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Challenges and barriers to services for immigrant seniors in Canada: “you are among others but you feel alone”

Miriam Stewart, Edward Shizha, Edward Makwarimba, Denise Spitzer, Ernest N. Khalema and Christina D. Nsaliwa

Abstract

Purpose – This paper seeks to explore varied interrelated challenges and barriers experienced by immigrant seniors.

Design/methodology/approach – Senior immigrants representing diverse ethnicities (Chinese, Afro Caribbean, Former Yugoslavian, Spanish) described their challenges, support needs, and barriers to service access. Service providers and policy makers from organizations serving immigrant seniors were interviewed to elicit their views on barriers to access and appropriateness of services for immigrant seniors. Qualitative methods were employed to enhance understanding of meanings, perceptions, beliefs, values, and behaviors of immigrant seniors, and investigate sensitive issues experienced by vulnerable groups. The qualitative data were subjected to thematic content analysis.

Findings – Seniors reported financial and language difficulties, health problems, discrimination, family conflicts, and social isolation. Although most immigrant seniors appreciated the standard of living in Canada and the services provided to seniors, most believed that support received was inadequate. Seniors encountered systemic (e.g. government policies), institutional (e.g. culturally inappropriate programs), and personal (e.g. transportation, language problems) barriers to accessing social and health services. Service providers and policy makers faced high costs of programs, inadequate financial and human resources, inadequate information about needs of immigrant seniors, inadequate geographical coverage, and lack of inter-sectoral collaboration.

Practical implications – The challenges experienced by immigrant seniors have implications for programs and policies and can inform the development of culturally sensitive and appropriate services.

Social implications – The barriers encountered by service providers in assisting immigrant seniors point to the importance of inter-sectoral coordination, cultural sensitivity training, and expansion of service providers’ mandates.

Originality/value – This study revealed numerous unmet needs for successful acculturation of immigrant and refugee seniors in Canada. It also reveals that the most cogent and sustainable approach to close this chasm of support deficits, unattended challenges, and complex stressors is to implement a model that simultaneously addresses the three levels and use a multisectoral approach.

Keywords Immigrants, Seniors, Services, Access barriers, Canada

Paper type Research paper

Several studies reveal that the needs of senior immigrants pertaining to health care (Eapen et al., 2002), transportation, housing, income supplements (Leung, 2000), isolation (Yeh and Lo, 2004), and quality of life (Eapen, 2003), are similar to all seniors. However, ethnic seniors encounter unique problems such as inadequate language and literacy skills (Barrio et al., 2007; Au, 2003; Walls and Sashidharan, 2003), discrimination, cultural barriers, lack of translators (Barrio et al., 2007) and low self-esteem (Eapen, 1998). Research that specifically identifies the settlement/acculturation challenges of immigrant seniors, their attendant support needs, and their barriers to use of support programs and services is rare.

To our knowledge, no studies have examined the perspectives and experiences of immigrant seniors, service providers, and policy makers regarding challenges, support
needs, and factors influencing use of health and social services. Moreover, most studies on older adults with a cross-cultural component tend to focus on instrument validation and/or cultural adaptation (Paskulin and Molzahn, 2007). Consequently, this qualitative study was designed to fill these research gaps by examining the perceptions of immigrant seniors from four different ethnic groups and of service providers and policy makers regarding challenges, support needs, and barriers to services.

Informed by our previous research that revealed diverse support needs experienced by young and middle age immigrant and refugee populations (Simich et al., 2003), and by family caregivers of immigrant seniors (Simich et al., 2005), the objective of this study was to identify the challenges, support needs, and access barriers experienced by immigrant seniors from different ethnic groups.

Relevant literature

Senior immigrants prefer culturally and linguistically congruent services but are limited in their access to services by language barriers (Barrio et al., 2007; Polyakova and Pacquiao, 2006). In Canada, many immigrant seniors do not speak either English or French, the country’s two official languages (Eapen, 2003). Senior immigrants need linguistic skills to access social support resources and health services (Fenta et al., 2007; Gorospe, 2006). Communication difficulties minimize social contact and interaction and increase social loneliness and isolation (Hall and Havens, 2001; Jang et al., 2006; van Baarsen et al., 2001). The problem is compounded by inter-generational differences between seniors and their children and grandchildren who have adapted to the Canadian society. Lack of available, appropriate, and affordable transportation is an impediment to elderly people’s mobility and to accessing social support (Barrio et al., 2007; Jang et al., 2006), and contributes to restricted access to services for immigrant seniors. These problems make it difficult to meet daily needs; limit prospects for social activities and integration; and, increase risk of social isolation (Jang et al., 2006).

Recent research indicates that senior immigrants have lower socio-economic status than other older people (de Valk and Schans, 2008) and are over-represented among vulnerable, marginalized and disadvantaged populations, primarily due to restrictive immigration policies, and lack of integration strategies (Bolzman et al., 2004). Increasing poverty among elderly immigrants exacerbates their settlement problems (Grant and Grant, 2002). Low income levels and lack of pension benefits (Lewin and Stier, 2003) limit immigrant seniors’ opportunities to access health and other services.

Services are not consistently accessible to immigrant seniors in Switzerland (Bolzman et al., 2004), the USA (Wong et al., 2006a; Gorospe, 2006; Ajrouch, 2005) and Canada (Lai and Leonenko, 2007) due to lack of knowledge, language barriers, discrimination, cultural incompatibility, bureaucratic procedures, and costs. Our previous studies focused on immigrants and refugees (Simich et al., 2003) and caregivers of immigrant seniors (Simich et al., 2005) document the effects of cultural barriers on mobilization of formal supports. Other key barriers to services and support programs for immigrant seniors include lack of information about available services (de Valk and Schans, 2008), poor understanding of the needs of immigrant adults by service providers, scarcity of culturally competent services, and inappropriate provider attitudes (Barrio et al., 2007).

Major gaps in research include limited attention to the unique challenges faced by immigrant seniors. While recent studies on older immigrants examined relevant individual issues such as filial obligations (de Valk and Schans, 2008), health care system access (Wong et al., 2006b; Gorospe, 2006), and of living alone (Lai and Leonenko, 2007), this study explored varied interrelated challenges experienced by immigrant seniors, and has potential to inform comprehensive intersectoral policy initiatives.

The three research questions guiding the study were:

RQ1. What are the challenges experienced by Chinese, Afro-Caribbean, former Yugoslavian, and Spanish-speaking immigrant seniors?
RQ2. What are the support needs of these immigrant seniors?

RQ3. What are the barriers to access and use of services for these immigrant seniors?

Methods and research approaches

Qualitative methods were employed to enhance understanding of meanings, perceptions, beliefs, values, and behaviors of immigrant seniors, and investigate sensitive issues experienced by vulnerable groups (Sandelowski, 2000, 2010). Consistent with participatory research principles (Gottlieb, 2000), participants were asked to specify their challenges, support needs, and barriers to access. In participatory approaches, people whose lives are being studied take an active role in defining their needs (Beazley and Ennew, 2006; Stewart et al., 2008a, b). A Community Advisory Committee consisting of ten policy influencers from agencies serving seniors and immigrants provided advice to the research team throughout the study. Approval was granted by the university ethics committee.

Phase 1: immigrant seniors

Sample

Purposive and snowball sampling methods were used to obtain a representative sample (in terms of sex, education, years lived in Canada, living situation) immigrant seniors (of equal representation of Chinese, Afro-Caribbean, former Yugoslavian, and Spanish) living in Alberta. Selection was limited to immigrants who were 55 years and older. Sampling ensured diversity in age, gender, and marital status. Community partners knowledgeable about immigrant seniors from the four immigrant groups facilitated recruitment of participants. Community agencies serving the respective ethno-cultural groups and community research assistants’ outreach efforts helped to identify potential participants. Equal numbers of women and men were recruited for the study. The sample comprised 48 immigrant seniors (24 men, 24 women).

Data collection

Four community brokers (one from each ethno-cultural community) were recruited as community research assistants. They completed 12 hours of training to conduct face-to-face interviews with immigrant seniors in their native language. Training focused on: recruiting participants; completing the demographic data questionnaire; administering the semi-structured interview guide; overcoming difficult interview situations; and tape recording and transcribing interviews. The training helped to instill confidence in the community research assistants in qualitative data collection and enhanced their competence in interviewing skills. A community broker who was a member of the Community Advisory Committee assisted the investigators with the training workshop.

Individual interviews were conducted in the participants’ own language, and in locations convenient to the participants including their homes. The interviews were tape recorded and lasted one hour. Community research assistants interviewed seniors from their ethno-cultural group. As interviewers came from the same ethnic communities as seniors, language, and cultural barriers were overcome. The individual interviews elicited in-depth data from immigrant seniors about their challenges, support needs, and barriers to access of services and supports. Individual interviews facilitated one-on-one communication and fostered confidence, trust, and disclosure.

A semi-structured interview guide was designed to reflect the research questions encompassing open-ended questions with appropriate probes. The initial interview guide was reviewed by the Community Advisory Committee and modified based on their suggestions. The interview guide was translated into the four languages of the immigrant seniors and subsequently back translated into English to ensure that all versions were consistent and accurate in meaning. The revised interview guide was pilot-tested with one immigrant senior from each ethnic group.
Participants also completed a demographic data form to elicit information regarding age, sex, language, living arrangements, length of stay in Canada, and other factors relevant to support needs of immigrant seniors. All immigrant senior participants received a token of appreciation to compensate for their time and expenses. Bus tickets were provided to seniors requiring transportation assistance. Five partner organizations offered space for these interviews. Field notes were generated by interviewers to document observations of the interview conditions and factors which might have influenced the individual interviews.

Phase 2: service providers and policy influencers

Sample

Group interviews were conducted with service providers and policy makers to elicit their perspectives on:

- availability of services and programs in health and social sectors for senior immigrants;
- appropriateness and relevance of these services and programs; and
- barriers to support and service provision.

Service providers (n = 26) were selected from agencies/institutions/organizations in diverse sectors (e.g. health, settlement, social) that provide services to immigrant seniors and purposively sampled to represent different disciplines (e.g. physicians, social workers). Strategies for identifying service providers were guided by the Community Advisory Committee.

Data collection

Group interviews conducted with service providers were co-facilitated by two research team members, tape recorded, and transcribed. Interviews, approximately 1.5 hours in duration, yielded a broad scope of perspectives on immigrant seniors’ support needs and barriers to use of services and programs. The interview guide included nine questions designed to solicit information regarding formal support services available to immigrant seniors, services used by immigrant seniors, relevance, and appropriateness of these formal support resources and barriers to services. This guide was reviewed by the Community Advisory Committee.

Data analysis for phases 1 and 2

The taped individual and group interviews were transcribed, and the qualitative data were subjected to thematic content analysis (Hsieh and Shannon, 2005) of challenges, support needs, and barriers to services encountered by immigrant seniors. Inductive analysis was used to create a coding framework and recurrent themes were systematically compared to identify substantive categories and potential theoretical codes. The coding framework was transferred to QSR N7™ qualitative data analysis software to enable data management. The coding process entailed extraction of significant statements from transcripts and classification into appropriate categories.

Findings

Challenges experienced by immigrant seniors (RQ1)

(Exemplar direct quotes from immigrant seniors, service providers, and policy influencers are included in Table I).

Unfulfilled immigration expectations. The decision to migrate is based on expectations about their new country. Immigrants look forward to a high standard of living and employment opportunities in their country of destination. However, these expectations were typically not fulfilled upon arrival. Some immigrant seniors expressed frustration and disappointment at the unanticipated problems they encountered in Canada.

Difficulty adjusting to climatic conditions. Winters in Canada can pose a physical hazard for all seniors. Most immigrant seniors were not used to the cold climate and were afraid of
Table I  Exemplar direct quotes from immigrant seniors and service providers access barriers

<table>
<thead>
<tr>
<th>Challenges (RQ 1)</th>
<th>Language</th>
<th>Difficulty adapting to climate</th>
<th>Lack of employment opportunities</th>
<th>Poverty and financial difficulties</th>
<th>Physical and mental health challenges</th>
<th>Dependence on others</th>
<th>Language</th>
</tr>
</thead>
</table>
| **Unfulfilled immigration expectations**                                          | “People who work hard for a living, like immigrants […] take home close to minimum wage […] ‘where is the wealth that is talked about?’ I’m working hard, but I don’t seem to [be] getting the rewards for it (Afro-Caribbean No. 06)’” | “Well the climate is different, because I am used to the sun and to be outside, here I have had to learn to live inside [during] snow [time]. It is difficult to go out, and I am scared to slip and fall in the snow and on the ice (Spanish No. 10)” | “I was not that old and I felt like I was full of energy to go out and work. I did not want to live on social assistance. I came here to assure a better future for myself by working. However, because of my facial appearance, wherever I went to look for a job, I was turned down. As an excuse for rejecting me they would usually say ‘this is too difficult for you,’ ‘this is not for you,’ or ‘we will call you’ (Yugoslavian No. 04)” | “I have financial difficulties. I live on social assistance receiving $1,000 per month. I spend about 60 percent of my income on rent only. I have to pay for cable TV. My power bill is also very high. I have very little left to try to make something in my life (Yugoslavian No. 06)” | “The only thing that needs to be improved is to shorten the waiting time to see a doctor. The second, senior immigrants are charged 30 percent for medicine expenses. It is possible to charge less. They don’t have any income but still have to pay […] It should be changed. I think 20 percent [should] be the maximum (Chinese No. 07)” | “Receiving help from others is very hard for me. I do not feel comfortable. I have been working hard all my life and helping others. I have been taking care of my family all my life. Now I have to request assistance. I do not feel comfortable asking others to help me because everyone is working to provide for his or her own future. I feel useless. This is an unpleasant feeling […] It very much affects my health and wellbeing (Yugoslavian No. 04)” | “Language is my biggest challenge. We can’t understand, and can’t speak. We also have difficulties when we go to see doctors. When I had appendicitis, I went to the hospital. I couldn’t understand what they said, and they couldn’t either […]. It is better now because some of them, including my family physician, can speak Chinese (Chinese No. 06)” | (continued)
**Table I**

<table>
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<tr>
<th>Need for transportation</th>
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<tr>
<td>“I cannot say transportation because you gonna say to me DATS but I [...] personally don’t like DATS. Because you have to call them three days before [...] You have to be ready and they are never there on time [...] Let’s say they come to pick you up, and you’re not ready, they leave (Afro-Caribbean No. 02)”</td>
</tr>
<tr>
<td>“When I need to go visit an office nobody takes me and in my condition [...] at my age, I cannot take buses. Maybe I can call a taxi, but financially that becomes too expensive for me (Spanish No. 02)”</td>
</tr>
<tr>
<td>“The other thing is the accessibility, too. There are a lot of different services out there for seniors, but it’s difficult for them to get to access it: mainly transportation and language barriers (Service provider/policy influencer)”</td>
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<tr>
<td>“No matter what we do or how we do it, we don’t seem to be able to get the people to understand that we didn’t drop off the boat, so to speak. They want to believe that there is either one country in the Caribbean, which is Jamaica”</td>
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<tr>
<th>Perceived racism and discrimination</th>
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<td>“I experienced negative attitude in job situations [...] I also had an instance where I was in the garden, playing a little bit of music when this guy said Why don’t you shut that thing off, where you come from in the bush they don’t have those kinds of things (Afro-Caribbean No. 03)”</td>
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<tr>
<td>“There is racism and there is discrimination, and they don’t sometimes make people feel very comfortable. So there’s a lot of education needed to help the people that go to mainstream agencies understand and be more accepting of people from other cultures. And that’s a big issue. Those white Anglo-Saxon seniors are not tolerant. No, they’re not, and they don’t like change. We see it a lot a times in our care centres (Service provider/policy influencer)”</td>
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<th>Immigrant seniors’ support needs (RQ 2)</th>
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<td>“And I guess there’s so many different forms of abuse. Like, there’s people or kids who take advantage every day of their parents. Maybe not slapping them or anything, but they take advantage. That’s why they like to come to class. Just to get away from them! To get out of the house for a couple of hours (Service provider/policy influencer)”</td>
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<td>“Some had the problem with their family since they were brought here, and then they were here to baby-sit. They got tired of it and they moved to a seniors’ residence, they paid low rent, and they got access to some income, then they were happy to be on their own, but they were isolated, and the relationship with their family was [awful] (Service provider/policy influencer)”</td>
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<tr>
<td>“This is something horrible. You are among others but feel alone. When the kids get married and leave the family it is very difficult, not to mention in foreign countries where you do not speak the language and have no connections. People working in this support program need to be social workers so that they can approach people professionally and passionately. They also need to have a ‘natural sense’ for the […] profession […] to be loving and caring (Yugoslavian No. 11)”</td>
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<tr>
<td>“For example, here neighbors do not relate much. Back home, every morning when you see your neighbor you greet and ask about life, have coffee together, particularly on weekends and holidays. Here, this is not the case (Yugoslavian No. 07)”</td>
</tr>
<tr>
<td>“The psychological problems are always there. I don’t want to stay here. I want to go back […] I have everything, including retirement benefits in China. I don’t want to stay here. I don’t feel that this is my place […] I was very active in China. I was an editor and a reporter […] I had many activities […] But I don’t have the[m] here (Chinese No. 06)”</td>
</tr>
<tr>
<td>“In my tradition parents always live with their children. If they have more children, they stay with one. This is how it was with my father, with me and with my brothers and sisters. This is our family tradition. […] Before the war in our country we had nursing homes but there was not much of a need because seniors were taken care of by their adult children (Yugoslavian No. 05)”</td>
</tr>
<tr>
<td>“Given the history of the inner city, we see a lot of people with mental illness, and a lot of our immigrant seniors have […] or post-traumatic stress disorder, and […] are sometimes isolated from the rest of their groups, their culture (Service provider/policy influencer)”</td>
</tr>
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| Table I  |
|-----------------|----------------------------------|
| **Barriers to use of services and supports (RQ 3)** | **Negative attitudes of service providers** |
| **Lack of information** | “Some of the people up front behave just like owners and if they see you and they don’t like you or they figure you don’t know what’s happening [...] they can make life miserable for some people [...] [...] if I came to an office where you are working and I show you my Social Insurance Number or even tell you my Social Insurance Number and I have a photo, citizenship photo ID and at the same time I have a driver’s license [...] and suppose I didn’t have a passport, what would happen? I should be helped [...] but some don’t help you [...]” (Yugoslavian No. 06)’ |
| **Waiting time** | “In China we got help from the community and our employers if we needed it, so I didn’t feel like a burden to anyone [...] I hope I can find a simple job and earn some money for us to visit China. However, I can’t do this. I went to look for a job but they wouldn’t hire me because I am too old. They didn’t say they wouldn’t hire me; they just let me wait after they said they would call me. But I never got a call. If I were 24, they would hire me” (Chinese No. 06)’ |
| **Inappropriate services and programs** | “The most unsuitable thing is health services [...] Seniors have many diseases. They can’t wait as usual, making an appointment, and then wait. They need to see the doctors as soon as possible. It is hard to do this in Canada. If possible, it is better to have a hospital only for seniors to provide quick treatment to the seniors who are in need (Chinese No. 03)” |
| **Inaccessibility of programs and services** | “Seniors have difficulties in seeing a doctor. We have to wait for a long time to see a doctor. Every visit takes over 3 hours (Chinese No. 07)” |
| **Cultural barriers to support seeking** | “ ‘The other thing is the accessibility, too. There are a lot of different services out there for seniors, but it’s difficult for them to get to access it [...] Some of it is also cultural norms; some people look at things done in a different way not the same as it’s normally done in their culture, they kind of tend to just sit back. Even if they need it, let’s say, really badly, it’s really a huge thing (Service provider/policy influencer)” |
| **Access barriers (RQ 3)** | “I would like to know if there is information pertaining to [...] things like that [...] that we as people from the islands could use [...]” (Afro-Caribbean No. 04)” |
| **Lack of information about services** | “The government takes tax from everyone that works in this place and I think the government should have [...] programs for other ethnic groups [...] but there are no programs for the English-speaking Caribbean or actually [...] anyone from the Caribbean community (Afro-Caribbean No. 03)” |
| | “We serve immigrant seniors, and a lot of them don’t come to our program because of the language barrier, and also sometimes they don’t know about services [...] So the ones that get in touch with us learn about the services, but there are a lot that still don’t know about it (Service provider/policy influencer)” |

(continued)
slipping and falling on snow or ice. Consequently, they stored groceries to avoid going outside. This challenge is intertwined with transportation problems.

**Lack of employment opportunities.** Employment is an important ingredient in integrating immigrant seniors into the Canadian society. Some immigrant seniors were disappointed that they were unable to work because of old age, as perceived by prospective employers. For some seniors, credentials obtained before coming to Canada were not acceptable to employers in Canada making it exceedingly difficult for them to start new careers.

**Poverty and financial difficulties.** Given discrimination by potential employers and failure to secure jobs, many seniors did not have adequate income to support themselves and lived in low-income housing. Some were on waiting lists for cheaper housing because of financial difficulties and increasing rents. Immigrant seniors were required to pay for some services and programs offered by organizations. As some depended on their children or family for financial support; they wanted affordable services. Most Afro-Caribbean and former Yugoslavian seniors reported financial difficulties and poverty. They complained about expensive services provided by the community service providers. Poverty and financial difficulties, however, did not seem to pose a problem for the Chinese and Spanish-speaking seniors.
The challenges of low income were echoed by service providers and policy influencers. In their view, immigrant seniors depended on community organizations for services, but could not access other mainstream services due to financial constraints. Indeed, some immigrant seniors were homeless and dependent on community organizations for food, clothing, and other basic needs.

Physical and mental health problems. Seniors are faced with a multitude of health challenges. This problem is worse for immigrant seniors due to barriers that impede them from using health services. Health challenges experienced by immigrant seniors include limited mobility and physical activity; nutrition deficiencies; mental health problems particularly post-traumatic stress disorder among seniors from war-torn countries; and injuries caused by falls.

Dependence on others. Some seniors reported that they were no longer in control of their lives and had to depend on other people. Seniors revered their culture which emphasized the importance of hard work and self-reliance. Hence, they preferred to be self-reliant rather than dependent, believing that reliance on others was not empowering. Immigrant seniors were also unhappy about being care receivers in Canada. Some were reluctant to seek support because they worried that they would likely be a financial burden to the government or a psychological burden to their families and friends. Some believed that it was their personal responsibility to take care of themselves and seek assistance only in desperate circumstances.

Service providers noted that immigrant seniors often babysit their grandchildren and have no time for themselves until their daughters come home to take care of the children. Consequently, seniors’ ability to access beneficial social programs depended on their children’s schedules. While some immigrant seniors were optimistic and believed that there were mutual benefits, others perceived that they were a burden for their families. For some seniors, independent living was virtually impossible due to poor health, limited mobility, or government policies that prohibited them from working. Moreover, their activities were restricted by lack of financial autonomy.

Language difficulties. Language ability played a pivotal role in immigrant seniors’ settlement and integration and exerted a major impact on socializing with neighbors; seeking employment; navigating confusing systems to access services; and, maintaining self-identity, social status, family cohesion, and civic participation. Inability to speak English emerged as a major challenge that affected access to services and social support. While Chinese, Spanish-speaking, and former Yugoslavian seniors identified language proficiency as a significant barrier to communicating with service providers and accessing services, Afro-Caribbean seniors reported that mainstream Canadians only had difficulty understanding their accent.

Owing to language difficulties, many immigrant seniors had to rely on family members or community agencies for assistance with form completion, and interpretation of information and documents received from service providers and government. Without face-to-face communication using a common language, these immigrant seniors felt disempowered and lacked control.

Service providers reiterated the challenge around language proficiency, indicating that inability to speak or understand English prevented immigrant seniors from accessing available services. To overcome the language barrier, some agencies lacking multilingual personnel reached immigrant seniors through family members, especially children who often spoke English better than seniors. Although paid interpretation services in hospitals and health centers were recently initiated, family members had to interpret in medical appointments and community events, and help agencies to ask culturally appropriate questions. However, service providers indicated that family members who acted as interpreters sometimes did not correctly convey information between service providers and seniors.

Need for transportation. Transportation is vital for seniors’ mobility. Access to social activities and health services was not possible without transportation. Owing to restricted mobility, immigrant seniors seldom socialized with people outside their family circle and neighborhood. Lack of transportation also restricted them from participating in community events, resulting in limited social contact. Immigrant seniors indicated that lack of transportation was a major factor contributing to their isolation.
Service providers and policy makers affirmed that transportation challenges hindered immigrant seniors’ access to available services. Only two organizations provided transportation to seniors for health care and shopping.

**Perceived racism and discrimination.** Perceived discrimination emerged as a challenge for the Afro-Caribbean seniors primarily. Service providers noted that racism and discrimination were major issues, particularly for immigrants who resided in “mainstream” seniors centers. Most immigrant seniors, however, observed that they were treated fairly by the majority of Canadians and that those who discriminated against them were in the minority. Seniors described institutional discrimination in their quest for employment due to old age or perceived disabilities. Employment discrimination increased the insecurity of the older immigrants’ economic situation. Institutional discrimination also posed a barrier to accessing support services and programs.

**Immigrant seniors support needs (RQ2)**

**Family conflicts.** Although immigrant seniors were happy to be reunited with their families, they reported family ties that generated conflicts and abuse. This was a sensitive issue for immigrant seniors. Service providers noted that seniors were unlikely to report or admit that they were abused. Some seniors were brought to Canada to provide child care and could not enjoy relaxation or entertainment due to lack of financial independence. Moreover, some seniors’ financial support from government was taken by their children. Service providers noted that English as a second language classes and social programs provided the only opportunities to escape from home and abuse for some immigrant seniors. Seniors who would not tolerate familial abuse and moved into seniors’ homes were often isolated and lonely.

**Depleted social networks and social isolation.** Loneliness and isolation emerged as the greatest challenges faced by immigrant seniors. In Canada, these immigrant seniors experienced changes in family dynamics, disintegrated family ties, depleted social networks, intergenerational differences, and family conflicts. Loneliness was exacerbated by challenges of adapting to the new environment. While seniors received support from children and friends, most reported that their social networks had been depleted by migration to Canada and resultant distance from their homeland. Participants contended that they were more socially connected in their home countries, indicating that it was difficult to establish new social networks due to language difficulties and other cultural barriers in Canada. Furthermore, family conflicts and negligence contributed to experiences of isolation among seniors. Some seniors, who had no families or were abandoned by families, did not have any social contacts beyond those with service providers.

Mental health issues, associated with post-traumatic stress disorder for some seniors, coupled with lack of access to services at health facilities also contributed to social isolation. Immigrant seniors reported isolation and exclusion from social activities which led to feelings of depression and homesickness. Service providers supported immigrant seniors’ accounts of social isolation.

**Barriers to use of services (RQ3)**

**Lack of information about services.** Challenges are exacerbated by lack of information about available resources. Many immigrant seniors did not have sufficient information about services. Service providers acknowledged that some seniors are uncertain about available services and their eligibility. Language barriers were intertwined with lack of information because senior immigrants could not understand newsletters and booklets written in English. The Afro-Caribbean seniors were not aware of support services that targeted their community. They believed that services for seniors were not equitably distributed across people of different cultural backgrounds, and were critical of the city’s limited support programs for their ethnic community in contrast to other cultural communities.

Service providers noted that many seniors who did not visit community agencies lacked information on available services. Moreover, when service providers communicated with immigrant seniors through letters or phone calls in English, seniors had to seek help with interpretation and explanation of the information.
Negative attitudes of service providers. Service providers who had not been trained in multicultural sensitivity were viewed as a major barrier when immigrant seniors sought help from government departments and service agencies. Some seniors commented that service providers were insensitive to their needs and provided insufficient information. Government workers were often unaware of the prejudice and discrimination experienced by ethnic minority residents and did not provide adequate support.

Waiting time. Immigrant seniors were unhappy about the length of time they had to wait to access health services. They complained about delays in getting appointments with medical specialists and did not receive timely treatment.

Inappropriate services and programs. Immigrant seniors expressed differing sentiments regarding the suitability and appropriateness of support services and programs available to them in the study site. Some seniors were dissatisfied with the provision of support, particularly from government departments. The major criticism focused on the suitability of services and programs. Some Afro-Caribbean seniors needed job-related programs, which available services did not provide. The Chinese and Spanish-speaking seniors were not satisfied with the health care system which, in their view, ignored culturally appropriate medicines.

Systemic barriers. Immigrant seniors expressed resentment toward some government policies which prevented them from seeking gainful employment or obtaining affordable housing. These policies combined with reductions in government support to the health and social services sector resulted in cancellation of programs or fees for programs. Ineligibility to access certain programs and services was another great concern. Service providers identified other systemic factors that made some programs and services inaccessible to immigrant seniors, including the fact that most services are provided in English or French. Immigrant seniors had to seek support from community organizations to overcome barriers to services (e.g. health care, pension) that are easily accessible to Canadian seniors.

Cultural barriers. Service providers and policy makers noted that some services were not used by immigrant seniors due to cultural barriers. Cultural beliefs (e.g. protecting family secrets from younger people or people from another cultural background) acted as barriers to accessing services. As some immigrant seniors had never sought assistance due to cultural norms, it was challenging for them to start seeking services in Canada. Some cultures restricted the movement of women, making it difficult for them to access services. Immigrant seniors who came to Canada as refugees were fearful and even suspicious of government services due to their negative experience with their home government. These seniors chose avoid government programs due to fear that their case might be investigated.

Limited financial and human resources. Service organizations and community-based agencies play an important role in the adaptation process of immigrant seniors. Although interpretation services were reported to helpful, they are costly. All agencies reported lack of funding for such programs/services due to funding cutbacks. The recent population boom in the study site increased costs of renting homes and increased numbers seeking community resources such as low-income housing. Many health and social service agencies noted decreased financial and human resources, limiting their ability to address unmet needs of the senior immigrant population.

There is a growing need to accompany immigrant seniors to service appointments and help with basic communication, yet funding for such services is uncertain. Resource cut backs during recent years have created problems for immigrant-serving organizations which affect both quality and quantity of services provided. Most service providers noted that they do not have adequate human and financial resources to serve their clients.

Lack of culturally appropriate services. Many organizations were aware of the diverse cultural profiles in their communities, but delivery of culturally appropriate services to different cultural groups was challenging. Given the diverse languages (over 50) of immigrant seniors in this study site, the need to provide information in the language of choice for cultural communities was emphasized by service providers. Almost all information regarding resources/services was written in English and, therefore, not accessible for the intended population. Participants reported that there were insufficient culturally appropriate
services for immigrant seniors due to the small numbers of professionals from different ethno-cultural communities. Participants agreed that it is difficult for non-profit organizations to attract qualified staff because of limited funding.

Lack of intersectoral collaboration. Few multicultural liaison workers represented some ethnic groups, and service providers had limited resources to support cross-organizational cooperation needed for effective service provision. Service providers and policy makers emphasized the lack of collaboration across health and social services at municipal, provincial, and national levels. Intersectoral collaboration, in their view, would help reduce costs for individual agencies and promote sharing of expertise and resources.

Discussion

This study of Chinese, Afro-Caribbean, former Yugoslavian and Spanish seniors in a major urban centre of Canada revealed settlement challenges, attendant support needs, and barriers to support seeking and service provision for immigrant seniors, from the diverse perspectives of immigrant seniors, service providers, and policy makers. Varied interrelated challenges emerged from this unique study which explored both immigrant seniors and service providers’ perspectives (see Table II for comparison of perspectives). Studies on immigrant seniors (Acharya and Northcott, 2007; Barrio et al., 2007; Polyakova and Pacquia, 2006; Bowes and Wilkinson, 2003) focus on a single challenge and a perspective.

Table II  Comparison of challenges and barriers identified by immigrant seniors and service providers

<table>
<thead>
<tr>
<th>Immigrant seniors</th>
<th>Service providers and policy influencers</th>
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<td><strong>Challenges (RQ 1)</strong></td>
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<tr>
<td>Unfulfilled immigration expectations</td>
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<tr>
<td>Difficulty adjusting to climatic conditions</td>
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<tr>
<td>Lack of employment</td>
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<tr>
<td>Lonely, distance from friends/loss of friends</td>
<td>Isolation</td>
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<tr>
<td>Poverty and financial difficulties</td>
<td>Poverty</td>
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<tr>
<td>Physical and mental health challenges</td>
<td>Post-traumatic stress and mental illness</td>
</tr>
<tr>
<td>Lack of independence and control</td>
<td>Seniors provide family child care restricting access to beneficial social programs</td>
</tr>
<tr>
<td>Reluctant to seek support/worried about being financial burden</td>
<td>Dependence on family and community organizations</td>
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<tr>
<td>Language difficulties</td>
<td>Language barriers</td>
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<tr>
<td>Lack of interpretation services</td>
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<td>Limited transportation</td>
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<td><strong>Needs (RQ 2)</strong></td>
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<td>Seniors do not visit community agencies</td>
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<td>Family conflicts</td>
<td>Print material in English or French</td>
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<tr>
<td>Loneliness and isolation</td>
<td>Seniors unlikely to report family abuse</td>
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<tr>
<td>Depleted social networks</td>
<td>Social isolation and exclusion</td>
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<tr>
<td>Mental health issues</td>
<td>Depleted social networks</td>
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<tr>
<td>Perceived discrimination by minority</td>
<td>Post-traumatic stress disorder, depression</td>
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<tr>
<td>Treated fairly by the majority</td>
<td>Racism and discrimination particularly for immigrants who resided in seniors centers</td>
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<tr>
<td>Employment discrimination</td>
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<td><strong>Barriers to services (RQ 3)</strong></td>
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<tr>
<td>Institutional discrimination</td>
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<td>Negative attitudes of service providers</td>
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<td>Policy barriers to employment and affordable housing</td>
<td>Information/services provided in English or French</td>
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<tr>
<td>Cultural pride</td>
<td>Cultural barriers to service use</td>
</tr>
<tr>
<td>Lack of information</td>
<td>Service provision barriers: high costs of programs, lack of resources, lack of culturally appropriate services, limited mandates or geographical coverage, lack of intersectoral collaboration</td>
</tr>
<tr>
<td>High cost of programs</td>
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Despite resentment about expectations that were not realized, and frustration and disappointment regarding unanticipated challenges encountered upon arrival in Canada among some immigrant seniors, individual interviews revealed positive sentiments and appreciation of the living conditions in Canada. Transportation emerged as a central issue in these immigrant seniors’ lives, restricting access to services, community and civic activities, and contact with friends and family and contributing to social isolation. Such findings supplement other recent studies (Lai and Leonenko, 2007; Barrio et al., 2007; Jang et al., 2006). These insights call attention to the importance of available, affordable, appropriate, and convenient transportation services for immigrant seniors.

In this study, language ability emerged as a pivotal challenge affecting the settlement experiences of senior immigrants, because it intersected with other barriers to navigating service systems, seeking employment, and civic and community participation. This finding extends other studies (Lai and Leonenko, 2007; Polyakova and Pacquiao, 2006; Barrio et al., 2007). In contrast to previous research, the experiences of four different cultural/immigrant groups were compared. Although all experienced language difficulties, language proficiency was the primary perceived challenge for Chinese, Spanish-speaking, and former Yugoslavian seniors, unlike Afro-Caribbean seniors.

The heavy reliance of seniors on family members and interpreters, according to both immigrant seniors and service providers, made seniors feel powerless. Seniors experienced lack of control because of dependence on other people. Their desire for independence was hampered by lack of financial autonomy. One recent study linked financial limitations to diminished sense of control among Korean-American seniors in the USA (Jang et al., 2006). Our study supplemented these findings by identifying lack of employment opportunities and inadequate incomes as factors preventing most immigrant seniors (particularly Afro-Caribbean and former Yugoslavian seniors) from meeting their basic needs (e.g. housing, food, health care), and thereby diminishing sense of control. These findings call for measures to ensure that adequate financial resources are available to immigrant seniors so that their dignity and independence to make choices about basic needs and services is restored through financial autonomy.

A cluster of challenges impede immigrant seniors’ access to formal services and programs and thereby increase unmet needs. These include lack of information about services and entitlements, racism and discrimination, negative attitudes of service providers, prolonged waiting times, and culturally inappropriate services. Lack of information regarding services, and programs was intertwined with language difficulties, because information is typically distributed in English. Afro-Caribbean seniors were not aware of services that targeted their cultural community, and viewed this gap as discrimination. Lack of information about available services has been identified as a challenge in previous studies (Barrio et al., 2007; Lai and Leonenko, 2007; Wong et al., 2006b; Bolzman et al., 2004).

Perceived racism and discrimination were prevalent among Afro-Caribbean seniors; particularly those residing in seniors’ homes. One recent study revealed a potential relationship between perceived discrimination and psychological well-being among immigrant university students in Britain (Jasinskaja-Lahti et al., 2006). Although institutional discrimination regarding ineligibility to seek gainful employment because of old age and perceived disabilities affected most immigrant seniors in our study, Afro-Caribbean seniors were negatively affected to a greater extent. This systemic barrier negatively influenced seniors’ ability to obtain housing. Barriers to employment and access to welfare resources for immigrant seniors were noted in one study conducted in Europe (Bolzman et al., 2004).

The significance of culturally suitable services and programs, including service providers from the same cultural community who spoke the same language, was strongly related to service use in our study. The revelation that some immigrant seniors were abused by family members deserves further exploration. Some seniors experienced loneliness and social isolation because they did not have family members, had depleted social networks, or were abandoned; yet others who had family networks were being abused. This insight is not reported elsewhere.

Another unique contribution of this study is the examination of personal and cultural barriers to support seeking. Barriers rooted in cultural norms and values influenced these immigrant
seniors’ response to the cultural relevance of services and programs available to immigrant seniors.

The inclusion of service providers in this study yielded new insights regarding barriers to provision of culturally appropriate services and supports. The challenges reported by service providers and policy makers attempting to facilitate settlement of immigrant seniors included high cost of programs, gaps in resources, culturally inappropriate services, and insufficient intersectoral collaboration. These barriers experienced by immigrant-serving agencies underscore the importance of reviewing policies affecting immigrant seniors, and their access to health and social services.

Conclusion
Immigrant seniors faced six major challenges that have implications for practice, programs, and policies:

1. providing culturally sensitive and appropriate services and programs;
2. making services and programs linguistically appropriate by employing professionals who speak multiple languages;
3. increasing transportation for seniors to participate in social and recreational activities and access services;
4. reducing costs and waiting time for services;
5. expediting applications for citizenship to facilitate access to government benefits; and
6. enabling immigrant seniors to obtain employment thereby diminishing financial burden on sponsors and alleviating poverty.

This study revealed numerous unmet needs for successful acculturation of immigrant and refugee seniors in Canada. The interrelated challenges exist at three levels: micro (e.g. one-to-one interactions), meso (e.g. interactions with service/community organization or government), and macro (e.g. government policies that influence entitlements to government resources and services, legal status, and settlement). The most cogent and sustainable approach to close this chasm of support deficits, unattended challenges, and complex stressors is to implement a model that simultaneously addresses the three levels and use a multisectoral approach. Moreover, immigrant seniors need input into provision of pertinent services, programs and policies. In Canada, strategies that strengthen ethnic community resources and widen the reservoir of support for immigrant seniors are timely.

Implications for practice
Service providers and practitioners in health and social sectors can:

- Consult with immigrant seniors about their service needs.
- Engage family members.
- Ensure that interpretation services are available for verbal communication or that staff and peer helpers from the ethnic communities are multi-lingual to ensure that services and programs are culturally sensitive.
- Use simple terminology in the languages of populations served and pictures for brochures and written communications.
- Arrange for transportation to services and programs.
- Create peer support groups of immigrant seniors.
- Collaborate with service providers in other agencies and sectors as teams to promote comprehensive services that meet the multi-faceted needs of seniors including those derived from employment and financial challenges.
- Advocate for policy changes that meet the unique support needs of immigrant seniors.
References


Further reading


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