The Aging Experience of Chinese and Caribbean Seniors

By Janet M. Lum and Joseph H. Springer

Issue
Chinese/Caribbean Seniors and the Use of Support Services

Background
Over the past two decades, service providers have recognized the importance of addressing the health and social services needs of Canada’s increasingly diverse ethnoracial population. The challenge is especially acute for elderly, low income, racial minority women, who do not access support services as much as non-racial minority Canadians. This is a potential detriment to their well-being and continued independence.

The Toronto Community Housing Corporation (TCHC) had noted that despite anti-racism policies, culturally sensitive training for community workers, and culturally appropriate recreation programs, there was great variation in the use of available programs and services among ethnoracial minority seniors.

This study focuses on Chinese and Caribbean seniors who are residents of buildings managed by TCHC. The objectives are:
- To document and explain varying patterns of support service use by Chinese and Caribbean seniors living in rent-geared-to-income apartments; and,
- To explore the factors that facilitate more use of services provided by TCHC and in the broader community.

Using a three-staged approach for selecting respondents, nine buildings were chosen for the Chinese sample and five buildings for the Caribbean sample. A total of 572 Chinese and 109 Caribbean seniors were interviewed in-depth for about 90 minutes.

Beyond Individual Characteristics
Understandings around different patterns of support service access and use have concentrated mainly on the characteristics of individuals of ethnoracial or cultural groups. Structural, or community conditions, that could facilitate access to, and use of, support services that promote the health and well-being of individuals were not often examined.

It was argued that an individual’s use of support services depended

SUMMARY
This paper documents varying patterns of support service use by Chinese and Caribbean seniors, living in social housing managed by the Toronto Community Housing Corporation (TCHC). It explores the factors that facilitate more extensive use of support services and programs critical for the continued independence and well-being of seniors.

It argues that structural factors beyond individual characteristics affect patterns of support service use. These include:
- A critical mass of tenants with a similar racial background living in the same building;
- Closeness to a institutionally complete ethnoracial community; and
- The intervention by social or community case workers.

The findings have broader policy implications for the pattern of support service use for other ethnoracial minority seniors in other metropolitan areas.

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POLICY MATTERS is a series of reports focusing on key policy issues affecting immigration and settlement in Canada. The goal is to provide accessible, concise information on current immigration research and its implications for policy development. POLICY MATTERS is produced by the Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS).
While numerous studies have compared patterns of health and community support service use between racial minority and non-racial minority Canadians, few studies have explored differences among racial minority groups. Furthermore, past studies have focused primarily on the relationship between individual characteristics (e.g., sex, income, education) and service use, while overlooking the broader role played by structural or community factors. Authors on characteristics such as sex, age, race, education, income, years in Canada, language proficiency, time of immigration, and experience of racism (Andersen & Newman, 1973: 95-124; Andersen, 1995; Bergin, 1992; Filice & Vincent, 1994; Novak, 1993).

Government and community reports also focused on the individual. They suggested that the health of ethnoracial minorities could be improved by enhancing communication between individual health providers and individuals in the minority culture in service planning and delivery (Ontario Ministry of Health, 1992; Ontario Ministry of Health & Metropolitan District Health Council, 1994; Ontario Nurses’ Association, 1996; Congress of Black Women, 1995).

Some studies also noted the links between community supports and the individual (Breton, 1964; Novak, 1993; Kleit, 2001; Putnam, 2002). However, largely underplayed is the impact of broader attributes that characterize either the apartment complex where seniors live, the neighbourhood, or the community, on patterns of support service use that are critical to the independence and well-being of seniors.

This study hypothesized that structural factors beyond individual characteristics may affect the pattern of support service use among Chinese and Caribbean seniors. It is argued that service use is fostered by:

- A concentration of a critical mass of tenants of a similar racial background living in the same building;
- Proximity to an institutionally complete ethnoracial community (e.g., doctors, grocery stores, restaurants catering to ethnoracial group); and,
- The intervention of social workers, case managers, or community workers who link individuals to service providers.

Research Findings
According to this study, Chinese seniors made more use of available support services within the TCHC buildings, and in the broader community, than did Caribbean seniors.

Although Chinese seniors had greater language and literacy disadvantages, results indicate they were more likely to use support services. Thus, Chinese seniors overcame many of the individual disadvantages associated with barriers to access. A number of interrelated factors help explain the different patterns of service use between the Chinese and Caribbean seniors.

Issue 1: Concentration of Seniors in Buildings
The high concentration of Chinese seniors in the TCHC buildings enabled them to become part of a social network and communication “grapevine.” The social network allowed seniors to keep informal checks on the well-being of fellow tenants. As well, it made it easier for Chinese seniors with English language difficulties to navigate around those barriers. Seniors with English language skills helped those who lacked these skills.

A critical mass of Chinese seniors enabled them to become part of a vibrant communication “grapevine” and social network. The network linked younger, more mobile seniors to older, less mobile seniors, and allowed seniors to keep an informal check on the health and well-being of fellow tenants. Authors

The grapevine provided valuable information about activities and programs as well as neighbourly chats.

In comparison, the Caribbean seniors, who did not have the same high level of concentration, tended to find out about services through formal methods such as posters, outreach literature, and television. They also relied more on family doctors and other aspects of the formal health system, such as hospitals, to learn about, and access, support services.
The social networks also had qualitative differences. Chinese seniors appeared to be able to rely on multi-layered, inter-connected areas of support. This linked family, friends, and neighbours to community agencies providing culturally appropriate services and to publicly-funded Community Care Access Centre (CCAC) services.

By contrast, Caribbean seniors did not appear to have the same tight interconnection with social workers and case managers. As a result, they did not express the same level of confidence as was observed for the Chinese seniors. Caribbean seniors relied on a single “life line” – a family member, a friend, or “911.”

One consequence is that while Chinese and Caribbean seniors in the study were presently independent and mobile, critical differences in their “social connectedness” could affect their longer term well-being and independence.

As seniors age, those with dense social connections are more likely to learn about, and most importantly, to access services and programs. Chinese seniors may be in a better position than Caribbean seniors to maintain their well-being.

**Issue 2: Interaction within the Neighbourhood and Community**

Chinese seniors often meandered and socialized in the neighbourhood, visiting Chinese-speaking health care providers, stores, restaurants, banks, and churches and social clubs catering to Chinese people. Proximity to an institutionally complete community helped solidify social links and connections that formed the grapevine for information about services and programs.

The more seniors talked to one another about support services, the more they came to see these services as beneficial, and the more willing they were to use them.

In contrast, the low concentration of the Caribbean population did not provide the critical mass of clients that stores, organizations, or service providers need in order to offer “Caribbean-specific” goods or services. At the same time, mainstream establishments tended to expand their client base, further undermining the need for, and viability of, Caribbean-specific establishments.

As well, the cultures, social structures, lifestyles, and political behaviours vary from island to island in the Caribbean (Pons, 1970: 37). Thus, some have argued that there is really no overarching “Caribbean consciousness” other than visible minority status.

For these reasons, Caribbean seniors often travelled outside the immediate community to meet their needs, reinforcing their relative isolation. It also limited the development of a shared sense of the benefits and appropriateness of support services, whether offered within TCHC or by community agencies.

The smaller size of the Caribbean population in Toronto, and the lack of geographic concentration, limited the opportunity for the development of a range of institutions that could potentially provide services to its members along a more or less complete spectrum of needs – what Breton has termed an “institutionally complete” community (Breton, 1964), and reduced the capacity to socialize, and share information in a manner that encourages reciprocity.

**Issue 3: Intervention by Social Service Workers**

For the Chinese, there is a synergy between a high concentration of Chinese seniors, the existence of an institutionally complete community, and community agencies in the area that results in greater use of services. Community service agencies tailored many services to the interests and needs of that client base (e.g., arranging outings to a Chinese mall).

Case managers were more likely to do outreach in housing units having a higher concentration of Chinese seniors, than in those with lower concentrations, to organize cultural events (e.g., Chinese opera night). The same sort of synergy...
between Caribbean seniors and community service agencies was not apparent.

**Issue 4: Role of Broader Community**

An unexpected relationship between patterns of service use and the characteristics of the broader ethnoracial community was raised in this study.

To what extent does the sample of Chinese seniors derive benefits from the broader Chinese community? To what extent is the social connectedness of seniors further enhanced by the resources of their community?

A well-developed social infrastructure within an ethnoracial community can provide resources (e.g., donations of professional expertise, volunteer time, money, media coverage) to support senior members and the ethno-specific agencies serving them.

The synergy between Chinese seniors, community service agencies, and the broader Chinese community lends support to the following hypothesis: an institutionally complete, well-established ethnoracial community with a higher “capacity”, in contrast to a smaller, less well-established one, can better support an increasing array of agencies and organizations dedicated to the emerging needs of its seniors. This requires more research.

**Policy Implications**

The key policy implications relate to the following:

**Ethnic/Racial Composition of Buildings and Benefits of Concentration vs. Disadvantages of “Ghettoization”**

Debates on the impact of high concentrations of ethnoracial groups in public housing have largely argued that high concentrations result in ghettoization and the accompanying socially undesirable outcomes (Varaday & Walker, 2000; Turner et al, 2000).

This study suggests that there are positive benefits that can be attributed directly to high concentrations of ethnoracial groups. At the building level, the evidence for the Chinese is that high concentrations create a critical mass that attracts specialized services from community agencies as well as a denser system of mutual support.

**Density/Diversity of Land Use and Institutional Completeness of Neighbourhood**

The findings suggest that seniors living close to institutionally complete communities are more socially connected. Communities also mitigate the effects of reduced publicly provided social supports among potentially vulnerable seniors.

Social housing, however, is increasingly located at the edges of the city where land is available at more reasonable rates. These sites tend to be next to low density suburban neighbourhoods of middle income, single family housing. Such neighbourhoods have few conveniences near by and poor public transit service.

For ethnoracial seniors in these communities, the physical and social isolation contributes to loneliness, depression, and weak social connectedness. Vibrant, dense communities with stores and services within walking or short public transit distance are more likely to promote social connectedness among seniors.

Alternative methods of enhancing social connectedness need to be explored if the benefits of providing shelter to needy seniors are not to be diminished by the isolation of living in social housing in outlying geographic areas.
Liaison Role of Intermediaries Who Link Individuals to Service Providers

Under the neo-liberal policy environment the liaison role of intermediaries has changed. With the neo-liberal public management “efficiency” approach, many public sector organizations, including TCHC, have streamlined service delivery. In the past, social and community workers in TCHC used case management to identify, assess, and follow up on services needed by vulnerable tenants. Recently, TCHC has moved to a more individually-driven approach to determining needs and providing assistance. It is up to the individual to negotiate the system to access needed services.

In large part, the rationale of MAPPs recognizes that services to vulnerable populations are inadequate or inaccessible, at a time when many community agencies and NGOs that offer support services to precisely such groups are small, stressed, and stretched to the limit. Under MAPPs, the UWGT [United Way of Greater Toronto] provides funds to encourage smaller agencies to form mutually supportive coalitions to provide more effective outreach and service delivery. Authors

For the Chinese, with institutionally complete communities near buildings with high concentrations of seniors, the impact of these changes on vulnerable seniors is attenuated in the short run.

For Caribbean seniors, however, the impact is immediate. The erosion of case managers/social workers/community development workers has placed an increased burden on family, friends, and the formal system (e.g., calling “911”). Without the mediating function that communities with higher “capacity” offer, they must provide the links.

This study suggests that for some communities (larger, more established ones), the broader community may “fill in” by supporting ethno-specific agencies that employ case managers and social workers who are still reaching out to clients.

The broader community plays a critical role in mediating the impact of the withdrawal of case management services in TCHC. Without institutionally complete communities, it cannot be assumed that a needs-based system will reach unconnected seniors.

The Multi-agency Partnership Projects (MAPPs), initiated by the United Way of Greater Toronto, is an example of an attempt to re-establish structural conditions that support social connectedness. MAPPs provide support to community service agencies to aid their outreach and support services, particularly to vulnerable populations including ethnoracial minorities, newcomers, and seniors.

Service Need vs. Access of Services by Seniors

This study may have policy implications for seniors in other ethnoracial populations in other large cities. Seniors may “need” but not access services.

This research alerts decision-makers to the pitfalls in assuming a direct relationship between a low rate of service use, and the importance of services to the targeted populations.

Cutting services because of limited use and redirecting resources will likely result in an increased burden on family and/or the “third sector” (Hall & Reed, 1998). Even worse,

As we have seen, “need” may not be the best predictor of support service utilization. Seniors may “need” but not access services. Rather, structural or community conditions that promote social connectedness contributed significantly to accessing and using services. Authors

Sources


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Launched in 1996, the Metropolis Project aims to improve policies for managing migration and diversity by focusing scholarly attention on critical issues. It involves policymakers, researchers, and NGOs in all project initiatives.

Metropolis’ goals are to:
- Enhance academic research capacity;
- Focus academic research on critical policy issues and policy options;
- Develop ways to facilitate the use of research in decision-making.

Structured as a partnership, the project has both Canadian and international components. Metropolis encourages communication between interested stakeholders at the annual national and international conferences and at workshops, seminars, and roundtables organized by project members.

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