpose of caring for their grandchildren. Their family has brought them to Canada for this specific, designated responsibility. These grandparents are expected to help their adult children who work in stressful jobs.
  - Immigrant older adults often have no choice in this matter; they feel indebted to their children for bringing them to Canada.
  - They may fear losing their family if they do not uphold their caregiving responsibility.
  - Caregiving under these circumstances can lead to conflict in the home and/or result in elder abuse.
- Immigrant older adults' roles as caregivers affects their sense of self-identity: Who am I now, why am I here?
- The schedules of immigrant older adults who are caregivers to their grandchildren typically revolve around their caregiving duties. For example, grandparents come to programs only if they do not conflict with the time they need to collect their grandchildren from school.
- It is important to remember that immigrant grandparents may not be in the best health and are aging, which can make caring for their grandchildren challenging due to increasing frailty.



***The formal care system is challenging to navigate and often ill-equipped to deal with immigrant older adults, which can make immigrant older adults and their caregivers reluctant to use these services.***

- Based on their own experiences and the portraits in the exhibit, participants had no doubt that our health care system is challenging to navigate and supports are needed to help caregivers and older immigrants to navigate the system.
  - Even for people with professional training and experience (e.g., home care workers) the system can be difficult to navigate.
  - Confronted by the challenges of system navigation, where else are people expected to turn but to their community and family?
- Participants also noted that the care coverage the system provides is not comprehensive.
- When placed in a nursing home, immigrant older adults experience a number of challenges: e.g., being in an unfamiliar environment; loss of connection with family and friends; language barriers; and a role reversal as they switch from being a once active and contributing member of their community to passive isolation. In light of these challenges, immigrant older adults may prefer to be alone at home and receiving inadequate care, rather than living in a nursing home.

***Tensions can arise within immigrant families due to language barriers and generational differences in perspectives on family and caregiving responsibilities.***

- Participants noted the parental desire to care that emerged in the exhibit, demonstrating the older adults' commitment to, and value ascribed to, their role as family caregivers.
  - "They get back what they give" noted one table member.
  - Some discrepancy was noted between generations in the exhibit (i.e., high expectations from older adults do not necessarily correspond with high levels of family support).
- Generational tensions can exist in immigrant older adults' families:
  - Their adult children may experience strain from caring for their children and parents.
  - For many immigrant older adults, English is their second language; grandchildren may look down on their grandparents for not being able to communicate with them and others in English.
- Language barriers also prevent immigrant older adults from doing things outside the home (e.g., activities are often in English only).
  - Immigrant older adults who cannot speak the same language as people in their community and within their family are often isolated and depressed.

- As children grow and attend school all day, grandparents may become further isolated by being alone in the home all day.
- Some immigrant older adults may want to go back to their home country, while their children do not want to return, preferring to stay in Canada.

***While caregiving is a universal phenomenon, participants perceived that Canadians and immigrants from other cultures (non-Western) often have different perspectives on caregiving. Immigrant perspectives on caregiving need to be recognized and valued, however, participants also noted the heterogeneity of immigrant experiences and cautioned against overgeneralizations about immigrants' perspectives on caregiving.***

- Caregiving is a universal, cross-cultural act, and every culture has people participating in caregiving at some point in their lives.
- Caregiving is also seen as a gendered role across cultures.
- Caregiving was recognized in multiple forms across the exhibit stories, from providing for children and grandchildren, to spousal care, to formal paid care provision.
  - Care provision was noted both up and down the generational ladder, with both children and adults providing help while navigating multiple roles
  - One table member noted that a societal emphasis prioritizes the efforts made in relation to child care.
- Participants recognized that cultural differences exist in expectations for care for older adults, and immigrant populations may have different beliefs about the roles of formal and informal care provision compared to the mainstream Canadian population.
  - Cultural differences exist around family caregiving (e.g. who is supposed to take care of the parents) and cultural preferences may act as a barrier to external care (if needed) when older immigrants do not want or expect care to be provided from outside the family. Some cultures (e.g., Filipino) also care for their extended family members as well (e.g. sending money back home).
  - For practitioners and service providers it is important to notice when we are placing biases from our own perspective and culture onto someone else, and to recognize the importance of shifting these values to meet the needs of the client/family.
- It is important to recognize that views on expectations for care in a western/colonial context represent a very different discourse in comparison to those from the immigrant perspective. For example, feelings of burden or pressure related to expectations may carry different cultural meanings.
  - Complexity arose when the table discussed older immigrants who want to embrace either of these perspectives (i.e., new western values or retain original cultural

- values) – what cultural influences are determining our understanding and prioritization of how to best support immigrant caregivers?
- One participant saw Canada as having two systems for caring for older adults:
    - Canadian system: Caucasian families do not expect to care for their aging parents and often hire a caregiver, they are more open to placing their older relative in a nursing home.
    - Immigrants from different cultures: Older adults expect to be looked after by their children. For example, in the Punjabi-speaking population, adult offspring are expected to care for aging parents who will live in the same home with them until end-of-life.
    - Other participants disagreed with the notion of “two systems,” noting there are multiple layers of complexity that can exist around caregiving experiences for immigrant older adults.

### ***Additional Notes***

- LGBT2Q individuals experience additional barriers due to their sexuality.
- The differences between paid/formal and unpaid/informal care were noted, and the different motivators behind various care types. A sense of duty or obligation may overlap with love and desire to care for a person, or they may be distinct experiences.

## QUESTION 2. WHAT ACTIONS DO WE NEED TO TAKE IN ORDER TO REMOVE BARRIERS/BUILD ON STRENGTHS?

***Canada needs to properly recognize the challenges of caregivers and the contributions they make to society. This includes providing more services/programs to support them in their role, including emotional support, support in the workplace, financial support, and respite.***

- Currently the vast majority of care work is unpaid, undervalued and unacknowledged. There needs to be increased awareness of the value of unpaid care work, and the emotional efforts, time, and navigation required to be an unpaid caregiver.
- There is a need for community awareness of the health impacts of caregiving, for both caregivers and those receiving care. Better supports are needed to help prepare people to be caregivers and to promote the health of older adults and their caregivers.

- It is important to note that vulnerable populations have a higher chance of experiencing negative outcomes as a result of care commitments (e.g., older adults retiring to provide informal care are at higher risk of falling into poverty).
- Systemic gaps in supports were highlighted for young children providing support to older immigrant grandparents; “sandwiched” middle aged adults providing care up and down the generational ladder; and women who may be facing inequity in the allocation of care work and responsibility.
- Different level of government need to invested more in supports and services for caregivers, e.g., tax benefits, supportive employment policies (e.g., ability to take time off to provide care), respite services to prevent burnout, emotional support, etc.
- Participants discussed potential models for providing incomes for caregivers. Attaching a monetary value to the time and effort provided by caregivers was noted as a way of attaching literal and figurative value to meaningful work (providing care). It was also noted there are many immigrant older adults living in poverty who could benefit from financial support.
  - However, complex challenges may arise for families uncomfortable with receiving formal pay for a personally valued family duty.
  - Financial benefits were also discussed for immigrant older adults caring for their grandchildren (who are often short of money and cannot find a job).
- Low-cost interventions that could support immigrant older adults and their caregivers include promoting volunteerism within communities and encouraging person-centred support services that suit older immigrant’s preferences and plans. How can we identify and develop similar ideas?

***Caregivers and immigrant older adults benefit from the supports provided by community organizations, communities and volunteers, but there also were concerns about the downloading of responsibilities to these NFP organizations/informal sources of support from the health care system.***

- A lot of essential services are provided by volunteers and our systems are heavily volunteer-dependent. Can we create incentives to attract more people to work in the aging sector?
- Community organizations were noted as a strength. However, the offloading of healthcare system responsibilities onto not for profit (NFP) organizations is not a sustainable solution for addressing the gaps in supports for caregivers.
- Strength is found in the immigrant communities – the shared sense of care, friendship, and neighborhood support help support immigrant older adults. The exhibit stories

demonstrated older adults tapping into community resilience which allowed for circles of support to emerge in the face of isolation from distant family members.

***To increase the accessibility of programs and services for immigrant older adults, we need to address individual and systemic barriers to receiving care and accessing services.***

- Immigrant older adults may have their own assumptions about receiving formal care and caregiving. For example, in an adult day centre, one participant heard a client say “My daughter can take care of me.” There is a need to decrease the stigma around formal care provided by home and community care services.
- Reaching caregivers who do not identify with the label of “caregiver” can be challenging.
- There are very evident barriers for older immigrant caregivers who are ineligible for resources and services until they satisfy restrictions imposed by sponsorship (i.e., unable to grow or collect pension). A related barrier is the lack of translation of skills and loss of credentials in the immigration process.
- Further research is needed to understand the cost barriers that inhibit successful care for immigrant families and individuals. There is a need to establish policies to identify and help high-risk older immigrants and their caregivers to receive necessary care and support (e.g., Is the immigrant landed for 20+ years? Are they low-income? Are they disabled?).
- Older immigrants may be unaware of their rights and their eligibility for programs and services (e.g., their rights in Canada and under sponsorship).
  - Participants indicated that the programs they provide to share information about rights do so indirectly to make them more palatable to older immigrants and acceptable to their families (e.g., a program in which older immigrants discuss Canadian rights while baking). These programs usually target women (due to the gendered role of caregiving).
- Immigrant older adults may need support (e.g., accompaniment to programs) to initially feel safe participating in programs outside the home (e.g., at community centres).

***Programs and services for immigrant older adults must be culturally and linguistically relevant.***

- Immigrant older adults need programs and services that are culturally and linguistically relevant (e.g., at adult day centres programs can be offered that address caregiving within different cultures).
- Partnerships between health and immigrant-serving organizations is one way to meet this objective (e.g., immigrant-serving organizations working with Alzheimer Society of BC to offer dementia workshops in Cantonese).

- BC Emergency Medical Services (e.g. fire and police) is creating a laminated postcard with information about who to call in an emergency (e.g. a silver alert) translated into seven different languages. These will be given to families that have a relative with dementia.<sup>4</sup>

***Technology can be used to help care for older adults, but participants also saw barriers to the use of technology by older adults.***

- Participants discussed the potential uses of technology to help care for older adults or to keep them connected. However, many older adults do not have phones or iPads, and/or they do not know how to use them.
  - They need education around these devices first (i.e., create an orientation around these devices for older adults).
  - There may be issues with affordability as well (e.g., many cannot afford the ‘Lifeline’ call bell).
  - They may need ongoing education on how the devices work.

***Programming for immigrant older adults should build up and support the strong connections between immigrant older adults and their families.***

- Organizations could schedule programs for immigrant older adults at schools for the convenience of older adults caring for their grandchildren.
- Grandparent support groups for immigrant older adults were highlighted as an important type of programming that can provide safe spaces to discuss challenges, offer support, and build social connections. In North Vancouver there are already some grandparent groups operating, though these are not specifically for older immigrants.
- Family members should be incorporated into efforts to promote building connections and a network for immigrant older adults outside of the home and their caregiving responsibilities.

***Our conceptualizations of caregiving need to be re-examined and adjusted in order to meet the needs and preferences of immigrant older adults.***

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<sup>4</sup> We would be grateful if the person who made this comment could contact us if they have additional information since we have not been able to verify this point.

- The North American focus on institutional care is mismatched with the preferences and values of many immigrant cultures. Nursing homes are not the solution for all. Innovative models such as home-sharing or communal housing options may be appropriate for isolated immigrant older adults needing care or additional support.
- Better at Home and aging-in-place ideals may require modification to meet the needs of different cultural groups and may need to take place outside the family home if formal services are not accessible or desired in such spaces.
- Formal recognition of the value of intergenerational housing is needed and could incentivize patterns of care and support that are mutually beneficial to the healthcare system and individual/family preferences.
- Society needs to talk about the questions posed at this forum and encourage and provide space for immigrant older adults to share stories, from which we can also uncover what has worked for them. Service providers can also ask questions and discuss with individuals what services they need.
- The care implications of family mobility need to be considered—how to rely on family care when the family is becoming more decentralized?

***Additional Comments:***

- Additional training and public education are needed to identify the challenges related to care provider staffing in the formal system.
- Sharing stories of success between caregivers and support organizations builds efficacy in others and the system.
- Caregiver transitions are unstable, evolving, and sudden, occurring in relation to the escalating needs of loved ones.

## HOME CARE

QUESTION 1. WHAT ARE YOUR IMPRESSIONS ABOUT HOME CARE IN RELATION TO IMMIGRANT OLDER ADULTS BASED ON VIEWING THIS EXHIBIT?

***Immigrants play important roles in the senior care sector, both as formal caregivers (paid workers) as well as informal caregivers to family and friends. However, when they require care the system often is not there for them.***

- Many of the portraits convey the sense that older immigrants provide a great deal more care to others than they receive.
  - They are working past the age of retirement because they are underpaid.
  - This can take time away from their own families.
  - Some do this work because their professional credentials are not recognized in Canada.
- Some immigrants may question whether it was worth their while to come to Canada.
- Participants commented they did not see much about home care in the exhibit. Many of the portraits were of individuals who were independent and did not appear to require it. There also seemed to be a lot of unpaid caregiving provided. It was suggested that the lack of home care provision in the portraits was due to restrictive eligibility requirements and structural barriers rather than lack of demand.
- There were examples of accidents in the portraits which created a need for home care. These people did not seem to be able to access enough home care, physiotherapy, etc.
- Immigrants often provide a lot of the formal home care to older adults, care that other Canadians do not want to provide. The Philippines was noted as one of the largest providers of immigrants and care providers. However, we should not generalize that all immigrants are home care providers.

***Cost was identified as a barrier to accessing home care services. Sponsored immigrants are unable to access publicly subsidized home care during their sponsorship period, while immigrants who are eligible may still struggle with the costs of co-payments. Private pay services often are unaffordable.***

- Currently sponsored immigrants are unable to access publicly subsidized home care in Canada during their sponsorship period. The sponsorship period is 20 years, meaning that a



person who moved to Canada at age 70 would not be able to access publicly subsidized home care services until age 90. Lack of access to home care can lead to problems such as elder abuse and early moves to private residential care.

- Even if immigrant older adults are eligible to access publicly subsidized home care, a co-payment is required for most services – late-in-life/sponsored seniors, however, do not receive full pensions for 40 years.
- The sliding scale used to determine co-payments for publicly subsidized services was deemed inaccurate (i.e., an income of ~ \$30,000 for a married couple should not be considered high income).
- Many immigrants may not be able to afford home care through the private pay system, particularly with the high housing costs in BC. More affordable home care options need to be made available for sponsored immigrants (e.g., non-profit home care services).
- The exhibit portrait depicting Divine’s experience of trying to return to the Philippines to be with her family when sick, but having to return because she could not afford to pay for the medications privately there, indicates that living here can nonetheless confer cost advantages in some instances (although she has to live very modestly).

***Publicly subsidized home care services are not comprehensive and do not have the capacity to meet current demands.***

- Participants commented that there is a great demand for home care services, even though most of the immigrants in the portraits were not using them.
- The Government of BC has made severe cuts to home care (particularly to home support in the early 2000s). The impacts of these cuts are so drastic that it sometimes forces people into residential care.
- There are not enough home care services and services are not comprehensive (i.e., restricted mostly to personal care). Better at Home (provides non-medical home support services) fills some of the gaps and provides services such as housekeeping, but there are waitlists for these services.
- There is a great demand from immigrant older adults for subsidized Better at Home services.
- Currently home care services are limited in terms of the hours of work, skills of the workers, and a lack of consistency of care by providers.

***The alternative options to home care (e.g., residential care) often are not appropriate for the needs of immigrant older adults.***

- When home care services are no longer adequate/inaccessible a move to a residential care facility may be required. This can create challenges for family as the residential care facility the older adult is placed in may be far away, and affordable housing near the facility may be difficult to find, particularly in Vancouver.
- There are fewer facilities tailored to ethnocultural minorities, and those that exist now have long waitlists.

***Traditional values and expectations promote the role of family in providing care to immigrant older adults. There were concerns though that this can lead to a reluctance to use formal care services and an overreliance on family support.***

- Participants observed that not many of the portraits in the exhibit indicated that people were receiving home care of any kind; they seem to resort more to friends, family and neighbors for care.
- Often there is an element of duty to the provision of care by family. Immigrants may not utilize formal home care services due to stigma and an expectation that “we take care of our own.” Children are expected to care for aging parents according to norms of familism common to many cultures, so there can be tremendous guilt among adult children with respect to using formal services.
- Also, volunteerism is part of many cultures; people are expected to provide care for one another within the community.
- The question of whether family are required to do too much was raised, as there are emotional and physical expenses to caregiving.
- Non-profits and family caregivers have been stepping up to fill gaps in public services; increasingly Government seems to view home care as outside of its domain of responsibility.
- Some immigrant older adults live alone, and it should not be assumed that they are living with family or have family support.

***Our health care system is challenging to navigate; for immigrant older adults language incongruities and cultural biases add to the complexity.***

- Navigating the health care system is difficult – do immigrant older adults and/or their children understand what services are available to them and how to access them?

- Many older adults and their families do not ask the questions needed to get services they need – they just accept what they believe to be true (“the way things are”) but, for immigrants, navigation difficulties are complicated by language incongruity.
- The assessment process is potentially biased – case managers tend to be Euro-Canadian.
  - Interpretation by family members during assessment can also compromise the privacy of the older adult; interpreters need to be trustworthy and readily accessible.

### ***Additional Comments***

- Home care does not address the isolation of older adults.
- More people need to be encouraged to work in the field of gerontology (e.g., Langara College has a new Diploma Program in Gerontology) and gerontology credentials need to be recognized.
- A particularly difficult challenge to address for people with dementia living at home is wandering.

## QUESTION 2. WHAT ACTIONS DO WE NEED TO TAKE IN ORDER TO REMOVE BARRIERS/BUILD ON STRENGTHS?

### ***Greater investments need to be made into the home care system to ensure services are affordable, accessible and comprehensive.***

- More funding is needed for publicly subsidized home care services, there is not enough funding available to fund all the people who require home care.
- To address cost barriers, we need to make services affordable to all and system complexity needs to be reduced. We need to provide services in different languages and take the needs of different religions into account (especially in residential care).
  - One of the complicating factors is lack of uniformity between health authorities (different web sites, services offered in different ways, with different names – this creates complexity).
- Sponsored immigrants are unable to access publicly subsidized home care. Affordable non-profit options need to be available for sponsored immigrants.
- Home care services need to be more comprehensive. In the past, home care services could combine tasks such as housekeeping with a friendly visit, but this is no longer the case.
- It is also important that we provide support to the caregivers (e.g., education, chatrooms).

- To increase investments in home care it is important to be able to show funders the value of home care services (particularly for immigrants) for facilitating aging in place.

***Services are needed to assist immigrant older adults with system navigation.***

- Information and referral services such as 811 are useful to help older adults know what services are available and how to access them.
- Ethnic media can convey information broadly to the community at large.
- System navigators are needed – people who speak different languages and understand the system – to assist clients with system navigation. An additional role for the navigators is to educate other staff about specific cultural/religious perspectives. There were differing opinions on whether volunteers or paid workers should be used to provide such a service.
  - When community organizations create networks among clients (who notice, for example, when someone in their group is missing and needs to be called), natural leaders emerge and these people can be trained as peer educators to facilitate navigation. They reach people in their own communities through natural networks (e.g., religious centres).
  - However, others insisted that system navigators should be paid to recognize the high level of expertise that this takes (i.e., this is really a system level issue).
  - E.g., the Stroke Recovery Association of BC provides information and training on system navigation (stroke specific).
- Community organizations in contact with immigrant seniors need to offer workshops to immigrant older adults and their families on a regular basis that provide accurate information on system navigation (resources and processes). Organizations should teach family members what they can do to help.

***Human resource issues in the senior care sector need to be addressed. These issues are also particularly salient for immigrants given their tendency to work in this sector.***

- There is a stigma to working in home care and providers do not receive the education, payment or respect they deserve. The work is challenging. It requires health care skills, good communication abilities, and compassion. Government needs to provide a living wage to formal care providers (the current government seems more amenable to doing so). Formal care providers also need to receive better education and more schools should offer training in older adult care. Home care work should be respected as a profession.
- Participants did not see equal job opportunities for immigrants to Canada, particularly in the healthcare field. This often leads them to work in jobs in the healthcare sector below

their skill and training levels (e.g., nurses whose credentials are not recognized often take jobs as home support workers).

- There is a lack of tolerance and respect for the skills of immigrants. Hence, they have difficulty finding suitable jobs, and experience stagnation and the stigma of unemployment.
- To alleviate current human resources challenges in home care, the federal government could expand professional standards and increase flexibility for people trained internationally. A common challenge for international workers is that their foreign credentials do not transfer.
- Historically, immigrants have taken jobs as formal care providers in Canada, but we also need to encourage people born here to work in this sector.

***Systems and services need to develop their cultural competency for serving immigrant older adults.***

- Meals on Wheels can be important, but cultural variation in the offerings is limited.
- The system should hire diverse case managers both in terms of qualifications (do not always need to be nurses, social workers and occupational therapists are often more appropriate), and ethnocultural background.
- We need to make highly trained interpreters available who understand the ethical complexities and how the system works.

***Innovative solutions are needed to combat the social isolation of older adults living at home and in the community.***

- We need to create awareness about and build compassionate communities to combat isolation and provide support to immigrant older adults.
- We should also consider innovative housing models for older adults living in the community, such as seniors co-living models in Japan. Currently there are barriers to implementing innovative housing models such as this in BC due to restrictive municipal bylaws and official community plans. An additional challenge is the stigma sometimes attached to seniors' residences.
- We can connect people in communities through common interests (e.g. Emergency preparedness) – this identifies vulnerable neighbours and makes connections between neighbours so they are more willing to ask for help. Home care navigation can be offered in relation to such connections.

### ***Additional Comments***

- Currently there is no research on home care services for people aging with HIV. The BC Centre for Excellence is now conducting a research project on this topic.
- It was suggested that we look at examples of home care programs in other provinces for inspiration.
- Home care does not just provide care for people who are aging or have chronic care needs, it also is used to provide palliative care and meet the holistic needs of the individual.
- Organizations like the UWLM are willing to step forward to hold systems (e.g. health authorities) accountable.
- Sharing success stories (as in the exhibit) is important because it increases the efficacy (or confidence in the possibility of success) of others who hear those stories.

## CONCLUDING DISCUSSION

### **QUESTION 1. HOW DO EACH OF THE TABLE'S THEMES AND THEIR SOLUTIONS CONNECT?**

- All three topics (family, caregiving, home care) had a common theme: immigrant older adults and caregiving were undervalued.
- Similar issues and suggestions were discussed at the tables.
- Suggestion: Create a list prioritizing all suggestions and then implement them according to how they are prioritized.
- Possible challenge: Timelines are going to be different for everyone (e.g., organizations, government, etc.).

### **QUESTION 2. ARE THERE ANY GAPS IN UNDERSTANDING THAT PRECLUDE ACTION RIGHT NOW?**

- When one looks at moving forward in terms of creating and implementing solutions (e.g., a new resource of services), is the focus by those implementing these actions on acculturation or embracing immigrant older adults' cultures?
  - This needs to be thought about at the organizational level.

- When does one look at immigrant older adults as Canadians first, rather than being viewed as an immigrant first?
  - These labels create an “us vs. them” mentality. It is important to acknowledge the impact of labels and be mindful.
  - The Lived Experiences Team commented: We are all intersectional beings. The exhibit is intended to display the intersectionality of these immigrant older adults in order to break down this “us vs. them” mentality. Every person is viewed differently by different people, relative to context. That said, the fact of their immigration exposes them to challenges that are primarily systemic and over which we, as a society, have the capacity (and responsibility) to change.
- Critique of “resilience theme” in exhibit: It is important to ask ourselves who is asked to be resilient and who is not being asked?
  - Those who are not asked to be resilient are free to be innovative.
  - Resilience can be backwards thinking when we want to build an inclusive culture.
  - The Lived Experiences Team commented: We agree with this critique and worry about it as well. However, the theme of resilience was what the participants wanted others to learn from them – that they are resilient and they have much to teach us.
- It is necessary to discuss these matters with immigrant older adults and their families to learn from them what they need.
- There is inconsistency between governments in services and support offered for caregiving and home care
  - Rules and legislation should allow for consistency and honouring of previous rules and legislation between governments.
  - The Lived Experiences Team commented: It is true that there is not consistency across Canada, nor even within provinces across health authorities, and this is problematic. For example, we have documented the considerable variation in legislation and access to services across provinces for sponsored seniors and their families, particularly in relation to what happens when the sponsorship relationship breaks down.<sup>5</sup>

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<sup>5</sup> Koehn S, Spencer C, Hwang E. Promises, Promises: Cultural and Legal Dimensions of Sponsorship for Immigrant Seniors. In: Durst D, MacLean M, eds. *Diversity and Aging among Immigrant Seniors in Canada: Changing Faces and Greying Temples*. Calgary, AB: Detselig Enterprises Ltd.; 2010:79-102.  
[https://www.researchgate.net/publication/234038643\\_Promises\\_Promises\\_Cultural\\_and\\_Legal\\_Dimensions\\_of\\_Sponsorship\\_for\\_Immigrant\\_Seniors](https://www.researchgate.net/publication/234038643_Promises_Promises_Cultural_and_Legal_Dimensions_of_Sponsorship_for_Immigrant_Seniors). Accessed March 20, 2019.

### QUESTION 3. WHO NEEDS TO TAKE RESPONSIBILITY FOR WHICH ACTIONS?

- We should create a community action network to figure out what different organizations' priorities are.
- Remember: there can be too much community services and nothing else.
- We need mechanisms for communicating with people at the top (e.g. Office of the Seniors Advocate).
  - Government is the people, if the people want it, government has to respond.
  - A case needs to be made to government that many people need these services, etc.
- There is more to be done to create a more informed society around immigrants and aging. We need to spread immigrant older adults' stories, research, and advocacy to communities.
- A person in a non-profit organization should be hired as an advocate – to be a voice for older adults at the community-level.
  - This position could bridge information between government and community.
  - The advocate would need to be knowledgeable about the many systems of government and have in-depth knowledge of the community-sector.
  - Information needs to be shared from the top-down and from the bottom-up.