

# Caring for Immigrant Older Adults: Learning from Lived Experiences

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## Lived Experience Participants

- 19 immigrant older adults age 60 or older
- 10 residing in Quebec, 9 in British Columbia
- Places of origin included: Afghanistan, Chile, Colombia, Guyana, Korea, Nicaragua, Pakistan, the Philippines, and Trinidad & Tobago.
- Immigration circumstances and category varied
- Time of immigration to Canada varied from 1966 through 2008

## Introduction: Exploring The Lived Experiences of Aging Immigrants

**Research and exhibit:** The exhibit combines photographs taken by participants and summaries of their life story narratives. It represents both their challenges (barriers and discrimination, poverty and family disruption) and celebrations (building community, caring for others in the family, contributing to society, faith and resilience).

**Knowledge Mobilization forums:** To mobilize this knowledge, a series of forums were organized in which the exhibit was used as a springboard for discussion of focused topics with relevant stakeholders. The Caregiving, Family, and Home care forum [2] was held on February 26, 2019 in partnership with the United Way of the Lower Mainland. The BC Seniors Advocate, Isobel Mackenzie, was our guest speaker and participated in the World Café roundtable consultations.

**Intersectional life course approach:** The research and forums adopted the view that, in addition to ethnicity and their identities as immigrants, many other intersecting identities (e.g. gender, family status, citizenship, religion, relationships, work, family roles, and living arrangements) defined our participants across the life course. This variation is important to consider when identifying solutions.

# *Contextualizing informal and formal care for older immigrants*

## The Problem

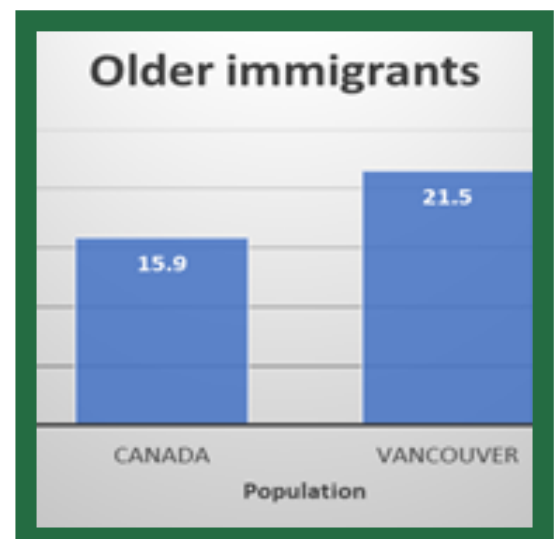
Participants in the Caregiving, Family, and Home care forum identified complex and mutually reinforcing barriers to the health and social care needed by immigrant older adults. While it is true that many immigrants feel that care should be provided to older adults within the familial context this tends 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.

## Significance

### *Older immigrants*

Greater Vancouver's population includes higher proportions of immigrants overall and of older immigrants as a proportion of seniors compared to other Canadian provinces and cities [3]. Yet little is known about the impact of immigration on older adults in our communities.



## Caregiving in BC



- > 1 million people are family caregivers
- 27% in BC provided care to an ill, disabled or aging family member or friend in the past 12 months
- Family caregivers contribute an estimated \$4.1 billion in unpaid care
- Caregivers are often under duress (e.g. 1/3 of caregivers provide care for someone eligible for home care) [4].

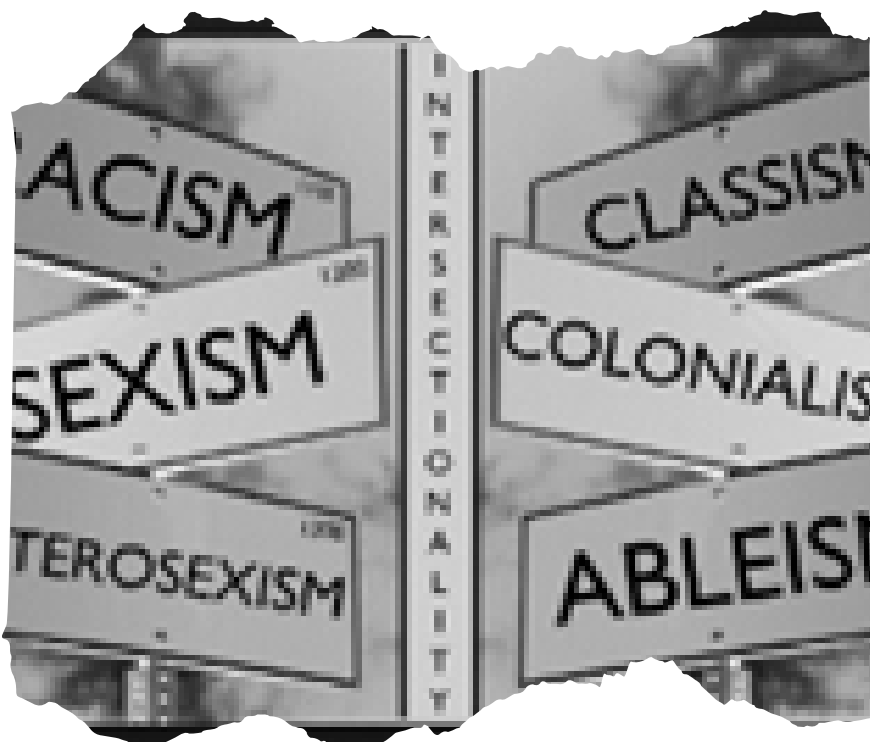
### *Older immigrants and caregiving*

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 authority and of specific service providers can be barriers to accessing care for older immigrants. The configuration and delivery of health services and health-care providers' limited knowledge of the seniors' needs also confound these problems [5].

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.



## 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 [6].

## Listening to stakeholders

In the following sections, we summarize what our stakeholders told us. The 42 forum participants represented population and community health, local government, immigrant-serving organizations, seniors rights advocates and seniors themselves.

### Family and Migration:

**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.





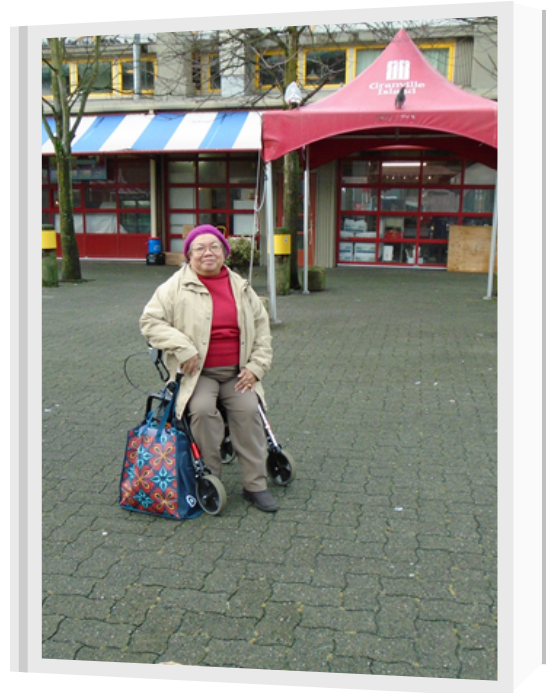
# Listening to stakeholders

## Caregiving, cont.

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.

*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 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.



## Home Care:

*In general, home care services in BC's Lower Mainland 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 home care 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.



# *Informing policy and practice through Lived Experiences of Aging Immigrants*

Discussions arising from the Lived Experiences exhibit among our diverse stakeholder group resulted in numerous recommendations for policy and practice. While some of these reference specific arguments raised in discussions of family and migration, caregiving and home care, many are cross-cutting and are therefore clustered according to their focus.

## **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 competence 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).

# *Informing policy and practice through Lived Experiences of Aging Immigrants*



**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)

**Cultural competence, cont.:**

- Promote cultural competence 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 services rendered, especially by immigrant-serving agencies).

**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.

## *Conclusion*

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.



## Notes

- [1] The Vancouver Lived Experiences team includes Sharon Koehn, Laura Kadowaki, Emily Lonsdale, Alexis Haig, Joe Humphries, Andrea Sara and Eireann O’Dea. Site leads on the national team are Sharon Koehn, Shari Brotman, Ilyan Ferrer, and Émilie Raymond.
- [2] Kadowaki, L., & Koehn, S. (2019). *Caregiving, Family and Home Care Forum* (p. 24). [Vancouver Site Report: Learning from the Lived Experiences Photovoice Exhibit].
- [3] Statistics Canada. (2017, October 25). *The Daily — Immigration and ethnocultural diversity: Key results from the 2016 Census*.
- [4] Family Caregivers BC. (2016, May 12). *Family Caregiving Statistics*.
- [5] Koehn, S. (2009). *Negotiating candidacy: Ethnic minority seniors’ access to care*. *Ageing & Society*, 29(4), 585-608.
- [6] Brotman, S., Ferrer, I., & Koehn, S. (2019). *Situating the life story narratives of aging immigrants within a structural context: The intersectional life course perspective as research praxis*. *Qualitative Research*, online first; 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.

Funding 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)

Click [here](#) for further information about the Lived Experiences project

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