

Low Income Immigrant and Refugee Seniors: Housing and Health Needs Assessment

Final Report

A Research Project by:

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1 Overview

Although there is a growing body of literature on the challenges faced by immigrants, there is very little research that focuses on the needs of immigrant and refugee (I&R) seniors and their unique challenges¹. There is also a gap in our knowledge about the specific housing issues of I&R seniors. This report examines the precarious housing for I&R seniors generally, and more specifically, I&R seniors in Edmonton.

Adequate and appropriate housing contributes to the successful settlement and well-being of I&R seniors. A large percentage of immigrant households have a “core housing need,” defined as living in inadequate, unsuitable or unaffordable housing². A 2007 research study conducted in Edmonton confirmed that unaffordable housing is a significant issue for immigrants in Edmonton³. Recent changes in immigration sponsorship and citizenship policies make it difficult for seniors to access subsidized housing until they have been in Canada for a number of years⁴.

This study uses a method called Photovoice. In collaboration with 5 multicultural health brokers (MCHBs), we asked 12 low-income I&R seniors to take photos of their experiences and share their stories, with a specific emphasis on housing and community. These seniors represent 12 different cultures from all over the world. Their ages ranged from 55 to 92 with a mean age of 73. The seniors prioritized the photos and narratives during a focus group session, which informed strategies for advocacy and appropriate interventions. The MCHBs described I&R seniors’ circumstances during a second focus group: PTSD from years in refugee camps; fear of reprisals from landlords; and shame because of inappropriate living conditions.

Through this collaborative process with immigrant and refugee seniors and MCHBs, six major themes emerged:

1. Emotional and financial toll of migration
2. Dependence on children
3. Literacy, Language and Culture
4. Physical and mental health decline
5. Navigating health care and housing
6. Advocates

These resilient seniors demonstrated that independence is strongly valued, and while they arrive with limited resources, they do not want to be a burden on their children, their church, or their new country. Navigating complex and varied housing and health care systems requires a high level of literacy and experience negotiating multiple systems and levels of government. Often programs and agencies are not linked and are subject to changes in rules and policies, which adds to the confusion. These vulnerable immigrant and refugee seniors have been accepted into Canada, but their unique struggles within our society have been hidden. We can help by providing supportive individuals that speak their language, know their culture, and understand systems. The multicultural health brokers have uncovered the needs of I&R seniors, and are guiding them through the fragmented systems of housing, healthcare, and community integration.

2 Policy recommendations

Based on the shared experiences of low-income immigrant and refugee seniors, we advocate the following policy recommendations.

- 1) Poverty is a central issue. Many I&R seniors want to be independent but they lack the resources, knowledge and skills to change their living situation. They need the same financial aid that is available to Edmonton's homeless community and low-income seniors. Immigrant and refugee seniors are grateful to be in Canada, but they do not understand what Canada can offer. Government organizations need to be transparent about the assistance that is available to I&R seniors, and that information should flow to Edmonton-based non-profit, non-Government organizations.
- 2) This is a population that is prone to illiteracy, in both English and their native language. They need advocates within their communities that have access to the critical housing and health care information. MCHBs are positioned to target the seniors in their family and social circles. They can share the information and guide the seniors through the arduous process of getting the supports that they are entitled to receive. Currently there are only a few multicultural health brokers working with I&R seniors. We suggest that this model should be expanded and adopted across Canada. This will require financial support from the local, provincial and national governments.
- 3) There are significant barriers to accessing appropriate housing. These barriers are mainly financial, but also cultural. While providing free bus tickets for public transportation is one approach to the issue of access, it is not appropriate for all I&R seniors. These seniors need highly specialized and culturally appropriate solutions that are informed by participatory action research, which must include the I&R seniors, their advocates, and other community members. In addition, service providers will benefit from training to enhance their sensitivity to their clients' cultural preferences: specific foods; familiar recreational activities; access to religious services; and avoidance of taboo subjects such as mental illness.
- 4) The burden of caring for I&R seniors cannot rest solely on their sponsors (usually their children). Unavoidable crises can occur within the sponsor's family that can result in the senior needing to find other or more suitable housing. In addition, many of these seniors are suffering from significant health issues that require sustainable support and case management. Preventive measures must be established that anticipate and address these transition points and prevent homelessness and inappropriate rehousing of this vulnerable population.

3 Research design

There are many immigrant seniors who may not be homeless but are living in precarious housing situations, which increase their overall vulnerability. This study explored low-income immigrant/refugee seniors' perceptions of the barriers that they face in seeking and finding appropriate and affordable housing in the Edmonton region. The objectives are:

1. To determine the perceptions of I&R seniors who are at risk of being homeless or are living in precarious housing situations;
2. To empower I&R seniors to tell their story using their photographs and focus groups, incorporating their perceptions of the lived experience related to their housing situations;
3. To share the stories of these low-income I&R seniors to provide policy recommendations for Government organizations and information for Edmonton-based non-profit, non-Government organizations.

We are seeking to influence policy change and social justice for the immigrant and refugee seniors. Our team used a social justice framework to emphasize the moral obligation to I&R seniors that are living in Canada, with the intent to minimize their vulnerability to living in inappropriate housing situations. We define social justice as “full participation in society and the balancing of benefits and burdens by all citizens, resulting in equitable living and a just ordering of society”⁵.

Individual seniors increased their awareness and participation as change agents; their communities may experience physical improvements because of the photos and stories that the I&R seniors share with Edmonton-based non-profit, non-Government organizations including Sage, the Seniors Advisory Council for Alberta, and the Edmonton Seniors Coordination Council, Action for Healthy Communities, Edmonton Multicultural Coalition, Edmonton Mennonite Centre for Newcomers, Catholic Social Services, and Homeward Trust Edmonton.

3.1 Photovoice

Photovoice is a community based method for collecting and sharing photos and stories that demonstrate the need for change. We used Photovoice to focus on the conditions that have given rise to the contexts or issues that are represented in the photographs.

The objective is to influence stakeholders that have the mandate to act on individual community member's issues. The images allow the community members to capture tangible and intangible physical and social conditions, which provide visual evidence of community relationships and positions in the environment. The process stimulates a critical dialogue about divergent viewpoints within a community. They also highlight the contextual conditions that influence individuals and communities - different angles provide a fuller picture through a co-constructed photo narrative and negotiated story.

This research project is designed to raise social awareness by recording the lived realities of the I&R seniors. This research may fulfill one of the objectives of social justice: to show unequal, unjust, or uneven applications of regulations that require additional policy review and to raise the understanding about the effects of reduced power, privilege, and compromised health as experienced by the I&R seniors.

3.2 Community of immigrant seniors

Working with the Multicultural Health Brokers Co-operative, we were able to communicate effectively with the community of low-income immigrant seniors. The Brokers are members of immigrant communities who have trusting relationships with the natural leaders, immigrant seniors and families. It is through this network of relationships that the Brokers were able to help recruit and assist the I&R seniors that took part in this research project.

We included 12 immigrant and refugee seniors aged 55 years and older, both male and female, who experienced barriers to accessing housing that was equipped to house seniors and/or those with physical challenges. If the immigrant seniors required assistance with taking the photographs, the MCH Brokers meet with the immigrant seniors to demonstrate how to take the photos or to actually take the photos, which reduced the seniors' concern about having to use a camera and upload the files. We did not include seniors that have a disability, such as Alzheimer's disease or other dementias. We also did not include seniors who would be distressed by participating in this research activity, as determined by their caregiver.

Data was generated by gathering the photos and stories from individual I&R seniors, to capture their account(s) as lived and embedded in their everyday routines in their local neighbourhood. The photos and stories were shared and expanded upon in a focus group with the I&R seniors: the MCHB's interpreted the focus group questions and the subsequent responses from the I&R seniors. Their discussions about housing conditions, spatial mobility, interactions and participation experiences in neighbourhoods were recorded and transcribed. Flexibility in tools and activities allowed the research team to accommodate the diverse needs of participants (body and communication) in order to maximize their participation and freedom of expression. A second focus group with the 5 MCHBs provided further clarification of the complexity of the lived experiences of the I&R seniors.

4 Findings

The findings reflect the journeys that the low-income I&R seniors have experienced since they left their country of origin, waited in refugee camps, and finally came to Canada to join family members or seek refugee status. Broadly speaking, they have entered into a foreign country with minimal resources, lack of access to supportive information, and barriers to integrating into their new society. The result is isolation and declining health, with little hope of gaining independence and a better quality of life. In addition to this overarching finding, six key themes emerged as the seniors moved from desperation to suggestions to improve I&R seniors' lives in Canada. These will be discussed in detail:

1. Emotional and financial toll of migration
2. Dependence on children
3. Culture, language and literacy
4. Physical and mental health decline
5. Navigating health care and housing
6. Advocates

4.1 Emotional and financial toll of migration

Migration takes its toll on all immigrants and refugees: flight from war; abrupt change in economic security; loss of citizenship; and grief at the loss of familial and communal networks. The immigrant and refugee seniors (I&RS) commented on how these factors contributed to a sense of vulnerability and instability.

Refugee seniors described how the instability began within their country and their escape to refugee camps with only a few suitcases. They feared for the safety of their family and escaped to Canada to *“bring my kids here to have their own education.”* After years in the refugee camps they arrived in Canada and had to work in low paying jobs that were well below their professional qualifications, to secure a better future for their children. They left behind their parents, siblings, and network of friends and colleagues.

Several seniors that received refugee status in Canada described how they were separated from their adult children and grandchildren. They relate stories about how their children escaped to neighbouring countries where there was no healthcare for their babies. Their adult children could only get temporary visas and had to return to their country of origin, which put them at great risk. The seniors applied for refugee status for their children, which was expensive if they needed to consult a lawyer. They believed that if their children could make it to Canada, they would find jobs even if they could not speak English: *“Because in their country, it is too hard.”*

Through all these hardships, they continue to help other immigrant/refugee families by providing shelter and household items. They know the challenges that asylum seekers face before they receive government approval to enter Canada. The I&R seniors also struggled when they were separated from their family and did not have the resources needed to purchase basic necessities. All of the seniors expressed their gratitude for being in Canada

and thanked the government for their freedom, because “*Back home you cannot say whatever you feel; if you say something they can arrest you*”. One of the brokers summarized the sentiments of the seniors: “*Back home, a lot of war, a lot of problems. But since they came here, they have peace.*”

4.2 Dependence on children

During the focus groups, the brokers interpreted the seniors’ accounts of their arrival to Canada as visitors, as sponsored family members, or as refugee claimants. These seniors are dependent on their children due to their inability to communicate in English, financial precariousness, and declining health. Some of the seniors have been raising their grandchildren for “*6 or 7 years without pay*”, and even though they may be told that there are other housing options, they are worried about being abandoned by their children after they move out. At the same time they feel like a burden and would like to rent or live in supportive housing, but they are afraid to live independently.

Some of the seniors that are living with their children were sponsored on a Parent and Grandparent Super Visa, so their children are responsible for paying for all their expenses, including medications or healthcare appointments, which are “*really expensive*”. Without healthcare benefits from the government, a surgical procedure for the immigrant/refugee parents causes financial stress for their sponsoring children.

Not all seniors want to live independently. One senior wanted to live with her daughter, but she wanted to be able to pay her daughter the amount that the government would subsidize a senior for renting an apartment. In this way the senior would not have to be separated from her daughter, and she would contribute to the house payments instead of being a financial burden.

When people apply to sponsor these seniors, there is a declaration that they have to sign, stating that whatever happens, even if the sponsors get a divorce or lose their jobs, they will still be financially responsible for their parent: “*But, in reality, it doesn’t work that way*”. The seniors stated that being sponsored by their children does not necessarily mean that their children are eager, or have time, to invest in looking for alternative housing for their parents. The parents do not want to interfere in their children’s lives by asking for assistance. The seniors tell the brokers that they have to find somebody else to help them.

The brokers indicated that there are times when the relationships deteriorate between the parents and their children, or between the child and their partner, which interferes with their ability or desire to continue to sponsor their parent. The seniors and the brokers find it difficult to prove to the housing authorities that the sponsorship has broken down. The brokers explained that they refer seniors to Alberta Works to apply for social assistance. Alberta Works must send the senior’s immigration visa application to Immigration Refugee and Citizenship Canada in order to register that the sponsor has failed to provide the senior with accommodation or financial assistance.

Even when the seniors attain independence, circumstances may change and they have to return to their children's home. One senior became unemployed and when their EI ran out; their only income was \$160/month from their pension, which they had earned after carrying 2 jobs for 7 years. It is difficult for immigrant/refugee seniors that have limited English to find employment, and they do not qualify for government programs or financial assistance if they do not have the 10 year residency requirement.

4.3 Literacy, language, and culture

The seniors in our study did not have literacy in English, and many did not have literacy in their own language. The brokers had to start by teaching them to read and write in their language before they introduced English. The brokers provide English classes for specific immigrant groups once a week, followed by a pot luck meal where the seniors share food from their country of origin, which their group appreciate because it is a "*taste of home*".

The seniors explained that they cannot communication with their grandchildren, who learned English quickly and have "*now forgotten their mother tongue*". Since many immigrant seniors have the responsibility of caring for their grandchildren, they become frustrated when they cannot use the stove, do the laundry, or use the TV remote. Seniors are resourceful: their children create a guide for them in both languages so they can use the appliances and TV remotes. One senior commented that he cannot drive here because he cannot read the signs. Shopping is also a challenge because the seniors are unfamiliar with the currency and the taxes.

Seniors may lose their ability to speak English when they have an illness or dementia, which affects their ability to phone government agencies to follow up on requests for permanent housing support.

The brokers agreed that immigrant seniors need more information about the homecare that they are entitled to and how they can access that care – especially seniors living alone. These services should be culturally and linguistically appropriate.

An illiterate 80 year old immigrant woman's family kicked her out and the English speaking shelter worker gave the woman bus tickets to find a place to live. The senior never took a bus before and she cannot read.

One woman told a long story about taking the #8 bus. Unfortunately, she could not distinguish that the #81 was not the same as the #8 bus. She could not explain to the driver that she was going the wrong direction, but she could say "*#8 bus*". Fortunately, the bus driver understood and showed her how to go back on another bus. Another immigrant senior had a booklet of bus tickets and she did not understand that the last page was not a bus ticket. The seniors said that they help newcomers by teaching them how to ring the bell so the bus will stop at their bus stop. They are confused about transferring to different buses.

In seniors' accommodation the residents are served Western food instead of the food that they were used to in their home country. They request a wider variety of options that include familiar ethnic foods.

The I&R seniors discussed their initial mistrust of police that linked to their home country where they would not look at the police, much less talk to them. They hurried along and avoided contact with the police for fear of reprisals, corruption, or brutality. Once they have a pleasant encounter with police officers in Canada, their fear is reduced.

4.4 Physical and mental health decline

Physical and mental decline is a common issue for all seniors, but these concerns are amplified when the seniors are living independently and cannot find affordable and permanent accommodation. One man had a stroke that resulted in decreased functioning on his right side, he lost his job, his wife left him, and he did not know how to apply for subsidies. He still finds a way to send money "*back home*" to his mother who is in her 90's. He dreams of having a permanent home.

One woman's husband kept falling because he had Parkinson's disease, so he was placed in a nursing home on the opposite side of the city from their home. She takes the bus to her husband's nursing home every day to bring him traditional food. She thought it would be better to move closer to the nursing home, but the seniors lodge has no kitchen facilities: only a bed, a small sitting area, and a washroom. There is a long waiting list and it could take years to get into the nearby seniors lodge.

Mental illness is a taboo subject, as witnessed by the MCHBs:

Seniors experience PTSD from the traumas experienced during the wars in their countries and the desperation within the refugee camps. They come to Canada and experience loneliness, depression, because they lack the ability to communicate with others.

The photo of an old man walking alone down the sidewalk was chosen by a senior to explain her feeling of isolation and loneliness within her community, especially during the winter when it is cold and walking is precarious. She said that she even missed talking to a mailman, who was a source of the community "gossip" in her home country. While the brokers identified numerous programs where the seniors can socialize, they recognize that some of the seniors are depressed and do not venture out of their home. One senior who was 90 years old said he is not motivated to socialize with others because he cannot speak English and is not interested in Bingo. Other seniors are isolated due to their hearing loss and reduced mobility.

4.5 Navigating healthcare and housing

Different agencies work in isolation and seniors have to navigate each system separately. Services are fragmented: housing, income supplements, health aids, and AISH.

Immigrant/refugee seniors stated that the government agencies need to create better connections between the systems and provide liaisons with government offices that will help immigrant/refugee seniors and their advocates navigate multiple and shifting systems.

Precarious housing and the threat of having to move from one substandard housing situation to another were issues identified by seniors that did not have family sponsorship and had to survive independently. Seniors listed numerous concerns such as manoeuvring through heavy doors with their walker, shelves that were too high, hazardous stairs, unsafe neighbourhoods, poor maintenance, and extreme distances from amenities (e.g., bus, shops, bank, doctors, and pharmacies). They have limited storage for groceries in their kitchen, and they do not like to throw anything away or recycle unless someone else helps them to sort out the clutter. This creates a hazardous situation in a small space.

When immigrant/refugee seniors move from their home country they have to purge a lifetime of belongings. Refugee seniors had to make these decisions during a crisis (initially as refugees and then in Canada if their sponsorship stopped). Several seniors said that they have minimal possessions because they rely on public transportation to move from place to place. Moving becomes more difficult as their mobility decreases and their memory declines.

One immigrant gentleman who is over 90 years old had to move because there were mice in the closet and he discovered bed bugs. Subsequently, his housing subsidy was discontinued and he had to reapply in his new location for another rent supplement. The Multicultural Health Broker worked with him, advocating on his behalf because he had no assets or income to pay his rent.

There are long waiting lists for subsidized units, especially for single seniors. The immigrant seniors that tried to access subsidized housing for seniors expressed their frustration to the brokers because they have to wait for up to two years. Several seniors that were in subsidized housing commented on how rent was not indexed to their income, and they had to move when their rent increased. They had extra charges for parking even when they did not own a vehicle.

4.6 Advocates

During the second focus group, the MCHB's shared great insights into their role as advocates, and identified other key sources of support for the I&R seniors. Since language and cultural differences are recognizably huge hurdles, many I&R seniors rely on church members to provide information. The MCHB's suggested that the religious leaders could be given simple pamphlets to distribute to community contacts that have the capacity and ability to volunteer their time to help I&R seniors within their community. One broker did caution about the limitations regarding the different capacities of volunteers; they will visit someone that is sick, but they are unlikely to fill out forms and stand in line to ask questions at a government office on behalf of a senior.

The brokers commented on the group of I&R seniors that get their information through “*word of mouth*”. When seniors move into subsidized housing they will invite family and friends to an open house, which not only spreads the information, it also increases social connections and reduces isolation. Other brokers agreed but added a warning that knowing the options has to include information about waiting lists for subsidized housing, and the information needs to be provided in simple English and in multiple languages, because this population “*don’t do Google*.” Also, organizations must target the children of the seniors and other support networks. Another suggestion that all the brokers agreed on was to “*disseminate the messages through ethnic media in different languages*”.

Even if the seniors or their family members could understand English and get the information, the process of the negotiating with all the agencies is extremely difficult. The MCHB’s described the complexity of completing forms for I&R seniors. They identified the issue of confidentiality and their inability to fill out the forms for another person, even if the senior asked the broker to come and interpret for them. When they call different agencies, they get conflicting information, which can even occur within the same organization when they have to call back numerous times. They cannot update their information because processes and websites are constantly changing.

The brokers stated that it takes a lot of work to piece together the “*fragmented system*”, a task that is insurmountable for many I&R seniors. The brokers have talked to the government agencies extensively about the issues that immigrants and refugees encounter because they do not see that there is any connectivity between the systems. The agencies are dispersed around the city and cannot access information from other departments.

The I&R seniors that are living independently told the brokers that they need assistance with vacuuming and cleaning, cooking, and bathing. One of the brokers described how she tried to get someone to cook for a 90-year-old senior that could not speak English, but was told that he would have to pay for this service privately. As for bathing, Alberta Aids to Daily Living will install rails in the bathroom to help seniors get in and out of the bathtub, but the seniors and their family must be informed of these opportunities.

There are only 5 Multicultural Brokers that are working with the immigrant/refugee seniors. They work part time with seniors and are also responsible for other immigration cases and young families. They are working 75 hours each month with the seniors and “barely touch the surface.” They find it impossible to delve deeply into their problems.

5 In their own words

The low-income immigrant/refugee seniors demonstrated their individual capacities, their resiliency and their vulnerabilities. They shared informal stories, celebrations, and tragedies during the focus groups. The photos demonstrated the community's imagination, resources, and capabilities, which resulted in them advocating for the other senior's ability to contribute solutions or their limitations due to their unique challenges in life. The MCHB's provided interpreter services during the focus groups enabling the seniors to prioritize the issues reflected in the photos. The seniors then narrated the photos, which increased communication and strengthened this network of immigrant seniors. The I&R seniors appreciated the opportunity to discuss, prioritize, inform, advocate and stimulate social action. They will participate in sharing their Photovoice findings, to inspire changes in systems that address housing in Edmonton and to address patterns of poor health outcomes.

The I&R seniors gave examples of what they considered ideal housing conditions for others like themselves. Location is critical. Ideally, they would prefer to be able to access grocery stores, pharmacies, medical clinics, amenities, and social activities within walking distance to their home, so they can establish a small community. The seniors do not want to live too close to a commercial area, or close to bars where people might be drunk and loitering outside because they do not feel safe. They prefer a neighbourhood with lots of houses, not an industrial area that has not parks or trees. Several I&R seniors commented on the need to stay mobile. They suggested walking in a nearby shopping mall, which provides them with a form of exercise, especially during the winter.

Their photographs of bus stops stimulated discussions about the issues related to accessing public transportation, because most of the seniors cannot drive. When challenges with public transit occur, the seniors lose their independence and rely on others to bring them groceries or to take them to their doctors' appointments or to religious services. Linked with their fear of being a burden on others, they may compromise their health by limiting the number of times they ask others to provide them with transportation.

Along with the Brokers, the seniors request that immigrant seniors reinstate the Guaranteed Income Supplement for all seniors, regardless of their immigration status, which will reduce the financial burden that they add to their families. The seniors that were receiving financial support expressed their gratitude for the ability to live a decent life. When they finally qualify for OAS, they are able to purchase items like a computer, which allowed them to connect with their family back home via Skype, and to gain access to information in their own language: "This is the window through which we see the world." Additional funding allows that little extra that they use to plan for their funerals so they will not continue to burden their children financially.

Each low-income immigrant senior commented on the decision to move from their place of birth to find security for their family. These resilient seniors spoke out to improve the circumstances of low-income immigrants of all ages. They are learning to speak English and they joked about their loss of mental capacity to learn a new language and a new

culture. They described the stress of moving several times a year, sleeping in a converted pantry or on a cot in the laundry room, or missing a bus stop because they cannot read. They find resourceful solutions, such as doing the yard maintenance to reduce their rent. There are cases where the seniors were resourceful and moved in with another senior to share the cost and for companionship. They are thankful that they learned to be “resourceful and resilient”, and they do not lack any of life’s necessities.

The immigrant and refugee seniors want to achieve their goals in life: to develop their knowledge about their new country and participate in their community to their full potential. They want to expand their ability to communicate, to gain useful knowledge, and to understand how to survive as independently as possible within the Canadian society.

6 Conclusion

We need to help the immigrant and refugee seniors. There are basic outreach services that could be provided to the I&R seniors that are seeking independence, so that they can stop being a burden to their children. Organizations need to reach out to the seniors to assist them with housing and furnishings, teach them strategies for engaging with landlords, and provide housing that is in close proximity to their children or their spouse that has moved into a nursing home. These seniors are vulnerable to evictions and rehousing due to the increases in rent or the whim of the landlord. They need follow-up support and financial assistance that is indexed to the increase in rent. Finally, there are mainstream services that the I&R seniors and their family are not familiar with or even aware of, and the agencies must be proactive in offering and providing these services. Ignorance of the needs of this population is not a valid excuse.

This intimate glimpse into the lives of low-income immigrant and refugee seniors emphasizes the need to continue to do collaborative research with this invisible and vulnerable population. It can be challenging to build the trust needed to discover the lived experiences of these seniors, but we cannot deny them the chance to share their voices.

The real issue is poverty and their limited capacity to change their circumstances. The MCHBs share the same language and cultural background as the seniors, and they work tirelessly for the betterment of the I&R seniors. The MCHBs provide a model program that should be expanded and adopted across Canada as a government initiative. The low-income immigrant and refugee seniors require the same considerations as all Canadian seniors, with the same access to healthcare and housing resources that allow them to live with dignity, in a safe home, with appropriate nourishment for their body, mind and spirit.

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