

Assumptions and Misconceptions

Are seniors less happy then they were in their youth?

Researchers have found that while both older and younger people believe most people are happier in their youth, the opposite appears to be the case. A study by VA Ann Arbor Healthcare System and the University of Michigan, as cited in the City of Edmonton Forecast (2007), found that “older people ‘mis-remember’ how happy they were as youths, just as youths ‘mis-predict’ how happy (or unhappy) they will be in their golden years.” In all cases, older people reported being happier with their lives than younger people (p 36).

Do seniors feel good?

[The City of Edmonton Forecast Committee](#), 2007 suggests that

“the consideration to reduce benefits for seniors, because many seniors appear to be affluent, may be misguided. A large group of Edmonton seniors, primarily older women, have low incomes and are dependent upon government transfer payments. While overall, 62.3 per cent of Albertans self-rated their health as ‘excellent or very good’ in 2005, this is not true for Albertans of all age groups. The percentage of people who rate their health as ‘excellent or very good’ declines sharply for those older than age 55. For those Albertans between age 55 and 64, the rate is only about 55 per cent. For those age 65 to 74 years, it declines even more sharply and is only about 43 per cent, while those over 75 years of age self-rate their health as ‘excellent or very good’ only about 35 per cent of the time.”

Do younger people from diverse communities receive better service?

Studies on culturally diverse communities show that:

- Culturally diverse communities are unaware of the services available.
- Culturally diverse communities perceive barriers to equitable service delivery in a number of areas and are generally unaware of how to access services.
- Culturally diverse communities perceive that discrimination occurs in service delivery.
- Culturally diverse communities are concerned that their needs are not taken into consideration.

- Culturally diverse communities continue to be only marginally represented on boards, in senior staff, and within volunteer structures.
- There is a lack of culturally competent models for service delivery.
- There is a lack of innovative outreach strategies among human service organizations to get culturally diverse communities involved (Collins, 2006, p. 22).

Going beyond helping immigrants to adapt to unfair conditions

Maureen Collins (2006) observed that when The Family Centre in New Zealand “first began working with families in the late 1970s, the highly qualified staff team of five therapists worked with individual clients and families in what would be described as Western psychotherapy”. In other words, they helped clients better understand the circumstances that caused them pain and develop practical and relevant coping strategies. The result was that, while the therapists “were very competent with assisting clients to feel ‘better’ in ‘unhappy’ situations, the very real issues of unemployment, underemployment, poverty, cultural alienation, discrimination, and alienation from elders remained.” (Collins, 2006, p. 9)

The approaches by service providers who, without bad intention, alienate clients, is a crucial issue for immigrant seniors. The question is whether services, programs and providers for immigrant seniors are simply working to make them feel better in undesirable situations or working to change the conditions by which those situations evolved in the first place. The dilemma is whether to “adapt” immigrant seniors to unfair conditions or change the structures that produce those situations.

This finding is congruent with the one in Elliot’s study about the lack of consideration for approaches and visions beyond our Western ethnocentricity¹ in the work with immigrants and immigrant seniors.

As Bellamy stated

¹ Ethnocentrism: The tendency to view reality from one’s own perspective. Implies the belief that one’s own culture is superior to others’. Ethnocentric attitudes interfere with one’s capacity to be empathetic, non-judgmental, and understanding. Ethnocentric people tend to judge others by what is considered normal by their own standards. Ethnocentrism fosters us and them attitudes and can reinforce the dominance of the majority. Agger-Gupta, ed., as cited in Collins, 2006, p. 38)

“Canadians have been slow to realize that many immigrants have lifelong needs which are best met by specialized services. This is especially the case among the elderly of minority groups who never relinquished the traditions and practices of their birth countries.”

(Multicultural Health Brokers, 2000, p. 178)

Moreover, and specifically in Alberta, “Existing structures need to be examined to make them more inclusive” (CCSD, 1997). In addition, when looking at seniors’ issues, “The cultural and ethnic diversity of all Albertans should be reflected” (Kryczka et al, 2000). “Institutions and organizations should review their services to see if they are linguistically and culturally appropriate for ethnic seniors” (Report of the National Workshop on Ethnicity and Aging, 1988).

Understanding the senior as part of the whole cultural community

Collins (2006) discusses the “Just Therapy” team’s new way of working with cultural clients. It challenges the tenets that “clients will be worked with as individuals rather than as families, (and) that agencies primarily involved in direct service are not often actively involved in community development or social policy research” (p 9).

To enable practitioners to understand cultural differences, Elliot (1999) proposes the use of “The Acculturative Framework”. In it, acculturation is seen as death (when emigrants leave their homeland) and rebirth (when immigrants settle into the new country). The departure stage can be a time of keen anticipation or fear and grieving, depending on whether the person experiencing it has chosen to settle in the new country to improve his/her life or is a refugee who has escaped war or persecution. Regardless of the circumstances, however, Elliot argues that there is some degree of grieving in the process of adapting to a new life (p. 97).

As an illustration of that point, immigrant seniors interviewed for the compilation of cultural profiles (MHB and Capital Health) felt they had “lost so much, not only financially and socially, but they have lost the ability to understand the culture they are living in” (MHBC, 2000, p.8). Moreover, “In the new culture their knowledge may be deemed irrelevant and their status as head of the family may disintegrate” (Alberta Culture and Multiculturalism, as cited in MHBC, 2000, p. 8).

How to Improve Services to Immigrant Seniors

The Multicultural Health Brokers' consultation with immigrant seniors (MHBC, 2000) resulted in the following recommendations (pp. 14-21):

- Rediscovering capacities
 - Encourage seniors' sense of self worth
 - Increase opportunities for recreational activities.
 - Improve English as a Second Language programs.

- Culturally responsive care
 - Review services to make them linguistically and culturally appropriate for ethnic minority seniors.
 - Enhance intercommunication through media, increased variety of language and translators.
 - Educate the public, service providers and policy makers about immigrant seniors' issues.

- Enhance economic and social support
 - Improve immigrant seniors' access to financial information and review social security programs.
 - Fight structural poverty by changing the labour market.
 - Increase opportunities for both paid and unpaid work.
 - Develop community based programs.
 - Provide financial support for programs.
 - Create support services for seniors' families.

- Encourage seniors to participate in policy formation
 - Develop a mandate for change.
 - Involve immigrant seniors in policy formation through participatory process.

David Durst, in his article *More Snow on the Roof: Canada's Immigrant Seniors*, argues that ethnic seniors must have decision-making powers regarding issues that affect them. He recommends that

“changes need to be made in major health and social services agencies. For example, one of the major issues for ethnic seniors is the inappropriate diet in long-term facilities. Since many of the elderly are frail and immigrated under the family class, they have had little time to adjust to Western life and foods.”
(Durst, 2008, p. 37)

The main recommendations in Khalema and Makumbe's presentation of Stewart et al.'s research results at the May 15, 2008 Roundtable are:

- Deliver services in different languages
 - Employ professionals who speak the immigrants' languages
 - Channel more resources towards translation
- Coordinate approaches for service provision
 - Provide family programs that seniors can attend with their families without alienating them
 - Form partnerships between service providers and cultural groups, and share information to benefit from the richness of diversity
- Increase public awareness of services provided
 - Develop and distribute reading materials in immigrant seniors' languages
 - Reach out to people who do not patronize community organizations
- Pursue cultural sensitivity and diversity
 - Develop programs that allow immigrant seniors to share celebrations of holidays and other special occasions
 - Employ people of different ethnic and cultural backgrounds to deliver services to immigrant seniors that expose them to social, recreational and entertainment facilities
- Develop formal and informal partnerships among agencies
 - Share ideas and resources to reduce duplication and cost
 - Collaborate with other community and ethnic organizations
- Increase resources in the service area
 - Provide adequate human and financial resources for seniors programs
 - Address funders' preferences for new programs even though seniors desire consistency
 - Address funders' requirements that programs be self-sustaining, even though this is not realistic with some of the seniors' programs
- Advocate for improved government policies
 - Reduce waiting time before immigrant seniors become eligible for government benefits, thereby relieving their families of funding responsibilities more quickly
 - Enable immigrant seniors to acquire Canadian passports quickly so they can maintain contact with their country of origin, as this would refresh them psychologically and physically
 - Recognize foreign educational credentials, thereby enabling them to work and earn an income
- Alleviate poverty through increased financial help
 - Recognize that some immigrant seniors prefer to have more money and use their own creative ways to meet support needs
 - Provide micro-loans to stimulate financial independence for immigrant seniors

- Employ immigrants to deal with immigrant issues
 - Encourage municipalities and service providers to employ people of different ethnic backgrounds

In 2007, the Seniors Advisory Council for Alberta (SACA, 2007) was asked by Edmonton City Council to explore the transferability of transportation and recreation passes from one municipality to another. This would “enhance seniors’ independence and help them sustain active lifestyles when traveling”. Council also recommended that SACA “monitor the Ministry’s production of materials in languages other than English” (SACA, p. 15).

2008 Edmonton Roundtable Consultation—Challenges Identified

At the May 15, 2008 *Mobilizing for Action: Culturally Responsive Pathways for Isolated Immigrant Seniors* Roundtable held in Edmonton, immigrant seniors, service providers, agencies, and government representatives discussed the following:

Challenges and ways to address them²:

- Language barriers:
 - Some seniors feel ‘illiterate’ in spite of their good education
 - Some have difficulty keeping up with current events and feel personal (artistic) expression is limited, creating more dependency
 - Communication barriers with (grand)children in Canada lead to isolation at home
 - Financial problems limit attendance at language classes
- Proposed solutions to language barriers:
 - Identify drop-in centres and language programs as important places to distribute information
 - Make translators more available, particularly in the health care system and for government services
 - Provide information in audio form to surpass written barrier

² Notice that the correspondence between particular “challenges” and “proposed solutions” has been deemed as such by the participants in the different groups, and the report here respects those attributions.

- Lack of functionality in the Canadian system:
 - Seniors' ignorance of how to use the banking system generates elder abuse by children
 - Seniors experience difficulty finding affordable housing
 - They are unfamiliar with the laws of the land here
 - Immigrant seniors lack information in important areas such as computer skills learning courses and extracurricular activities
 - The 10-years delay before qualifying for government benefits makes immigrant seniors feel like a burden on their families due to limited ability to help with the household expenses
 - Professional qualifications are not recognized here
 - Some financial problems create impediments to attending language classes, paying taxes, etc.

- Proposed solutions to lack of functionality:
 - Implement a short seminar for new families upon their arrival to guide them through the necessary government documentation and to explain how to access health and other services and resources. This would enable the immigrant seniors to begin functioning independently more quickly
 - Reduce the sponsorship period to five (or fewer) years from 10 years
 - Lower the age for receiving higher rates under the Alberta Seniors Benefits program and make an effort to educate seniors about the benefits available to them
 - Publish information in different languages
 - Make many services and opportunities free of charge for seniors, or at least provide or arrange for transportation for them

- Family sponsorship/roles of seniors within families:
 - The government-legislated 10-years waiting time before immigrant seniors acquire benefits
 - Seniors sponsored by their children arrive with inadequate skills to find work and therefore end up without retirement packages, increasing the financial burden on their families
 - Many seniors are invited to Canada by their families to look after the children and this can be both a blessing and a curse
 - Loneliness of some immigrant seniors resulting from being separated from spouses and children back home for lengthy periods (three to 15 years in some cases)

- Proposed solutions to family sponsorship/roles of seniors:

- Open up more spaces for seniors in residences that provide food and opportunities for social interaction
 - Join lobbying efforts, such as the one in Toronto to change legislation requiring immigrant seniors to wait for 10 years before they can qualify to receive benefits
 - Facilitate seniors coming together, enabling them to connect with members of their own community first and then branch out to contacts with others in the broader community
 - Reach out to isolated seniors and counteract the myth that ethnic seniors are always well
 - Distribute information at drop-in centres and language programs
 - Have people available at seniors centres who can greet immigrant seniors in their own language and make them feel welcomed (understanding the particular circumstances in the seniors' countries of origin and being able to deal with the seniors' problems more effectively)
 - Give priority to seniors in waiting rooms
 - Lobby for the application process of Canadian citizenship to be streamlined. The latter would open up the possibility for ethnic seniors to apply for passports and to be able to enjoy travelling and visiting family members
- Financial difficulties:
 - Immigrant seniors are unable to help their sponsoring families' cover expenses as a result of the long period of receiving no government benefits
 - Some immigrant seniors' lack of skills upon arrival interferes with their ability to find work, affecting their retirement packages and aggravating the financial burden on their families
 - Proposed solutions to financial difficulties:
 - Lobby the government to change the waiting time for immigrant seniors' benefits eligibility
 - Make many services and opportunities free of charge for seniors, or at least provide or arrange for transportation for them
- Personal difficulties:
 - Dealing with the cold winter weather (a shock particularly for those used to a hotter climate)

- Ethnic communities struggle with staffing issues, turnover, burnout, and the shortage of volunteers which, in turn, diminishes their ability to offer services
- Proposed solutions to personal difficulties and other challenges:
 - Create multicultural seniors centres supported through collaboration between different organizations in Edmonton
 - Form collaborative relationships between mainstream professionals and immigrant communities
 - Use closed schools as seniors centres
 - Develop more partnerships with service providers, given that resources, spaces, and volunteers are limited
 - Make financial aid and loans more available more quickly to those who wish to attend university
 - Get more involvement of seniors centres in offering ESL programs, which should strengthen their membership by attracting more seniors
 - Ensure that English language programs for seniors are available in every area of the city
 - Make bus and fitness facility passes transferable among all cities in Canada
 - Bring back Klondike Days and make them a means of honouring seniors and their contribution to making the province of Alberta great
 - Emulate the Korean community in Edmonton, which has established its own churches, seniors college, and seniors centre
 - Counteract the effects of the “boom & bust” economy on ethnic seniors

Recommendations Emerging from the 2008 Edmonton Roundtable

Reaching out to isolated seniors

Proposed dynamics amongst some of the stakeholders

- Cultural groups are considered of special importance in reaching out. The first connections to immigrant seniors should be through cultural groups, as well as seniors centres. Workers should tap into the cultural/immigrant groups’ ethnic media to announce programs, events and services. Cultural groups could provide space for immigrant seniors’ activities.

Role of serving agencies

- Senior-serving agencies need to go out to where immigrant seniors are. Reach out to immigrant seniors at malls, doctors' office, supermarkets, libraries, churches, and volunteer centres, and reach immigrant seniors as soon as they arrive at the airport
- Agencies should collaborate and coordinate on services to immigrant seniors, and develop materials that are culturally and linguistically appropriate. Frontline workers need to be trained in "cultural competency" and agencies need to increase their numbers of ethnic employees. Connect and involve immigrant seniors with mainstream seniors

Dealing with transportation

- Transportation is still inadequate. Challenges include problems with communication between drivers and immigrant seniors, and the inadequacy of bus services when immigrant seniors wish to attend day programs. Information cards used by immigrant seniors and (bus/taxi) drivers, as well as other communication strategies, could reduce or remove barriers to accessing services

Participants describe how to make services more culturally responsive

Roles of agencies and their workers:

- Agencies could partner to secure spaces for immigrant seniors programs and activities
- Workers need to pay close attention to immigrant seniors' stories and their needs in order to respond to them adequately
- Workers should be culturally trained and agencies should hire more ethnic workers
- Workers should provide immigrant seniors with an information package that includes their rights and a directory of services
- Community centres should reach out to immigrant seniors
- Agencies should provide services in the appropriate language and train workers in inter-cultural competencies
- Develop culturally-specific programs at the immigrant seniors' natural places, rather than taking seniors to places where programs are offered

Roles of (immigrant) seniors and seniors with workers:

- Seniors who are in key positions need to advocate for political changes
- Develop seniors' advisory groups to steer programs and services
- Develop an on-line directory of resources

Participants describe what has worked for them

- Schools and seniors collaborating in various initiatives (e.g., seniors reading to kids, seniors coming to schools to teach about culture)
- Immigrant seniors and English-speaking seniors participating in the same activity, meeting each others' needs
- The Multicultural Health Brokers servicing immigrant seniors and the *Mobilizing for Action* roundtable are examples of success stories
- English and fitness instructors for immigrant seniors connecting them to mainstream services
- Education courses of particular interest to seniors (e.g., “clear writing course” or fine arts courses) at seniors centres or elsewhere, expanding interest in educating seniors in cultural issues
- City of Calgary’s diversity liaisons are paid staff who have extensive medical training and serve as interpreters. In Edmonton, the Multicultural Health Brokers Co-op offers similar services (medical interpreters) but with very limited resources and significant volunteer hours
- Volunteer “bus buddies” program
- Digital videos capturing stories are educational tools for intercultural understanding
- Municipal politicians advocating for seniors
- Effective reporting on elder abuse
- SAGE community garden for immigrant seniors
- Funding for internship within multicultural organizations to develop cultural competencies
- Immigrant seniors user-friendly visual information (electronic map)
- Ethnic speciality food stores and restaurants

Immigrant seniors –their hopes and successes

Expressions of hope:

- To live life fully
- To speak more English
- Not to lose communication with elders in the community
- To reach out to seniors isolated due to language barriers
- Not to lose communication in mother tongue and traditions (including traditional food)
- To be healthy and to exercise

Immigrant seniors’ positive experiences:

- Home country left in turmoil but Canada a blessing, as it accepts other cultures by providing opportunities to immigrants to practise their own cultural traditions
- ESL lessons open doors of communication
- Surrounded by friendly and patient people (agency workers, bus drivers, strangers) who are helping in adaptation
- Assistance offered by agencies and by friends of family in locating settlement services
- Access to useful passes for public transportation
- Accessible health care (quick response) that relieves senior of burden on family
- Health care professionals helpful in spite of language barriers
- Existence of opportunities to improve education
- Alberta Seniors Benefit financially helpful

Roundtable participants' other recommendations

- Formation of a follow-up committee
- Development of a web site similar to Calgary's (municipal)
- Mapping immigrant seniors
- Advocacy on policies relevant to immigrant seniors

Promising Practices

The following are some examples of valuable programs and initiatives with immigrant seniors cited by the Multicultural Health Brokers Co-op (2000) in *Growing Older Gaining Strength: The Experience of Immigrant Seniors in Edmonton*. A section of the report (pp. 22-25) is transcribed here:

Rediscovering capacities for immigrant seniors

The Golden Horizon Seniors Society is an excellent example in the way that it provides services for Filipino seniors. They teach ESL, public speaking and provide cultural, educational and area awareness tours. Speakers are invited to promote the value of exercise and nutrition and its relationship to health and well being. Licensed massage therapists and a chiropractor come in to treat the seniors. The Golden Horizons Senior Society often collaborates with other agencies such as the Council on Aging and the Society for the Retired and Semi-retired. They work with other agencies towards the solution of problems facing ethnic minority seniors. They exemplify an approach that responds to the needs of the whole person -- their

health, lifestyle, social support -- and provides a means to become involved in addressing their own issues.

Culturally responsive health care

The Bridge Community Health Clinic in Vancouver, B.C. is a drop-in facility that provides a variety of services, but its programs are designed for immigrants and refugees. They offer health services, such as assessments and blood work, health education, and ESL classes. They are sensitive to cultural needs in that different ethnic groups attend clinics on separate days. This allows them to offer interpreters and support in the language of each ethnic group. If the situation occurs that no one on site can speak a certain language they have arranged telephone interpretation in 125 different languages. Speakerphones have been placed in all the assessment rooms for the purpose of this method of translation. In response to the difficult financial situation of many immigrants, the Bridge Health Clinic offers some free medication, some free lab services and a clothing exchange. The Bridge Health Clinic promotes holistic care in a culturally sensitive way.

The success of the Bridge Health Clinic may be due in part to the attention given to cultural nuances. For each particular ethnic group they try to get a specific cultural profile. They find that immigrants use the clinic often in the first year-and-a-half, and then again after three to five years. Eventually they are encouraged to use mainstream services. The Bridge Health Community Clinic demonstrates that by addressing typical barriers to care, it is possible to offer excellent services to immigrants.

The Multicultural Health Brokers Co-op also embodies this approach. The practice of multicultural health brokering is anchored on the concept of “cultural brokering” defined by Jezewski (1990) as “the act of bridging, linking, mediating between groups of persons of differing cultural backgrounds for the purpose of reducing conflict and producing change.” The pivotal element of this practice is the recognition of the existence of two or more distinct “cultures” between the mainstream dominant society/systems and cultural minority populations. Brokering and mediating between such distinct “cultures” is fundamental to bring about changes that would lead to enhanced health and well being among cultural minorities, as well as more responsive systems of service delivery. As an approach to health and social services, cultural brokering is

“an intervention strategy of research, training, and services that links persons of two or more co-equal socio-cultural systems through an individual, with the primary goal of making community services & programs more open and responsive to the needs of the community, and of improving the community’s access to resources.”

(Unknown, p. 128)

The Multicultural Health Brokers Co-op, as a workers' cooperative, has been established to address the issue of health inequities as it relates to cultural minorities. In its members' efforts to promote cultural minorities' health and wellbeing over the past seven years, a practice now termed "multicultural health brokering" emerged. This practice is relationship-based and holistic in addressing the broad determinant of health, community development and advocacy-oriented. The practice operates in five inter-related spheres of "empowerment" as defined by Labonte's Empowerment Holosphere (Labonte, 1993), which includes one-to-one personal support, small group development, community organization, coalition building and political action. Labonte's basic premise is that there is no single path to an empowering health promotion practice. Concrete examples of this practice within the five spheres are as follows:

Personal one-to-one support

Home visits and language and cultural assessment are approaches by which multicultural health brokers (MCHBs) become attentive to the totality of the individual's life circumstances in identifying cultural, social and economic factors affecting the health issues and supporting the individual in resolving cultural conflicts within the context of his/her capacities and the interplay of differing values.

Community development in small groups

Collective kitchens, sewing classes, ESL classes organized by the MCHBs are means to create connectedness among isolated minority women as well as connecting them with community resources.

Community organizing

Micro-economic development projects such as catering services, participatory action research on family violence in ethnic communities are initiatives that mobilizes community to act together. The community is also the MCHBs centre of practice.

Coalition building

The MCHBs participate in health planning committees and co-counselling/complementary practice with health providers, examples of "advocacy with" efforts in supporting clients or groups in expressing their own voice.

Political action

The MHB Co-op is actively involved in joint initiatives with other groups and agencies in forming authentic partnerships for social action in creating awareness and

stimulating discussions of responsiveness to cultural diversity in health and social services.

Enhancing Social Support

There are a number of models of community based programs in our city that, although not specifically geared towards senior immigrants, demonstrate the kind of programming that would be effective for this group. John A. McDougall School is known for being community oriented, as it is used beyond its educational purposes for Thanksgiving dinners, open gym and other functions. More schools could be used in this way for programs for immigrant seniors.

The North East Community Health Centre also operates out of a commitment to community based care. It offers a variety of services from health care to job information and provides space for groups to meet.

Encouraging seniors to participate in policy formation

The planning for the Bridge Health Clinic was a collaborative effort that included the immigrants. Health organizations such as the Vancouver/Richmond Health Board, Mount Saint Joseph Hospital, and the B.C. Children's Hospital cooperated with B.C. Multicultural Health Services Society and Immigrant Services Society of B.C to establish and manage this clinic. Immigrants were able to contribute their ideas in planning its services and structure.

(Multicultural Health Brokers Co-op, 2000³)

The City of Calgary's resource for ethnic seniors was produced by its Seniors Services Division. "It is a practical guide for service providers to help them better understand the cultural beliefs and customs of six groups of Calgary's immigrant seniors." ([City of Calgary](#), 2006, p.1)

At the time of writing this report, the ESCC and partners were sharing information to assist ethnic seniors and their providers in accessing relevant data bases that contain information on local ethnic communities, and on services and programs relevant to ethnic seniors.

Local resources for translations, staff cultural sensitivity training

In Edmonton there are a number of agencies that can provide professional development training to increase the cultural competence of staff serving seniors. A number of these organizations can also translate your agency information to assist you in reaching out to

isolated seniors or they have other education materials that may be helpful to your agency. These agencies also offer services to immigrants and may be a useful referral should you have a client that requires resettlement service, language training, employment training, counselling, legal assistance, or family conflict services.

ASSIST Community Services Centre 9653-105A Avenue T5H 0M3
Phone 780-429-3111 or e-mail info@assistcsc.org
www.assistcsc.org
Providing services to immigrants and community education

Catholic Social Services 10709-105 Street T5H 2X3
Phone 780-424-3545 or e-mail immcss@catholicsocialservices.ab.ca
www.catholicsocialservices.ab.ca
Providing translation services, professional training in intercultural education, community education and services to immigrants

Centre d'Accueil et d'Établissement à Edmonton 50, 8627 Marie-Anne-Gaboury (91)
Street T6C 3N1 Phone 780-669-6004 or e-mail s.accueil@acfaedmonton.ab.ca
www.lecae.ca
Providing translation services, community education and services to immigrants

Changing Together: A Centre for Immigrant Women 3rd fl. 10010-105 Street
T5J 1C4 Phone 780-421-0175 or e-mail info@changingtogether.com
www.changingtogether.com
Providing community education and services to immigrants

Edmonton Immigrant Services Association #201, 10720-113 Street T5H 3H8
Phone 780-474-8445 or e-mail eisa@compusmart.ab.ca
www.eisa-edmonton.org
Providing translation services, professional training in intercultural education, community education and services to immigrants

Edmonton Mennonite Centre for Newcomers 11713-82 Street T5B 2V9
Phone 780-424-7709 or e-mail mcnedm@emcn.ab.ca
www.emcn.ab.ca
Providing professional training in intercultural education, community education and services to immigrants

Indo Canadian Women's Association 9342-34 Avenue T6E 5X8
Phone 780-490-0477 or e-mail icwaedmonton@yahoo.ca
www.icwa-char.org
Providing translation services, community education and services to immigrants

Multicultural Health Brokers 10867-97 Street T5H 2M6
Phone 780-423-1973 or e-mail mchb@interbaun.com
www.informedmonton.com/public/agency/0922.htm
Providing consultation support in intercultural education, community health
education and health brokering between health institutions and immigrant families

Canadian Education and Action

Important financial, social, and personal difficulties faced by immigrant seniors appear to be related to a specific Canadian policy on Old Age Security for seniors who have immigrated to Canada. Consequently, a number of seniors agencies are working on this very issue. An umbrella network, the Immigrant [Seniors Advocacy Network](#)⁴ (ISAN) has been working since 2005 to educate and advocate for better income security and a higher quality of life for immigrant seniors. The ISAN is calling for the government “to amend the Old Age Security Act, Regulations and Policies to eliminate the 10-year residency requirement for the OAS and the GIS” (Karen Sun, June 16, 2008). As part of the process, Bill C-362 has been put forward by MP Colleen Beaumier as a Private Member’s Bill to reduce the 10 year residency requirement to three years.

Challenges to public education

According to Karen Sun, executive director of the Chinese Canadian National Council (CCNC-T) based in Toronto, the challenges in the struggle to change the residency requirement include countering misconceptions.

A number of questions have been raised by those opposed to the change, including, “Why should we give immigrant seniors money if they haven't contributed anything to Canada?” OAS, however, is not a *contribution-based* program, like CPP or EI. In fact, no one pays directly into OAS in order to receive benefits.

The lobbying partners also argue that seniors in general and ethnic seniors in particular continue to contribute to society even if they appear to have stopped working.

“An overwhelming majority of immigrant seniors help to take care of their grandchildren, so that both parents can work. Many immigrant seniors are active in the

⁴ ISAN is comprised of the Old Age Benefits Forum, the Chinese Canadian National Council Toronto Chapter, the African Canadian Social Development Council, the Council of Agencies Serving South Asians, and the Hispanic Development Council.

community, participating and organizing activities and events.”
(Karen Sun, June 16, 2008)

Another concept argued by those opposing the change in benefits for ethnic seniors is that “immigrant seniors are irresponsible for not planning for their retirement”.

“In many cultures having children is an investment for retirement. Many immigrant seniors do have some kind of pension or savings in their retirement, but the cost of relocating to Canada combined with the exchange rate and the relatively high cost of living quickly deplete any savings they might have had.”

Finally, the fact that seniors have been “an asset” to their families, providing solutions to family needs (babysitting), provides more basis for supporting immigrant seniors much earlier than after 10 years of residency in Canada. Moreover, the argument that some immigrant seniors take undue advantage of the system in Canada is not appropriate because these instances are examples of fraud and are dealt with separately from the bill in question

Bill C-362 passed first and second reading in the House of Commons but third reading, scheduled for Sept. 15, 2008, was postponed due to the federal election campaign.

Information on the action to support the bill was posted on <http://www.ccnctoronto.ca/seniors/isan.html> (at the bottom of the page there is a link to Bill C-362), and a key person for the coordinated effort has been Karen Sun (e-mail: karen@ccnctoronto.ca, ph: 416-596 0833).

Frequently raised concerns across Canada

Sun notes that reducing poverty and building healthy communities is an affordable investment.

“The reality is that immigrant families are struggling. Lack of childcare and lack of access to professions by immigrants with foreign credentials mean that many newcomer families are having a hard time settling and making ends meet. The opportunity for adult children to bring their parents to Canada brings an incredible amount of support to that family. Government support for immigrant seniors is an equitable and affordable way to support newcomer families.

“Many more immigrant seniors would like to be more active in the community, but the lack of income security limits their ability to get involved. Poverty means that they cannot afford public transportation, they cannot afford to buy small presents for their grandchildren, they cannot afford to go for lunch with friends. This isolation can be very

difficult for seniors to bear and can have physical and psychological impacts on their health.

“No one is going to get rich from OAS payments.”

(Karen Sun, Executive Director, Chinese Canadian National Council Toronto, July 2008)

Immigrant communities often feel that if they ask for too much, the government will take Old Age Security from everyone.

“Immigration is important to the Canadian economy. Immigrants will soon account for 100 per cent of growth in the labour market. Canada is depending on immigrants to keep the country running. Allowing seniors to join their families and supporting them through OAS is an equitable way for the government to support immigrant families, particularly in light of the fact that we have no national childcare program.”

(Ibid)

Final Words

In Alberta, not only has there been a steady increase in the population aged 65 years and over, but also immigrant seniors have duplicated the steady upwards trend. Edmonton has increased its number of immigrant seniors and the welfare of these seniors is now the subject of consultations and studies.

Immigrant seniors are an asset that enriches the city with diverse perspectives and talents. It is therefore time for the culturally diverse older immigrant to be “an integral part of all community planning, service development, and service delivery” ([Fairfax County Board of Supervisors’ Committee on Aging](#), 2007, p. 1).

Nevertheless, and in spite of the efforts by seniors-serving and ethnic agencies, immigrant seniors in Edmonton and area many times struggle to have access to basic services and they often feel isolated.

Yet, stakeholders are now taking action, not only reactively but also in prevention and education. Moreover, the “multiple jeopardy” of being immigrant and senior (Durst, 2006) has been specifically considered in the work of culturally-aware agencies, such as the Multicultural Health Brokers, the Mennonite Centre for Newcomers, and Catholic Social Services. They are partnering with the Edmonton Seniors Coordinating Council to coordinate strategies for meeting the needs of immigrant and refugee seniors and to encourage service providers to adapt their services to be more culturally responsive.

It is the hope of many immigrant seniors and their service providers that the good practices already in place, the recommendations from recent consultations with immigrant seniors and providers, and relevant research in addition to definitive actions to improve relevant legislation, as outlined in this document, will restore the dignity in the lives of our immigrant seniors and also articulate our recognition and gratitude to them.