

CAREGIVING AND HOMECARE : OLDER IMMIGRANTS AND THEIR FAMILIES

Learning from the lived experiences of aging immigrants

The project **Learning from the Lived Experiences of Aging Immigrants** focuses on the required strategies to fight against social exclusion faced by immigrant older adults. It aims to bring together stakeholders from institutional, public and community-based networks serving immigrant older adults, to discuss their realities and potential solutions to the issues facing them, in different Canadian cities (Montreal, Vancouver, Calgary and Quebec City).

Led by **Shari Brotman** (McGill University, Montreal), this project involves four other co-researchers who were responsible for local teams: **Sharon Koehn** (Simon Fraser University, Vancouver), **Ilyan Ferrer** (University of Calgary, Calgary), **Émilie Raymond** (Université Laval, Quebec) et **Pam Orzeck** (McGill University, Montreal). Our team, based out of McGill's School of Social Work, is built around a partnership between the university and the community, involving an advisory group made up of community-based organizations, services providers and decisions makers. We have worked in collaboration with a diversity of immigrant and ethnocultural groups, in 7 different languages, to reach immigrant older adults who are underrepresented in the health and social services system, in public policy and research.

A RESEARCH PROJECT USING THE INTERSECTIONAL LIFECOURSE PERSPECTIVE

This project follows up on the study named Lived Experiences of Aging Immigrants: A narrative-photovoice study. The initial data collection focused on the lifecourse histories of immigrant older adults and was conducted between 2014-2017, in Vancouver and Montreal. The research design integrated a narrative approach and the photovoice method with the aim of exploring how the immigration process influences the life course of older adults. The results of this study were showcased in a traveling photo exhibition, summarizing the life histories and experiences of 19 immigrant older adults who came from Afghanistan, Chili, Colombia, Guyana, Korea, Nicaragua, Pakistan, the Philippines and Trinidad and Tobago.

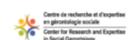
One of the main goals of the project is to contribute to efforts to increase our ability – as researchers, practitioners and activists– to work together to fight discrimination and social exclusion affecting immigrant older adults, by strategizing about actions necessary to adapt programs and policies to better meet the needs, and address the realities of diverse older adult immigrants, their families and communities

ROUNDTABLE

This policy brief draws from the discussions which took place at a meeting held on **April 12th, 2019**, at 7000 avenue du Parc, in Montreal.

This round table centered on the main theme of caregiving and immigrant older adults. 48 people attended the event. At each table, between 8 and 12 participants representing different organizations talked for close to one hour.

A summary of the main themes discussed over the course of the day were presented at a plenary session. The content of the day's discussions form the basis of this policy brief.



1. OVERVIEW OF THE SITUATION

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In 2006 (the last year for which statistics were produced on caregivers and immigrants), 16% of caregivers living in Montreal spoke a language other than English or French at home (42,080 people); 32% were immigrants (82,360 people), 62% of whom arrived before 1991 (51,180 people).

From l'APPUI (2013) *Portrait statistique des proches-aidants d'ainés de l'Île de Montréal*. Source of the data : Statistics Canada, 2006 Census (special compilation for l'Appui Montréal), 2012. Reproduced and published with the permission of Statistics Canada.

Participants in the *Caregiving and Homecare* forum identified complex and mutually reinforcing barriers to the health and social care needed by immigrant older adults. While it is true that many immigrants feel that care should be provided to older adults within the familial context this tends to place additional pressure on women in these families to deliver that care, since care work is gendered, underpaid and unrecognized. Moreover, health care providers must not assume that older immigrants have family members to provide that care, since many do not. Finally, many older immigrants do not qualify for home care because of immigration regulations, although there is variation across jurisdictions. Inequitable access impedes timely and appropriate care. Montreal's population includes higher proportions of immigrants overall and of older immigrants as a proportion of seniors compared to other Canadian provinces and cities. Yet little is known about the impact of immigration on older adults in our communities.

Immigrant older adults have unique experiences that affect family, caregiving, and homecare. Immigrant families are torn between changing values and the economic realities that accompany immigration and cannot always provide optimal care for their elders. Some older immigrants are separated by migration from those more likely to provide care. Language barriers, immigration status, and limited awareness of the roles of the health care system and of specific service providers can be barriers to accessing care for older immigrants. The configuration and delivery of health services and healthcare providers' limited knowledge of the seniors' needs also confound these problems. The forum's discussions focused on the implications of caregiving in relation to intergenerational, local, and transnational family members and the gaps in access and equity within home care services.

In Montreal, some realities on the ground feed a certain social and economic precariousness among immigrant seniors and their caregivers, while at the same time limiting their ability to react to particular situations. These elements can have multiple and intersecting social dimensions, which can accumulate and change throughout the life course according to the multiple positions of individuals and groups, in relation to social class, gender, migratory path and immigration status, sexual orientation, ethno-cultural identity and abilities, among others.



The intersectional life course approach: a lens for understanding

The Lived Experiences exhibit illuminated the complex ways in which structural discrimination across the life course, particularly that associated with immigration, shapes immigrant older adults' interactions with family, community, and formal services. Intersectionality acknowledges that distinct but inseparable categories of oppression (e.g., ageism, racism, sexism) inform individual identities. To understand these experiences, it is important to position the voices of marginalized people at the centre of our inquiries. Their experiences of marginalization and resilience over the life course should be interpreted within the context of structural inequality

2. ISSUES AND REALITIES - PART I

Learning from the lived experiences of aging immigrants

FAMILY AND IMMIGRATION

Service providers must not assume that immigrant older adults receive support or have family available to provide care. Stakeholders highlighted that family is central to the lives of immigrant older adults. Culturally, both family and caring for older adults at home are often highly valued in immigrant families. Yet many also commented on changing family dynamics, influenced by immigration experiences, that can undermine the support older adults receive. For example, sponsored immigrants are often financially and socially dependent on younger family members who do not have the time to meet all their needs.

Younger family members also adopt Canadian values and tension arises because these do not meet the expectations of older adults in the family. Immigrant older adults are at a higher risk of social isolation because they lack connection to their surrounding community. Language barriers prevent older adults from connecting with the host community as well as their younger family members (e.g. grandchildren). Unrecognized or undervalued credentials also prevent immigrant older adults from becoming socially connected to their professional peers and confine them to working in low income jobs and/or financial dependence on their adult children.

These challenges also undermine mental health. Stakeholders also indicated that unrealistic acculturation expectations do not take the experiences of immigrant older adults into account. Learning English and civic engagement is difficult for immigrant older adults who assume substantial caregiving responsibilities in their family and/or engage in low-paying jobs.

CAREGIVING

The high prevalence of chronic conditions noted among the populations known to stakeholders increase the likelihood that older immigrants will need care at some point in their lives. The fact that many individuals featured in the exhibit lived with chronic conditions resonated with stakeholders' own observations. They discussed how stressors associated with migration have prolonged effects on the health of immigrant older adults. For example, dependency mandated by sponsorship regulations that results in a loss of status in the family and wider community; trauma that gives rise to the flight of refugees, which can also have very long-term effects.

Caregiving is seen as a familial responsibility primarily undertaken by women, particularly among those arriving from countries lacking a strong social safety net. Stakeholders acknowledged that this is true to varying degrees in all cultural groups and caregiving (as unpaid 'women's' work) is universally undervalued, unsupported, and unacknowledged. Burdens associated with caregiving are nonetheless amplified by the combined effect of inequities experienced as migrants, as non-English speakers, as people of colour, as women and as older persons.



2. ISSUES AND REALITIES - PART II

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CAREGIVING

Cultural mandates to provide care for older adults and the shame associated with the failure to do so can be a barrier to professional care-seeking. Stakeholders also noted the current gaps in support services, and how a lack of support can lead to burnout for the family caregiver. The 20-year federal state-mandated dependency of sponsored older immigrants on their adult offspring can create unique caregiving challenges. Many immigrant older adults were sponsored with the express purpose of caregiving for their grandchildren, and some receive no break from nor compensation for this task.

Without benefits or pensions, they are financially dependent on their sponsors, and lacking local knowledge and language skills, they may become emotionally dependent as well. Fear of losing family support or being deported (with no alternative source of support) can silence their voice in the family and makes them vulnerable to abuse, which may be financial, emotional, psychological or physical.

HOMECARE

In general, home care services in Quebec are currently limited due to past policy decisions. These include funding cuts, long waitlists, restricted hours of work, variance in the skills of home care workers, a lack of consistency of care by providers, and a narrow scope of services (i.e. mostly personal care).

Low utilization of homecare by older immigrants in the exhibit and more widely are due to structural barriers rather than a lack of need or demand, according to our stakeholders. Immigrant older adults face sponsorship restrictions, while those who are eligible often struggle with costs of co-payments. At the same, private pay is typically unaffordable. Immigrant older adults and their families often have difficulty in navigating the health care system. Language barriers are rarely addressed with interpretation and translation supports, services may not be culturally appropriate, and there are gaps in care coverage, many of them due to restrictions associated with sponsorship status. Immigrant older adults are often reluctant to use or remain unaware of health care services for which they are eligible.



REFERENCES

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- Ferrer, I., Grenier, A., Brotman, S., & Koehn, S. (2017). Understanding the experiences of racialized older people through an intersectional life course perspective. Journal of Aging Studies, 41(April), 10–17.

3. INFORMING POLICY AND PRACTICE

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The discussions of our diverse group of stakeholders, actors, immigrant seniors, government officials and citizens about the exhibition resulted in many recommendations for policy and practice. Most of the arguments raised during the discussions on family and immigration, caregiving and homecare are interrelated and are therefore grouped here according to their focus of action.

- **To address the decreased cohesion within family groups that immigration can engender** : Include other family members in wellness programs for immigrant older adults. E.g., intergenerational programs embedded into local schools, or program outreach to family members to increase awareness of existing supports for older adults and their loved ones.
- **To ensure that immigrant older adults with limited or no family support can access programming and connect to others** : Invite older adults to include 'chosen families' in programs and services. Create social hubs for older immigrants to gather (utilize existing infrastructures: community centres, churches). Incorporate technology (and ongoing training to ensure utilization) into programs as a means of connecting with others. Collaborate with older immigrants in applying for neighbourhood small grants and organizing community events welcoming new neighbours, sharing food, and providing information and/or resources. Explore housing models outside of medical services – i.e., home-sharing or communal housing.
- **To address the mental health challenges of immigration and reduce associated stigma** : Develop affordable community counselling services targeting challenges faced by older immigrants; for example, trauma and family separation or forced dependency.
- **To address knowledge gaps that inhibit access to home care and related services** : Provide education on eligibility for programs and services and the rights of immigrant older adults. Be creative--e.g. baking while discussing rights--to make it palatable for older immigrants and acceptable to their families. Utilize ethnic media channels (e.g., radio stations or newspapers) to share home care information. Establish education initiatives aimed at reducing stigma towards formal care. Embrace collective advocacy by creating a community action network to identify various organizations' priorities and establish an advocate to represent the voices of community-dwelling older adults.
- **To ensure cultural safety (understanding, knowledge, skills) of staff and cultural appropriateness of policies and services** : Promote cultural awareness in community through grassroots initiatives (e.g. block watch, community centres and programs). Identify, support, and develop programs and services that are affordable, accessible, and culturally and linguistically sensitive. For example, schedule programs/services for immigrant older adults at times and places accessible to them relative to family responsibilities (e.g., grandchildren's schools). Promote cultural safety (understanding, recognition, skills, partnership) within home care services through ongoing training for care staff that includes the use of reflective practice to address their assumptions and biases, by using highly trained interpreters, and by offering cultural variation in programs like Meals on Wheels. Facilitate and foster partnerships between health and immigrant-serving organizations to leverage the complimentary expertise of each (ensuring appropriate compensation for serviced rendered, especially by immigrant-serving agencies).

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CONCLUSION

- **To enhance the acceptability of home care by immigrant older adults and their families:** : Provide living wages to formal care providers Broaden the recognition of equivalent professional care credentials and increase the flexibility for people trained internationally Provide comprehensive home care services (e.g. housekeeping with a friendly visit).

Bill 56 recognizes caregiver diversity but does not outline processes and mechanisms for ensuring recognition and support of immigrant caregivers, nor does it call explicitly for the eradication of discrimination and exclusion in health and social care services. Implementation and evaluation must concretely addresses these issues. The voices of immigrant older adults and their caregivers must be included at the policy and program decision-making table.

- **To mitigate caregiver burnout** : Invest in comprehensive culturally appropriate and accessible supports for informal caregivers including respite, economic support (i.e., tax benefits, supportive employment policies) and mental health services.

The stakeholders' discussions and recommendations underscore the low societal and hence political priority placed on immigrant older adults, caregiving and home care. Solutions are needed to address misinformed assumptions by care providers and the public about older immigrants and their families and by the latter about the services available. Comprehensive systemic efforts are needed to ensure that services are accessible. Minimally, this means that they are affordable, linguistically and culturally appropriate, and offered at suitable times and places. Systemic supports are also needed for informal and formal caregivers alike. This important work deserves our attention and the resources needed to ensure that services are suitable for all older adults.



4. CONTACT

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LINKS

WEBSITE OF THE PROJECT

Statistical portraits made by DSP and TCAIM

[Portrait des aînés de l'Île de Montréal](#)

DRSP, 2017

[Living conditions of immigrant seniors](#)

DRSP and TCAIM, 2019

[Seniors' income](#)

DRSP and TCAIM, 2019

L'Appui pour les proches-aidants d'aînés (French)

[Portrait démographique des proches aidants
d'aînés au Québec](#)

L'APPUI et SOM, 2017

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