

**FINAL REPORT
SEPTEMBER 14, 2007**



**Barriers to Living
Independently in
the Community -
A Needs
Assessment
Study of South
Asian Seniors in
the City of
Brampton**

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ACKNOWLEDGEMENT

Barriers to Living Independently in the Community - A Needs Assessment Study of South Asian Seniors

In order to determine the needs of the South Asian Seniors in Brampton, a Qualitative Needs Assessment was undertaken by the Punjabi Community Health Centre. This Needs Assessment could also qualify as a Participatory Action Research.

The Project

The project began with a series of discussions with Dr. Amarjit Singh who is a professor at the St. John's Memorial University, New Foundland. Dr. Amarjit helped the research team conceptualize the project. The purpose of the "exploration" was to establish if gaps and needs existed in the community which prevented seniors from living independently in the City of Brampton.

Funding

It was decided that applying for funding may not be possible or prove to exhaust the synergy that exists within the research team now. Therefore, all team members devoted their time and expertise for the betterment of the Punjabi community.

Duration

The duration of the study was from July 2005 to September 2007. Final Report was presented to the Board of PCHC in September 2007.

Research Team

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EXECUTIVE SUMMARY

The research study was undertaken by the Punjabi Community Health Centre in order to understand the issues pertaining to keeping South Asian seniors at home versus institutionalizing South Asian seniors.

It is a qualitative Participatory Action Research study. Five focus groups were organized. In total 3 focus groups were undertaken with senior men and two focus groups with senior women. Total number of senior men who participated in the focus groups was 61 and total number of women was 20.

In order to keep seniors at home, the research report has identified four priority areas and these are:

1. Health,
2. Environment,
3. Social, and
4. Service Provision.

The research report also suggested how these priority areas could be addressed.

The recommendations in these four areas are as follows: seniors have identified that their main problems are in the four main areas:

Health

In order to address the health needs of seniors, the following programs need to be developed:

1. A program which addresses the physical and mental health needs of the seniors.
2. The dietary needs of the seniors.
3. The “companionship¹” needs of the seniors.

Environment

4. The financial needs of the seniors
5. The transportation needs of the seniors

¹ Here the companionship means “a person who can listen to the seniors or converse with the seniors”.

6. The cultural appropriate service delivery needs of the seniors.

Social

7. Assistance should be provided to the caregivers in order to address the social needs of the seniors. Some specific needs could be addressed as follows:
 - a. Develop recreational and life skills programming in order to address the culture shock faced by seniors.
 - b. Develop transportation medium in order for seniors to learn English at the existing LINC classes or if this is not possible then an alternative process be developed where basic English could be taught to seniors.
 - c. Develop intergenerational programming between seniors and children and between seniors and grand children.
 - d. Develop transportation medium to take seniors to their respective religious places.
 - e. Develop programs and projects where seniors could earn money (cooperative type of projects)
 - f. Develop projects where seniors could help seniors.
 - g. Develop programs where seniors could learn computers, internet surfing and automated banking system.

Service Provision

8. Provide services in South Asian languages by South Asian staff in a culturally appropriate manner.
9. Cultural appropriate home care services be given to seniors which would include:
 - a. preparation of meals/grocery,
 - b. laundry,
 - c. cleaning of the house,
 - d. accompanying to medical appointments, and
 - e. organizing seminars on health and other social related issues.
1. Develop programs which would prepare seniors to be referred to agencies providing “specialist” type of services.

2. Develop stronger partnership with mainstream service providers so that proper referrals can be made.
3. Develop partnership with mainstream service providers and educate them about the South Asian culture.
4. Build a South Asian specific seniors' home especially for those seniors where family breakdown/conflict has occurred.

FINDINGS

The seniors have identified that their main problems are in the four main areas:

Area One

Health

Mental health and physical health

The seniors have identified that isolation, loneliness, culture shock, diet (food), worry and anxiety are some of issues faced by them.

Area Two

Environment

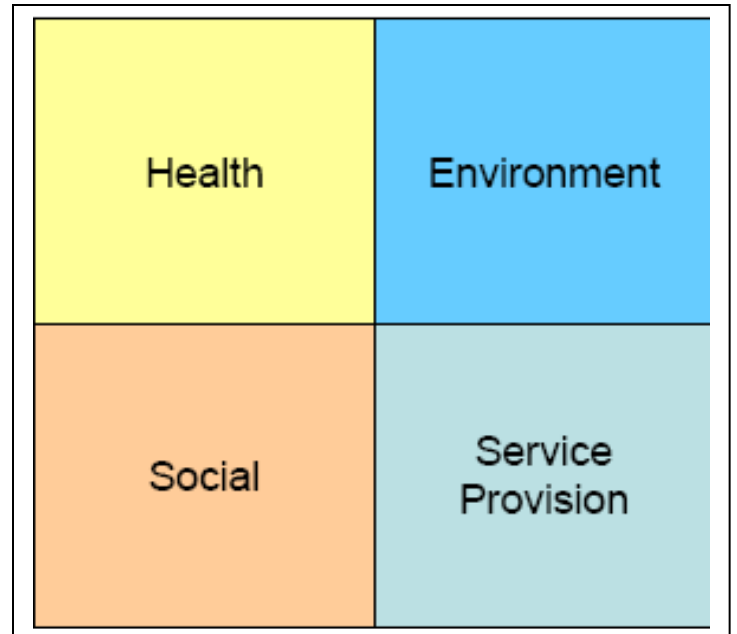
Weather, Mobility and transportation, financial issues, lack of culturally appropriate service provisions,

Area three

Social

Cultural issues and culture shock, language, No status, seniors would like to spend

time with children and grandchildren, being involved in spirituality, being able to earn financially, live peacefully, helping others, being close to the family, learning about technology (computers),



Area Four

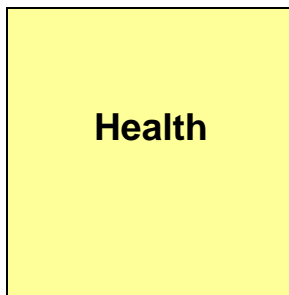
Service provision

Build seniors home, meals on wheels, take us to the doctors, how to live healthy (seminars), intergenerational programs, Listen and talk to us in our language, cooperative type of programs, partner with other service providers and educate them about our culture

RECOMMENDATIONS

The seniors have identified the following recommendations:

In order for the seniors to be taken care of at home the following issues need to be taken care of:



Area One Health

Assistance should be provided to caregivers of seniors in order to address:

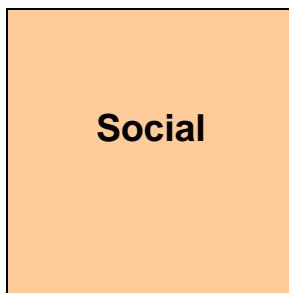
1. The physical and mental health needs of the seniors.
2. The dietary needs of the seniors.
3. The “companionship²” needs of the seniors.



Area Two Environment

Assistance should be provided to caregivers of seniors in order to address:

4. The financial needs of the seniors
5. The transportation needs of the seniors
6. The cultural appropriate service delivery needs of the seniors.



Area three Social

Assistance should be provided to the caregivers in order to address the social needs of the seniors. Some specific needs could be addressed as follows:

7. Develop recreational and life skills programming in order to address the culture shock faced by seniors.

² Here the companionship means “a person who can listen to the seniors or converse with the seniors”.

- Develop transportation medium in order for seniors to learn English
- at the existing LINC classes or if this is not possible then an alternative process be developed where basic English could be taught to seniors.
- Develop intergenerational programming between seniors and children and between seniors and grand children.
- Develop transportation medium to take seniors to their respective religious places.
- Develop programs and projects where seniors could earn money (cooperative type of projects)
- Develop projects where seniors could help seniors.
- Develop programs where seniors could learn computers, internet surfing and automated banking system.

Service Provision

Area Four Service provision

Cultural appropriate service delivery be implemented in order to address the service provision needs of the seniors. The specific needs are as follows:

8. Provide services in South Asian languages by South Asian staff in a culturally appropriate manner.
9. Cultural appropriate home care services be given to seniors which would include:
 - preparation of meals/grocery,
 - laundry,
 - cleaning of the house,
 - accompanying to medical appointments, and
 - organizing seminars on health and other social related issues.
10. Develop programs which would prepare seniors to be referred to agencies providing “specialist” type of services.
11. Develop stronger partnership with mainstream service

providers so that proper referrals can be made.

12. Develop partnership with mainstream service providers and educate them about the South Asian culture.
13. Build a South Asian specific seniors' home especially for those seniors where family breakdown/conflict has occurred.

INTRODUCTION TO PUNJABI COMMUNITY HEALTH CENTRE (PCHC)

History of PCHC

Developed in the spring of 1990, the Punjabi Community Health Project in Peel was an innovative Health Promotion Project based on the principles of Community Development. It was incorporated as a community based agency and a resource centre in 1995.

Mission

The PCHC will serve the Peel community through community development, culturally appropriate service delivery, partnership with other organizations, research and asset inventories, developing resources and volunteers from within the community, consulting and promoting diversity, and through community outreach.

Partnership

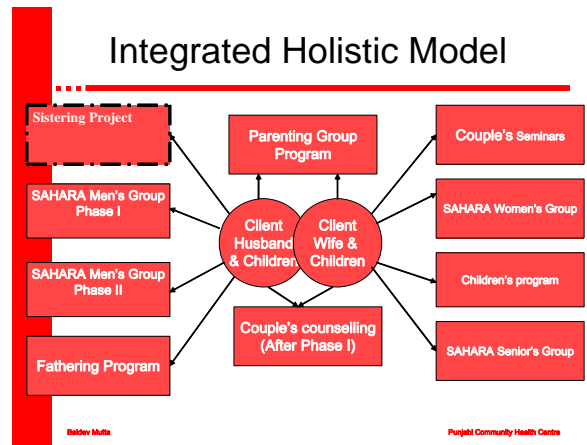
Punjabi Community Health Centre works in partnership with other agencies, community groups, and stakeholders. It relies on sharing its expertise and penetrating the community by using grass roots community development principles.

Theoretical Principles of Operation

It operates from a culturally relevant model of operation. It uses a framework of client centred approach and defines the approach as adjusting the clinical and other services to meet the needs of the client. The staff is given the flexibility to meet at a space and time determined by the client. This approach is one of the many reasons why this agency has been so successful.

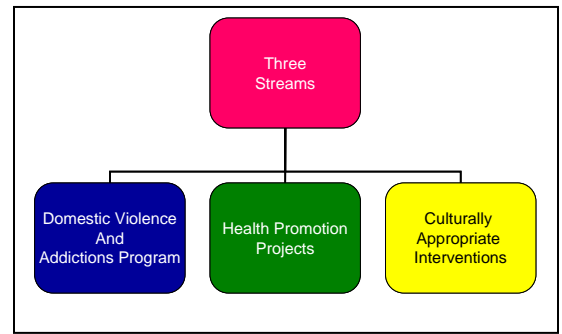
Their clinical staff is intertwined with community development approaches. The clinical staff is allowed to venture out of the office to meet and counsel clients.

The agency uses an integrated holistic model to provide intervention to the Punjabi Community. The integrated holistic model is defined by the agency as “a model which wraps the client and other loved ones in a variety of programs and services offered by PCHC”.



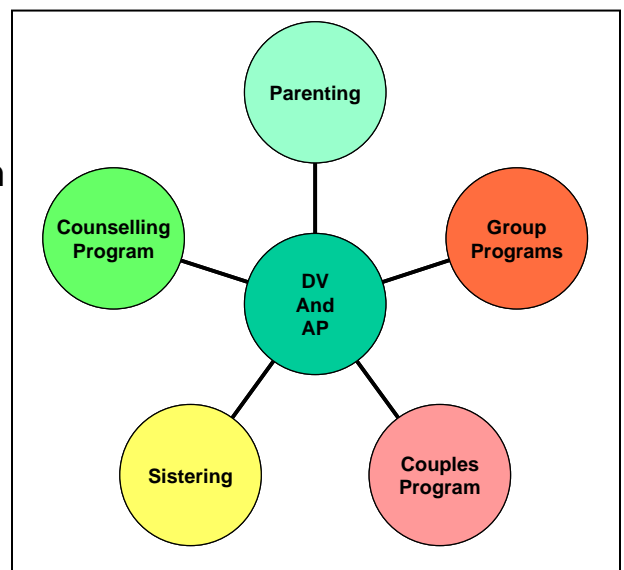
Programs and Services

Punjabi Community Health Centre operates *three* streams of programs and services which are depicted in the following slide:



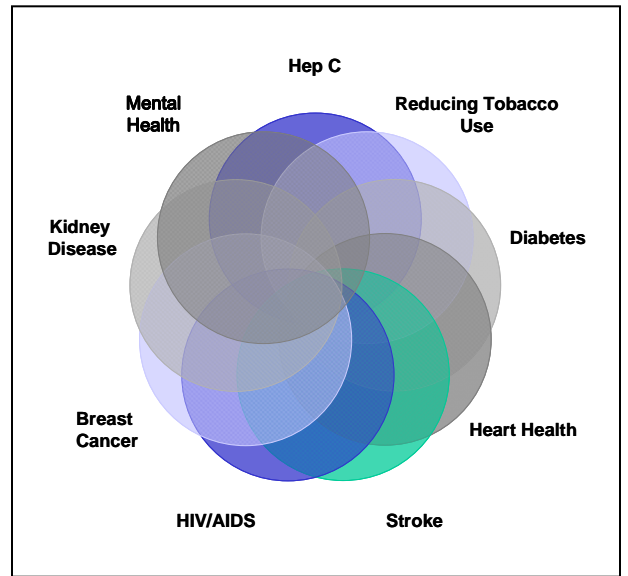
The **first** stream, Domestic Violence and Addictions Program consists of the following integrated components:

1. Group Programs
 - a. Men's Program
 - b. Women's Program
 - c. Children and Youth Program
 - d. Seniors' Program
 - e. Fathering Program
2. Couple's Program
3. Sistering Program
4. Counselling Program
 - a. Individual
 - b. Family
 - c. Marriage Counselling
5. Parenting Program
 - a. Rexdale Gurdwara
 - b. Malton Gurdwara
 - c. York Region



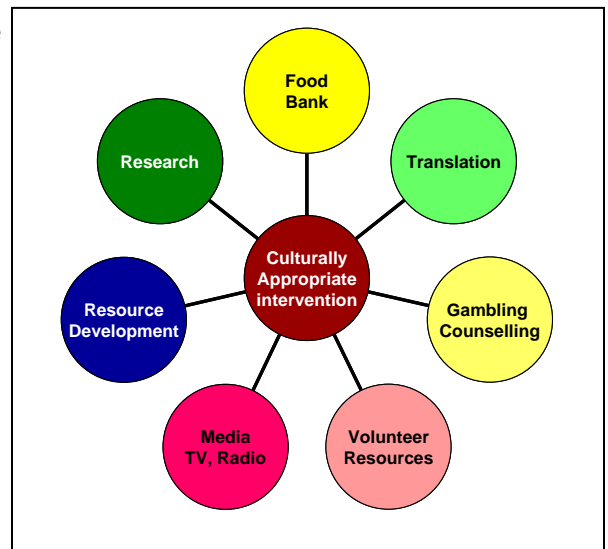
The **second** stream, Health Promotion Projects consists of the following integrated components:

1. Hep C
2. Reducing Tobacco Use
3. Diabetes
4. Heart Health
5. Stroke
6. HIV/AIDS
7. Breast Cancer
8. Kidney Disease
9. Mental Health



The **third** stream, Culturally Appropriate Interventions consist of the following integrated components:

1. Food bank for abused women
2. Translation
3. Gambling Counselling
4. Volunteer Resources
5. Media
 - a. ½ TV program
 - b. ½ radio program
 - c. Punjabi Newspapers
6. Resource Development
 - a. Videos
 - b. Audios
 - c. Booklets
7. Research
 - a. Needs assessment studies



INTRODUCTION TO THE PROJECT

The Research on “Barriers to Living Independently in the Community - A Needs Assessment Study of South Asian Seniors in the City of Brampton ” is a community based research and development project. Punjabi Community Health Centre and seniors’ organizations serving the Punjabi elders in the City of Brampton have worked on this initiative since the summer of 2005.

Information for this report was obtained through focus groups. In total 5 focus group were organized and a wealth of information and insight was obtained.

Background

The Punjabi community is the largest ethnic community in the Region of Peel. According to the 2001 Canada census, Punjabi language was identified as the 2nd most spoken mother tongue after English in the Region of Peel³.

Large pockets of Punjabi population can be found in Malton, Mississauga and Brampton. The community is quite closely knit with its own media, small to medium size businesses, its own school, religious institutions and inroads in the hospitality, travel and tourism industry. Nonetheless, it is not an isolated community.

By 2011, the number of older adults (55+) is expected to double from 126,643 in 1996 to 257,120.⁴

While undertaking this research, it has become evident that this is a not a unique or new problem faced by the South Asian seniors. They have been discussing these problems for many years.

³ 582350 persons identified English as their mother tongue. 58105 persons identified Punjabi as their mother tongue. Only 12350 persons identified French as their mother tongue.

⁴ Region of Peel – Planning Department

Scope of the Study

The Punjabi Community Health Centre commissioned this study and the purpose of the study was:

- to determine the level of understanding of “independent living versus living in an institutional setting” in the Punjabi community
- to examine the extent of problems of taking care of seniors
- to determine what care givers want so that their elders can stay close to them without going to the “institutional care”
- to determine how awareness could be raised in the Punjabi community about independent care and what services are currently available
- to determine how culturally appropriate services could be delivered to the seniors

Objectives of the Study

The specific objectives of the study were to obtain an understanding related to the following areas in the Punjabi community:

- the nature of difficulties pertaining to keeping seniors at home
- caregiver’s own challenges which inhibit elders staying at home
- lack of availability of services which contribute to elders being “institutionalized”
- positive cultural factors which contribute to keeping elders at home

Approach

The research team used Participatory Action Research⁵ methodology to undertake research within the Punjabi

⁵ Please see appendix for a detailed overview of Participatory Action Research methodology.

community. The research team wanted to use the research as a tool to build communities rather than “just” gather the data. Thus the participants were not just “objects”. They were the “subjects” who continue to be involved in many different ways in this project.

The research team was well aware that this topic (home care of seniors versus institutional care of seniors) may generate uncomfortable feelings within elders that might compromise the results of this study to some extent. Nevertheless, when the data were analyzed, important findings emerged.

Methodology

The work plan consisted of the following: 1) Forming a research team, 2) Developing a steering committee, 3) Undertaking review of literature, and 4) Developing a qualitative data gathering process by using focus groups.

10. *The research team:*

The research team comprised of four individuals who had long experience working in the field of social work.

11. *The steering committee:*

The steering committee consisted of elders who are very well recognized in the Punjabi community. These elders had their share of research experiences and had been in Canada for over ten years.

12. *Review of literature:*

The research team read several articles, research papers, and examined several internet sites in order to review the current research on elder abuse. The team discovered that research on South Asian elder abuse in North America was almost non-existent. However, some studies were relevant to this project. The literature section of this report contains the review of those studies.

13. *Qualitative data gathering process:*

- Five focus groups were organized.
- The discussion was noted by two scribes and then entered into the computer.

Analysis

Each data set was analyzed separately for findings and recommendations.

Focus groups were analyzed from written notes for themes. As seniors were not comfortable, tape recordings were not used. The themes formed the basis for findings and recommendations.

Findings

The findings are compiled under the heading Findings on page 7.

Recommendations

Similarly, recommendations are also compiled under recommendations.

LITERATURE REVIEW

The literature review consisted of reviewing the following research reports:

1. **Health Project for South Asian Seniors**, A Needs Assessment Study, A Joint Project of Punjabi Community Health Centre, Coalition of Agencies Serving South Asians, and South Asian Women's Centre, March 1997.
2. **Research Elder Abuse in the Punjabi Community**, Final Report, Punjabi Community Health Centre, March 2004.
3. **Ethnic Minority Seniors Face a "Double Whammy" in Health Care Access**, The Newsletter of the Gerontology Research Centre, Simon Fraser University, Vancouver, British Columbia, Vol. 25, No.2, 2006.
4. **Improving the Quality of Life of Urban Canadian Seniors: A Community-Based Participatory Project**, Vancouver, British Columbia, March 31, 2001.

The recommendations are highlighted from each of these research studies on the following pages.

Health Project for South Asian Seniors

The report cited 18 recommendations (page 16) which reflect the following themes:

Develop Awareness

Develop awareness by organizing workshops in the areas of physical health, mental health and general education on health promotion and illness prevention.

Educate Seniors

- a. Educate seniors about the available services from the various levels of government and the agencies.
- b. Alternate forms of medical care (Homeopathy and Ayurveda)

Skill Building Workshops

Skill building workshops related to interpersonal issues and grand parenting issues.

Cultural Sensitivity Workshops for Service Providers

Sensitizing health care professionals about the barriers faced by seniors accessing health care.

Build a Senior Home

South Asian seniors would benefit from a seniors home.

Build a Seniors' day care facility

South Asian seniors would benefit from a day care facility which provides recreational and educational activities for seniors.

Strengthening Financial Capabilities of Seniors

Help set up cooperative stores and other cooperative ventures for and by seniors.

Develop Resources

Diffuse information through pamphlets, video and audio cassettes.

Research Elder Abuse in the Punjabi Community

Major Recommendations

A direct quote from the research report on page 2 is as follows:

The research team wanted to know from seniors what they would like to do about 'senior abuse'. The seniors identified their needs into four categories and wanted the research team to take following actions:

1. Raise awareness about elder abuse through various means
 - TV, radio and print media
 - Arts medium – poetry, skits and dramas
 - Develop an advocacy group

2. Develop inter-generational programming

3. Address needs of seniors in four areas
 - Support to Caregiver
 - Social Environment
 - Access to Senior's services
 - Cultural factors leading to senior abuse

4. Develop resources
 - Videos, DVDs

Ethnic Minority Seniors Face a “Double Whammy” in Health Care Access

Three paragraphs have been extracted from the article which point out to the challenges faced by seniors. (The research study does include Indo-Canadian seniors, term commonly used for South Asian seniors).

British Columbia is home to increasing numbers of seniors from ethnic minority (primarily Asian) backgrounds. Although health care providers commonly believe that family members usually provide care in the home for these seniors,¹ a new study suggests that this belief needs to be reconsidered. Ethnic minority seniors describe many barriers to accessing health care, such as **conflicting family values, language barriers, immigration status, and lack of understandings of the roles of the health authority and of specific service providers.** These problems are further confounded by the **configuration and delivery of health services and the limited awareness among health care providers of the seniors’ needs.**

Ethnic minority communities, in which extended co-resident families are the norm, have traditionally provided the majority of care for the elderly in their homes. But these norms are rapidly being eroded, and—based on interviews conducted for this study—the beliefs among health care providers and administrators are increasingly lagging behind the changing circumstances of ethnic minority seniors. Seniors and service providers with extensive experience in working with ethnic minority families report that many families are not able to take care of their seniors without assistance. Furthermore, the immigrant experience, the dependency relations that arise with sponsorship, and the differing adoption of Western cultural norms between generations can leave seniors feeling that they are a burden, or that their children have abandoned them.

In order for ethnic minority seniors to navigate the continuum of care, they will need targeted outreach, prevention and treatment services in their own languages or, at the very least, interpretation and translated materials to better link them to multicultural programs. Care providers may need to be better educated about the particular barriers ethnic minority seniors confront if they and their families are

to receive the supportive services they need to support optimal health. A re-examination of policies such as the ten-year dependency period associated with sponsorship and with first-available bed policies that separate seniors from family supports that provide services that are otherwise not available to them should be considered.

Improving the Quality of Life of Urban Canadian Seniors: A Community-Based Participatory Project

Table 1. Themes Identified by the Vancouver Seniors Focus Groups

Themes Identified in Six or More Groups	Additional Themes Identified
Health Care Problems Products and Services Financial Constraints Diversity Housing Safety Recognition-Representation Transportation Care Facilities Home Care Social Network*	Macro-economic and Social Forces Sponsored Immigrant issues Independence Technology Discrimination Nutrition*

* No recommendations from the Vancouver Co-ordinating Committee.

Following each theme and its specific issues are the recommendations made by members of the Co-ordinating Committee at the conclusion of the project. In all, there are 55 recommendations.

HEALTH CARE PROBLEMS

Recommendations of the Vancouver Committee

1. In all future government discussion regarding the Canada Health Act, the five principles must be supported and protected. Consideration should be given to including Pharmacare as part of a publicly funded health system.
2. Studies should be done to determine and affirm the scope of appropriate services that should be included in a publicly funded health care system.
3. There should be increased emphasis on health promotion and disease prevention.
4. Regional Health Boards should implement policies and programs to treat diverse populations in an equitable manner within the health care system. Special attention is needed for translation/ interpretation services, cultural, religious and dietary needs, and easy access to information and services.

5. Greater emphasis needs to be placed on geriatric medicine and aging in the training and education of health care professionals.

PRODUCTS & SERVICES

Recommendations of the Vancouver Committee

6. Products and services should be responsive to changing social and physical needs of seniors across their life span. Products and services include resources to maintain wellness, accessibility, rehabilitation, home support, home care, Adult Day Care, Long Term Care, and Extended Care.

FINANCIAL CONSTRAINTS

Recommendations of the Vancouver Committee

7. The Federal government should introduce additional tax exemptions for those attaining the age of 75 and increase social assistance relief provisions. *All* Canadian pension plans should introduce Cost of Living adjustments to benefits payable under their plans. *All* plans should provide for *early* pensions for those, who by virtue of age or infirmity, are no longer capable of gainful employment, yet are ineligible for OAS. It should also be required that pension plans accommodate the needs of spouses and ex-spouses.
8. The Federal government should eliminate GST on essential services for the elderly. This would include anything medical and related to housing, such as handicap access modifications, roofing, water heater failure or water escapement, furnace failure, and include repairs or replacement of any of the foregoing.
9. The Federal government should restore a form of subsidized housing and provide income tax incentives for landlords to provide on-site health services in seniors' apartment complexes. At the same time, government policies should ensure that all elderly should have access to essential equipment to provide for independent living, such as wheelchairs, walkers, etc. Additionally, a form of day-care

- allowance to assist seniors to care for grandchildren in their homes should be instituted.
10. The Federal government should reduce the dependency period for sponsored seniors to three years, consistent with the period required for establishment of Citizenship eligibility. As well, the government should introduce legislation to compel reneging sponsors to pay during this period. Policies should permit immigrant elders to live with family without disqualification for social assistance and provide them with access to family counselling and respite and adult day care. Agencies should extend the counselling services to prospective sponsors so that they may be better informed of potential pitfalls prior to taking on the responsibility.
 11. The Federal government should ensure the availability, to *all* Canadians, of competent retirement planning and offer a free service to those who are retired and in need of advice if their income falls below a minimum income level annually adjusted for the cost of living.
 12. The Federal government should apply moral suasion toward a reduction of costs to seniors levied by banks, insurance companies, etc. and also advocate with affiliated associations and Chambers of Commerce.
 13. The Provincial government should provide PST exemptions for seniors in accord with those granted federally.
 14. The Provincial government should ensure that seniors are able to use public transport, such as ground and water transit (including Handi-Dart), through subsidization as necessary.
 15. The Provincial government should ensure that heat, telephone, and electricity are available at reasonable cost to all seniors.
 16. Municipalities should exempt seniors from school taxes on the basis that they had paid their share during their younger years.

DIVERSITY

Recommendations of the Vancouver Committee

17. All federal, provincial and local government departments, as well as the Regional Health Boards, should establish mechanisms to monitor research, policy and program development at all stages of planning and implementation in relation to cultural diversity content.
18. Regional Health Boards should provide paid interpretation services in key institutions, such as hospitals.
19. Regional Health Boards should provide translation of important public information and existing services into major ethnic languages.
20. Staff at provincial and local governments, Crown Corporations, hospitals and other care facilities (i.e., day care centres) should reflect the population they serve.
21. Hospitals and extended care facilities must cater to the linguistic, culinary, religious and cultural needs of the major ethnic groups using these facilities
22. Staff at provincial government, Crown Corporations, health institutions and local governments who deal with the public, should have cross-cultural and cultural sensitization training.
23. Diversity should be embraced rather than merely 'accepted' or 'tolerated' in all issues dealing with seniors.

HOUSING

Recommendations of the Vancouver Committee

24. Attention and focus should be to provide affordable housing for seniors with limited income. Housing should be located close to community centres and transit routes, as well as near ethnic community centres (e.g., Chinatown or Punjabi market areas).
25. More multilevel care facilities for seniors are needed and should be designed, equipped, and staffed to look after people whose health conditions have been assessed and graded at different levels. Seniors could be relocated from one section of the facility to another without having to go through the trauma of moving to another distant location. Some facilities should cater to ethnic groups and provide ethnic food and staff who can speak the language.

SAFETY

Recommendations of the Vancouver Committee

26. Government should provide seniors with emergency call buttons (e.g., LifeLine, or MedicAlert) that can be pressed to call police/ ambulance if they are in trouble.
27. Government should increase the number of police and their involvement with the community (e.g., businesses in one area contributed to the opening of a police station for their own protection). Police could facilitate sessions about crime prevention.
28. The Provincial government and the Transit Boards need to work together to ensure greater responsiveness at low cost to seniors.
29. Sky-train services benefit businesses most, so they should pay to make them more open, friendly, etc.
30. Governments need to work to provide safe houses for ethnic seniors. Ethnic seniors need somewhere (sensitive to language, culture, etc.) they can go if they are abused; this could serve to avoid a breakdown in sponsorship relations in some cases, and/or to provide a solution when a breakdown occurs.

RECOGNITION-REPRESENTATION

Recommendations of the Vancouver Committee

31. Seniors should be encouraged to contribute to society by sharing their wisdom, experience, and skills. Seniors should be involved in the decision making that affects them. The public needs to be educated regarding seniors' issues.

TRANSPORTATION

Recommendations of the Vancouver Committee

32. The Greater Vancouver Regional District should be made aware of the need for Mini Buses and a Transit System route design that includes destinations for seniors. Also, there is a

need for more disability-friendly buses and Handi-darts for seniors.

33. The Provincial government and the City Council in Vancouver should be made aware of transportation needs, including subsidies and transportation passes, for seniors.

CARE FACILITIES

Recommendations of the Vancouver Committee

34. Care facilities need to become resident-focused and respectful and responsive to residents' varying needs and abilities. This includes awareness of cultural customs and linguistic differences, family relationships and contributions, ranges of intelligence, demented and non-demented, interest in those of younger ages, separate accommodation for those with disturbing behaviour, and social and emotional needs considered on a specific-to the individual basis.
35. Staff in care facilities should be rotated on a regular basis to reduce possible burn-out caused by the heavy demand placed on formal and informal care-givers.

HOME CARE

Recommendation of the Vancouver Committee

36. Home Care should become part of the continuum of publicly funded and managed health services, so current gaps and disparities between jurisdictions are eliminated.
37. Home care should be increased to help keep seniors out of institutions and to provide post-operative follow-up support for seniors.

SOCIAL NETWORK

MACRO-ECONOMIC AND SOCIAL FORCES

Recommendations of the Vancouver Committee

38. The Federal government should eliminate or reduce taxation of pension income. At a minimum, Old Age Security should be paid tax-free as it is effectively a return of taxes paid over the working life of the recipient.
39. The Federal government should eliminate the Old Age Security “Clawback” or, at a minimum, review “Clawback” threshold levels for fairness. A Cost of Living index could apply to these levels, in harmony with the annual adjustments to actual payments.
40. The Federal government should negotiate greater cross-border portability of pensions and reciprocity through Treaty agreements.
41. The Federal government should harmonize federal/provincial social assistance benefits at a minimum standard or ceiling and provide a means for portability of the social safety net to stop loss of coverage on inter-provincial moves.
42. The Federal government should revise welfare regulations to safeguard pensions. As well, the Federal government should remove extra income restrictions on welfare during the first two years to allow recipients to prove/find themselves, thereby restoring dignity and enhancing their ability to find work, start a business, etc.
43. The Federal government should require all Provinces to fully account for their use of federal funds in respect to pensions and pension restrictions, with federal power to audit and override inappropriate actions by the Provinces, through direct intervention if necessary.
44. The Provincial government should replace some private nurse support in hospitals with effective home support.

SPONSORED IMMIGRANT ISSUES

Recommendations of the Vancouver Committee

45. The Federal Government should remove the sponsorship fee so that groups are not adversely affected. Once immigrants become Canadian citizens there should be no distinction based on residence in Canada, otherwise the government is creating different classes of citizenship.

46. The Federal Government should revise its policy on binding the sponsor to a 10-year sponsorship agreement. This period should be reduced to 3 years.
47. The Federal Government should educate sponsoring families and those being sponsored about their obligations, responsibilities and the difficulties of sponsorship. This information needs to be provided in a clear and timely manner, well before immigration.

INDEPENDENCE

Recommendations of the Vancouver Committee

48. The Office of the Public Trustee should offer training on the direction, intent, and implementation of the Representation Agreements. Key resource persons such as Senior Citizens Counsellors, Community Response Networks, and the staff of Community Health Centres should be educated about the opportunity that Representation Agreements offer seniors. This education should also be provided to volunteers, families, retiree organizations, self-help groups, and other parties so that they can adequately inform seniors of their options.
49. Regional Health Authorities must give priority to expanding home care resources. Less costly and more readily available home care for seniors would alleviate seniors' dependency on family members.

TECHNOLOGY

Recommendations of the Vancouver Committee

50. Federal and Provincial governments should provide training programs, with particular attention to isolated seniors. Classes in "hi-tech" awareness for seniors should be offered.
51. Federal and Provincial government departments should avoid use of automated telephone forwarding on services needed/used by seniors.

52. Banks and other financial institutions should ensure easy availability of staff to deal with seniors on premises and over the telephone.
53. Federal, Provincial, and Municipal governments should ensure that technology proceeds at a pace at which most people can assimilate it, and could ensure that technology is compatible with seniors' needs.
54. On a community level, governments of cities, towns, and districts should be approached to determine what programs exist to assist seniors in their technological advancement, and whether free Internet Access is feasible. Seniors' "high tech" education and Internet access should be requested/advocated.

DISCRIMINATION

Recommendations of the Vancouver Committee

55. Human Rights legislation at both the Federal and Provincial level should provide stricter enforcement mechanisms and stiffer penalties to eliminate racial discrimination in public services, housing, Crown Corporations, and other regulated agencies.
56. Government departments should institute mandatory education and sensitization programs to eradicate racial discrimination.

NUTRITION

- Seniors lack adequate nutrition due to social, physical, and financial changes that they experience

FINDINGS

The seniors have identified that their main problems are in the four main areas:

Area One

Health

Mental health and physical health

The seniors have identified that isolation, loneliness, culture shock, diet (food), worry and anxiety are some of issues faced by them.

Area Two

Environment

Weather, Mobility and transportation, financial issues, lack of culturally appropriate service provisions,

Area three

Social

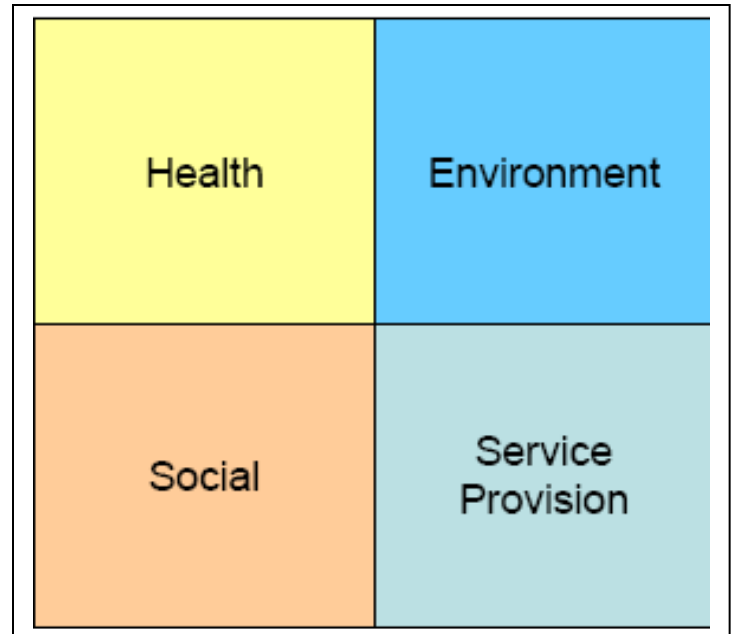
Cultural issues and culture shock, language, No status, seniors would like to spend

time with children and grandchildren, being involved in spirituality, being able to earn financially, live peacefully, helping others, being close to the family, learning about technology (computers),

Area Four

Service provision

Build seniors home, meals on wheels, take us to the doctors, how to live healthy (seminars), intergenerational programs, Listen and talk to us in our language, cooperative type of programs, partner with other service providers and educate them about our culture



RECOMMENDATIONS

The seniors have identified the following recommendations:

In order for the seniors to be taken care of at home the following issues need to be taken care of:



Area 1 Health

Assistance should be provided to caregivers of seniors in order to address:

1. The physical and mental health needs of the seniors.
2. The dietary needs of the seniors.
3. The “companionship¹” needs of the seniors.



Area 2 Environment

Assistance should be provided to caregivers of seniors in order to address:

4. The financial needs of the seniors
5. The transportation needs of the seniors
6. The cultural appropriate service delivery needs of the seniors.

**Area 3
Service
Provision**

Assistance should be provided to the caregivers in order to address the social needs of the seniors. Some specific needs could be addressed as follows:

7. Develop recreational and life skills programming in order to address the culture shock faced by seniors.
8. Develop transportation medium in order for seniors to learn English at the existing LINC classes or if this is not possible then an alternative process be developed where Basic English could be taught to seniors.
9. Develop intergenerational programming between seniors and children and between seniors and grand children.
10. Develop transportation medium to take seniors to their respective religious places.
11. Develop programs and projects where seniors could earn money (cooperative type of projects)
12. Develop projects where seniors could help seniors.
13. Develop programs where seniors could learn computers, internet surfing and automated banking system.



Social

Cultural appropriate service delivery be implemented in order to address the service provision needs of the seniors. The specific needs are as follows:

14. Provide services in South Asian languages by South Asian staff in a culturally appropriate manner.
15. Cultural appropriate home care services be given to seniors which would include:
 - a. preparation of meals/grocery,
 - b. laundry,
 - c. cleaning of the house,
 - d. accompanying to medical appointments, and
 - e. organizing seminars on health and other social related issues.
16. Develop programs which would prepare seniors to be referred to agencies providing “specialist” type of services.
17. Develop stronger partnership with mainstream service providers so that proper referrals can be made.
18. Develop partnership with mainstream service providers and educate them about the South Asian culture.
19. Build a South Asian specific seniors’ home especially for those seniors where family breakdown/conflict has occurred.

Area Four

Service provision

Cultural appropriate service delivery be implemented in order to address the service provision needs of the seniors. The specific needs are as follows:

1. Provide services in South Asian languages by South Asian staff in a culturally appropriate manner.
2. Cultural appropriate home care services be given to seniors which would include:
 - a. preparation of meals/grocery,
 - b. laundry,
 - c. cleaning of the house,
 - d. accompanying to medical appointments, and
 - e. organizing seminars on health and other social related issues.
3. Develop programs which would prepare seniors to be referred to agencies providing “specialist” type of services.
4. Develop stronger partnership with mainstream service providers so that proper referrals can be made.
5. Develop partnership with mainstream service providers and educate them about the South Asian culture.
6. Build a South Asian specific seniors’ home especially for those seniors where family breakdown/conflict has occurred.

SUMMARY OF FOCUS GROUP DISCUSSIONS

Focus Group 1

Castlemore Seniors Club, Brampton

24 senior men participated in the focus group. The focus group had one facilitator and 2 recorders. The discussion was recorded by two scribes.

The focus group questions elicited the following responses:

1. **What are the challenges faced by South Asian seniors in Brampton? This is a two part question. Part 1, some challenges are faced by all seniors, and Part 2, what are the specific challenges faced by those seniors where the relationship between seniors and their children is fractured?**

The challenges faced in Part 1 are:

- Seniors become isolated in winter. They are unable to attend the religious ceremony at the Gurdwara or attend their group. They cannot meet in the park and their life virtually comes to a stand still.
- Transportation is a problem. The service is not easily accessible by seniors. The city is designed for cars and not for poor (common) people.
- Winter time leads to mental health problems. I get stuck in the home and I feel suffocated. My children don't let me out.
- When probed a bit further about why they are "sort of afraid" of winter they replied that they can fall and break a leg or something. If they were living on their own who would remove snow. Some seniors were of the opinion that they need to wear western style of clothes which would keep them warm. Some said that they feel "shy" (weird) about wearing western style clothes.
- We don't go for shopping. Mostly the children or women folk do the shopping. In fact, I have never been to a grocery store. (Seniors started to joke and tease him that

the facilitator should take him for grocery shopping). Other senior men said that sometime they would go if their son or son-in-law is going for shopping. Other senior men also said that senior men should not go for shopping if their son and daughter-in-law are going for shopping. The children also need some privacy and they should be given some privacy. The majority of the senior men has not been to Eaton Centre or has been to downtown area.

- We (seniors) don't make any money and therefore are not "worth" anything. It is sad that we feel not respected and have no real "status".

The challenges faced in Part 2 are:

- If seniors don't get along then the seniors would have to move. Right now many seniors are living on their own – in basement apartments. It is very difficult and painful to live alone. There is no body to talk to. Who is going to buy the grocery? Who will take you to the doctor or buy medicine.
- The facilitator probed – what is better to live alone or live in a Long Term Care (LTC) facility. The majority of the seniors wanted to live on their own. If services are available then we would definitely live on our own. There is nothing like living on your own. Living in a "facility" feels restrictive like a jail.
- The facilitator probed – what if the senior is very old and is unable to do certain things. The seniors wanted the services to be available so that they could live independently. The seniors wanted that a bus should pick them up and drive them to senior clubs where they could socialize. Some one could come in the evening to check up on them and remind them to take medicine or shut the stove. Sometimes seniors' memory is not good.
- Gurdwaras and Mandirs (Places of worship) should provide free meals to the seniors. Other seniors said – how would food reach to you? Food will be cold and would not taste good. Maybe the solution is to take

seniors to the food and feed them there. I think transportation by bus is the solution.

2. Would you please reflect on how do the seniors want to spend the last days of their lives?

- We would like to talk, laugh and discuss and share our experiences.
- We have lot to contribute. Being old is a state of mind. Some seniors are healthy and can live on their own and if a senior becomes old then help should be available for that senior to be looked after at home.
- Sometimes, it is not the fault of the children if they are unable to look after their elders. Maybe job demands that they work 12 hour shifts. They also have to look after the children and pay bills.
- It would be good if services are available for seniors to be looked after in the home.

3. What do you fear the most as a senior when you think about your health?

- I fear if I have a stroke who would look after me. What if I have a heart attack – who would look after me. What if I am bed-ridden – who would look after me? These are serious frightening questions.
- Serious illness is difficult to take care of. I have a friend who has Alzheimer disease. He is very difficult to take care of. The family is seriously “tired” – they are thinking of taking him back to India. But, the problem is that he would start fighting on the airplane and it would be virtually impossible to control him.
- I am also afraid that what would I do if my children throw me out? Where would I go and what would I do? These are very scary thoughts. In India, we don't have to worry about these things.

4. How can service providers make your stay in the community a lot more enjoyable and worthwhile?

- Help with transportation
- Talk to us – we feel isolated and lonely

- We need to talk to someone in winter time
- How can we earn some money – any cooperative type ventures
- More social groups
- Awareness raising health related seminars
- If sick, somebody should come home to take care
- Maybe someone can come and do some cleaning, cooking and washing for seniors
- Maybe some grocery shopping
- Maybe some one can take us to the doctor or hospital for check up

Sunshine Seniors Citizen Association, Brampton

Focus Group 2

18 seniors (men) participated in the focus group. The focus group had one facilitator and 2 recorders. The discussion was recorded by two scribes.

The focus group questions elicited the following responses:

1. What are the challenges faced by South Asian seniors in Brampton? This is a two part question. Part 1, some challenges are faced by all seniors, and Part 2, what are the specific challenges faced by those seniors where the relationship between seniors and their children is fractured?

Part 1:

The challenges faced are:

- **Transportation.** The greatest challenge faced by seniors is mobility. They are unable to move around because of lack of accessible transportation.
- **Cultural Shock.** We are all in a Cultural Shock. The society is different – even our sons and daughters are different. They have become very “formal” very “cultured”. They want us to say thank you – this is not part of our culture. Elders are not expected to say thank you. We feel somehow the “relationship” has changed – for the worse not for the better.
- **Health Issues.** As seniors, we have many health issues and we feel that despite a good health care system, we are unable to access it. We have no transportation – our children cannot take a day off to take us to the doctor. Dentures/dentists are expensive. Eye glasses are expensive. Hearing aids are expensive – many seniors don’t even know that there is such a thing as hearing aid. Diabetes, blood pressure, heart disease are very common. Another problem which is very common is arthritis – lots of seniors suffer from it. God forbid, if a senior has a stroke – it is very difficult for the patient but even more difficult for the caregivers.
- **Loss of Social/family Connections.** There are many seniors in our group who have virtually no connection to their loved

ones. For one reason or another, their loved ones have deserted them. They are virtually alone. They are lonely and isolated. It is very difficult to stay on your own in Canada. We, seniors, are not use to living by ourselves. We have never lived on our own. We were always in an extended family environment. But, how can we create an extended family environment. The only place I can go is this group. But in winter time, I will not be able to come as I don't want to take a chance of falling down and breaking my leg. Who will look after me – I have no one. Having no one is very difficult to bear.

- **Language.** This is another barrier as the majority of the seniors do not speak English. It is important to know English as the majority of the medical specialist appointments are in English. The forms have to be filled in English. The signage at the hospitals is in English. If one goes to emergency, almost everyone speaks English unless one of the staff speaks Punjabi or Hindi.
- **Weather.** Cold weather itself confines to our homes in the winter. Winter becomes depressing for the seniors. Canadian born seniors actually enjoy winter because they know how to skate and go skiing. But, we don't know how to ski and we can't afford to go skiing. We have no means and "I think that could be one of the reasons for seniors being depressed during winter".
- **Food choices.** The seniors also need a variety of foods to choose from. But there is a certain "cultural expectation" that when a person becomes senior he or she should eat what ever is given. As if, seniors don't have any taste or choice. Whatever we have known from the speakers from Baldev's staff (Punjabi Community Health Centre) is that eating from 4 food groups is important. But, we can't because it is difficult for us to cook or expect that someone will give us a balanced diet.

Part II

In fractured relationships the seniors feel:

- **Loneliness.** The seniors feel extreme loneliness and isolation. They can't go anywhere. They can't disclose their feelings to others. They can't go anywhere. Their relationship with other family members and relatives is also fractured. It is because no

body wants to stay in touch with a senior – why, because the senior would need a kind of assistance which no one is willing to provide.

- **Disrespect.** The seniors feel disrespected. They feel humiliated. They cannot show their face in the community. They walk around but wish that no body see them.
- **Hurt and Sad.** There is a lot of anguish and pain. The golden years become trouble some. Often husband and wife end up fighting with each other and this is due to frustration. This often leads to depression. Sometimes this also leads to excessive drinking.
- **No say in the family.** The seniors feel that they have no say in the family. No body seems to care about them – not even their grandchildren. It is as if they are strangers in their “own⁶” home.
- **Additional responsibilities of house keeping and taking care of grand children.** Fractured relationships lead to “abuse” of seniors. They “have to” take care of the grand children. They “have to” cook for the family. The “have to” clean the house. They are neither consulted nor asked for advice.

2. Would you please reflect on how do the seniors want to spend the last days of their lives?

- **Happy and spiritual/religious.** They want to be very happy. They want to be able to be at peace with themselves. Only then, they can forgive everyone who has done wrong to them. A person who is unhappy cannot forgive. Happiness means that one is content with oneself. And contentment cannot be achieved when a person is unhappy.
- **Peacefully.** Seniors would like to spend their remaining time very peacefully without any turmoil. The majority of the seniors have in one way or shape experience the partition of India with “deadly” consequences. That turmoil is enough for one lifetime.

⁶ A lot of heated discussion centered around what was “own” home. Majority of the seniors were of the opinion that the home belonged to their children. Because it belonged to their children, they had no “rights”. It is the lack of “money power” in seniors which has diminished their status in the eyes of their children. Why are seniors respected back home? One, seniors own wealth, and two, culture demands respect. In Canada, seniors neither have wealth and neither have respect from the culture in their community.

- **Sharing their experiences with children and grand children.** Being close to their grandchildren is what brings the most joy to the seniors. They want to pass on their “lived” experience to their grand children.
- **Close to the family.** Being close to the family was very important to the seniors. This is what brings joy to them. They are able to spend precious time with their grand children and then feel “valued”.
- **Maintain their respect and dignity.** The seniors said that they all wished not to be burden on their children. They wanted to depart from the mother earth without being too sick. They were all afraid to be “frail” or suffering from illnesses like “dementia” or Alzheimer”.
- **Helping others.** Back home, while recollected their memories, they reflected on how they were all helping others in some way. In Canada, because of the new society, they were unable to help others.
- **Do not want to be burden on others.** They want do not want to be burden on the Canadian society as well. Often, the mainstream society gives us a bad name that seniors come here and go on welfare. While some seniors may have to seek financial assistance, others feel “insulted” and “humiliated”.
- **Adopt healthy lifestyle.** Only recently we have been made aware of healthy lifestyle by Baldev and Amandeep. We have been trying to adopt some changes. We have to be honest some changes are not easy to implement – this is because of “habits”. Habits are not easily for us seniors to change.
- **Learn about Canadian Living.** There is a lot to learn in Canada. The Canadian society is very disciplined and hard working. One can reasonable be guaranteed that his/her needs may be taken care of. The Canadian society is highly technological and we seniors have a lot to catch up to. Look at the Bank machines (ATM), internet, and cell phones. Although, these are also available in India, we seniors need to get used to these “gadgets”.

3. What do you fear the most as a senior when you think about your health?

- **Heart attack and stroke.** These two diseases are deadly and if they don't kill you then one may have to suffer a long time. Caregivers would also suffer.
- **Language.** Without being able to converse in English it would be very difficult to be able to get good medical care.
- **Admission to the hospital.** We fear this the most. Because we cannot speak English, we dread the thought of being admitted to the hospital.
- **Diet at the hospital.** Think about what food to eat at the hospital gives us the “creeps” (closest translation).
- **Social isolation (stress and depression).** Isolation and loneliness are two most serious issues faced by seniors. And, many seniors continue to suffer in silence. We never faced stress back home or whatever little stress there was we “removed it” by talking to our friends and neighbours. What depression – we never saw any senior depressed in India. But here this has become very common.

4. How can service providers make your stay in the community a lot more enjoyable and worthwhile?

- **Someone comes and talk to me in my language.** If and when we are alone we would like some one to talk to us in our language. We need someone with whom we can share our “soul”, someone who will understand us for what we are and not give interpretations to what we are saying.
- **Someone who respects my food flavor and culture.** We need someone who can cook for us and share the food with me. Sharing food is scared. Food in many religions is considered 2nd God.
- **Take me to doctor when we are (I am) sick.** We would need help when we are sick. Someone who will accompany us to the medical appointments.
- **Take care of us during sick period.** There should be someone who can take care of us when we are sick.
- **Help with house keeping.** The seniors would also need help with cleaning house. Also, seniors need help with laundry.
- **Groceries.** (Carrying a milk bag by bus and not knowing the route). One of the challenges of living in the community for

seniors is to buy groceries. It is very difficult to take bus and carry grocery bags. It would be very helpful if seniors are helped with groceries and other shopping needs.

- **Build a senior home.** We would like the community to build a seniors' home where like minded seniors can spend their last remaining years peacefully.

Peel Senior Association, Brampton

Focus Group 3

9 seniors (men) participated in the focus group. The focus group had one facilitator and 2 recorders. The discussion was recorded by two scribes.

The focus group questions elicited the following responses:

1. What are the challenges faced by South Asian seniors in Brampton? This is a two part question. Part 1, some challenges are faced by all seniors, and Part 2, what are the specific challenges faced by those seniors where the relationship between seniors and their children is fractured?

Part 1:

The challenges faced are:

- **Financial.** The seniors face tremendous problems due to lack of financial help. They do not get help from the children or from the government. As a result, the children start “devaluing” them and all forms of mistreatment start to occur in family relationships.
- **Health Issues.** As we age, our health starts to deteriorate. But, due to unavoidable circumstances we are unable to get the “treatment” for all our ailments that we require. Sometimes it is not the fault of our children that they are unable to take us to the doctor. The shift work forces our children in a position of being able to help. But there are also cases where the children can help but do not provide the necessary medical treatment. Those are sad cases and often the seniors and the health care professionals become helpless.
- **Transportation.** One of challenges faced by seniors is mobility. They are unable to move around because of lack of accessible transportation.
- **Adjustment in Canada.** This society is very different than India. The weather is different and people are keeping to themselves. We don’t know who our neighbours are. Although the neighbours are Punjabi and there is no language problem, but still we are unable to talk to them as they come and go all the

time. We don't seem to fit well in this society. We seem to be in shock and we often walk in a "daze". Every body seems to be in a rush. The politeness seems to be on the surface. Everybody smiles but the smile feels artificial. We think this artificial behaviour gets us in trouble – we don't know what is real and what is fake. We are used to taking things as they are and when things don' turn out the way they should, we get disappointed. The relationships are all based on give and take. Even our children seem to take good care of us because we take care of their children.

- **Health Issues.** We have many health problems. The difficulties we encounter are:
 - Paying for prescriptions
 - Often we don't know about hearing aids
 - We are unable to afford glasses and dentures and "dentist bills)
 - Often we are unable to "reach" the health care professionals due to "mobility" issues
 - There are issues of language and interpretation
- **Loss of Social/family Connections.** Every body is "busy" in Canada. Even our grand children are busy. No body has the time to talk to any one. They children are not mean but that's the way lifestyle is. Everyone is generally "happy and content" being by themselves. The human being is a social animal may not hold true in a advanced industrial country like Canada. As seniors we have "loose" connections with our loved ones. These connections are not as solid as they were back home. Here the connections are very reciprocal. The children need us as baby sitters and we need the children to take care of us. Each one is rubbing the others back. Here the relationship is very "business like" and very "formal".
- **Language.** This is another barrier as the majority of the seniors do not speak English. It is important to know English as the majority of the medical specialist appointments are in English. The forms have to be filled in English. The signage at the hospitals is in English. If one goes to emergency, almost everyone speaks English unless one of the staff speaks Punjabi or Hindi.
- **Weather.** Cold weather itself confines us to our homes in the winter. Canadian born seniors actually enjoy winter because

they know how to skate and go skiing. But, we don't know how to ski and we can't afford to go skiing. We have no means and "I think that could be one of the reasons for seniors being depressed during winter".

- **Food choices.** Seniors are not knowledgeable about eating healthy foods. Science has made tremendous progress while we are still holding on to "ideas" which may be harmful. We are still using way too much "fat" in our food. Our impression is that we are a worrying culture. We worry about everything. If we have solved problems of our children then we start worrying about our grand children. We need to be concentrating on the current issues and become aware of what will make us healthy.

Part II

In fractured relationships the seniors feel:

- **Loneliness.** The seniors feel loneliness and isolation. They are unable to go anywhere. They are unable to disclose their feelings to others as some one may "leak" those feelings to others. They are unable to go and meet their friends and relatives. Their relationship with other family members and relatives is also fractured. It is because no body wants to stay in touch with a senior as the senior would need all kind of assistance which no one is willing to provide.
- **No say in the family.** The seniors feel that they have no say in the family. No body seems to care about them – not even their grandchildren. It is as if they are strangers in their "own⁷" home.
- **Hurt and Sad.** There is a lot of anguish and pain. The golden years become trouble some. Often husband and wife end up fighting with each other and this is due to frustration. This often leads to depression. Sometimes this also leads to excessive drinking.

⁷ A lot of heated discussion centered around what was "own" home. Majority of the seniors were of the opinion that the home belonged to their children. Because it belonged to their children, they had no "rights". It is the lack of "money power" in seniors which has diminished their status in the eyes of their children. Why are seniors respected back home? One, seniors own wealth, and two, culture demands respect. In Canada, seniors neither have wealth and neither have respect from the culture in their community.

- **Disrespect.** The seniors feel disrespected. They feel humiliated. They cannot show their face in the community. They walk around but wish that no body see them.
- **Additional responsibilities of house keeping and taking care of grand children.** Fractured relationships lead to “abuse” of seniors. There are instances where a senior woman is taking care of four small children. The senior woman is neither appreciated nor properly cared for by the children. On top of it, if something goes wrong it is the fault of the senior woman. Many senior women are in these terrible situations.

2. Would you please reflect on how do the seniors want to spend the last days of their lives?

- **Sharing their experiences with children and grand children.**
We would like to:
 - Share our experiences with our children and grand children
 - Encourage our grand children to do volunteer work
 - Teach our grand children the richness of our culture
- **Happy and spiritual/religious.** We would like to:
 - Spend more time reading religious scriptures
 - Participate more in the affairs of the community
- **Maintain their respect and dignity.** We would like to:
 - Earn money by working. Some opportunities need to be created. Wealth will give us our status of respect back to us.
- **Peacefully.** We would like to:
 - Live peacefully in Canada. We have an opportunity to spend our lives without turmoil as Canada is a peaceful country.
- **Helping others.** We would like to:
 - Help others as helping others is a noble task.
- **Close to the family.** We would like to:
 - Be very close to the family as it is very important to do so. One can only share ones wisdom if one is close to their kith and kin.
- **Learn about Canadian Living.** We would like to:

- Learn about computers
- Learn about ATM machines
- Learn English
- Learn how to write a cheque
- **Adopt healthy lifestyle.** We would like to:
 - Exercise daily
 - Eat healthy
 - Live stress free lives
 - Take medicine and vitamins regularly

3. What do you fear the most as a senior when you think about your health?

- We fear the most:
 - Having a stroke and heart attack
 - Alzheimer's disease
 - Arthritis
 - Back problems
 - Addicted to alcohol
 - Unable to move and care for ourselves. This is what we fear the most.
 - If we are admitted to hospital then we fear:
 - We won't be able to explain what's wrong with us
 - What will we eat
 - Who will visit us
 - Who will talk to us
 - If we are sick at home then we fear:
 - Who will take care of us – our children will be at work and our grand children will be at school
 - If we are mentally sick then we fear:
 - We will be shunned by our loved ones and no body will take care of us.

4. How can service providers make your stay in the community a lot more enjoyable and worthwhile?

- **The services can be improved as follows:**
 - Create a one stop service centre where every health care service maybe available

- The service providers know about our culture and they know how we get sick and how we get better
- The service provider will not judge us and will consider us as a human being and not a “number” (statistic).
- The service provider will listen to me
- The service provider will come home and see me if I am sick
- The service provider will care about me by taking care of the basic necessities.

Sahara Womens' Group

Focus Group 4

10 senior women participated in the focus group. The focus group had one facilitator and 2 recorders. The discussion was recorded by two scribes.

The focus group questions elicited the following responses:

1. **What are the challenges faced by South Asian seniors in Brampton? This is a two part question. Part 1, some challenges are faced by all seniors, and Part 2, what are the specific challenges faced by those seniors where the relationship between seniors and their children is fractured?**

The answers are as follows:

Part I:

- **Transportation.** The biggest problem is transportation. Our children work and we are unable to move. Some of us are already too old to take buses.
- **Loss of Social/family Connections.** What we fear is the loss of social connection. When we hear about seniors who are unable to converse with their own offspring – this pains us very much. It was and is unthinkable that one's offspring would not talk to you.
- **Food choices.** Seniors need healthy food and not left-over. What is happening is that seniors are unable to express their choice of food. Many times no one asks them if they also would like to eat something. It is assumed that seniors will be happy with whatever food be given to them.

Part II

What we feel is:

- **Loneliness.** The senior women are very lonely. They keep on working in silence but deep down they are very lonely. They are

suffering because they cannot share their inner most feelings to anyone. Their deep friendly connections are no where to be found. The relationships with other senior women are at a superficial level.

- **Burden on our daughter and her family.** What we fear is that we will become a burden on our daughters. Traditionally, we are “programmed” to only “give” to daughters but here in Canada we become helpless and also have to “take” from our daughters.
- **Disrespect.** Sometimes we work so hard to take care of the grand children, clean the house, and cook for them but in the end we only get disrespect. Perhaps, the relationship becomes “superficial”. This is not only true of daughter-in-laws but also true of daughters.
- **Hurt and Sad.** Often fractured relationships bring a lot of sadness and hurt to both sides. This aspect is very crucial as this leads to other mental health issues such as depression.
- **No say in the family.** Many senior women disclosed that they would have no say in the family. This would lead to living a life of isolation and loneliness. There would be no appreciation for the help that would be allocated to the family. We can do all the work (cleaning, cooking, and taking care of children) but no appreciation would be given to us.

2. Would you please reflect on how do the seniors want to spend the last days of their lives?

- **Isolation.** Feel like going back home at least there we will have someone to speak with. One senior woman disclosed that, “My health is very serious with several time hospitalizations and my feeling of dealing with my loneliness has no logic. If I start thinking logically, then I should stay here in Canada and take care of my physical health where health care system is advance. But I feel my mental health (loneliness) kills me more than the physical pain.”
- **Peacefully.** Our utmost urge is to live the old age peacefully. The atmosphere in homes does not allow us the peace we are

looking for. The following story is shared by a woman in the group:

“I have spent 40 years of my life teaching in a university in New Delhi. I am so fortunate that I can read in 3 different languages. But when I do not see anybody around me to talk with then I feel very tired of my life. My peace is in interaction with each other. My grandchildren are very well educated, born and raised in Canada. They are professionals and have moved out. Their lifestyle is totally different than mine and sometimes I do not see them for weeks. Even when I see them we have nothing in common and the conversation lasts 1 to 2 minutes.”

- **Maintain Respect and Dignity.** We were very well respected among our social circle in India. Here we do not have a social circle of our level and lifestyle. Our families make their own decisions and enjoy the life their way. We see no fit there which make us feel disrespected and most of the time we remain quiet. If we speak up then it is not the right thing.
- **Helping others.** We feel like helping our children, grandchildren, neighbours, friends and relatives. We believe in giving. Especially, if we give to our daughters GOD gives us back more and more. Helping them in any way makes us feel great.
- **Do not want to be burden on others.** Most of the seniors were of the opinion that we want to die before we become physically dependent on others. They do not want to be hospitalized or do not want to be on bed before dying.
- **Adopt healthy lifestyle.** Seniors expressed that they need education and knowledge on how they can adopt a healthy lifestyle in Canada. Foods and weather are different. They are totally stuck inside during the winter months. What to eat and what not to eat with their sickness is a big problem. Some seniors mentioned that sometimes they remain hungry because they are not sure that what will be the affect of food they are going to eat. They are serious what they eat for dinner. Seniors also expressed the interest to learn new cooking ways

according to the Canadian lifestyle. Walking groups and culturally appropriate exercise atmosphere were also mentioned by couple seniors in the group. They want a setup where they can wear their own style clothes and join an exercise club.

3. What do you fear the most as a senior when you think about your health?

- **Heart attack and stroke, falls and injuries.** Senior men and women both expressed that their fear is what if they have heart attack or stroke and or what if they fall and break an arm or leg. Becoming physically dependent on others was their biggest fear. They are almost scared of hospitalization because of the language barrier and different lifestyle in the hospital. They express more interest in staying home and being taken care.
- **Admission to the hospital.** Not even a one senior man or woman in the groups like the hospital admission. They all want to remain healthy to the extent that they can walk and eat themselves and take care of their daily needs.
- **Social isolation (stress and depression).** Seniors mentioned that they have left their social connections back home which is now leading to stress and depression. Most of the seniors are unable to come to the seniors' groups either because of transportation or they have to take care of their grand children when their children are at work. Some seniors are forced to work in order to afford their living in Canada.
- **Feel lonely all the time.** Loneliness is the biggest concern of all seniors. Majority of them do not speak English so that even if they have grand children they cannot communicate with them other than. 'Hi' 'Bye', 'OK'. In winter they are stuck inside and their family members are busy with making the living. They do not want to interrupt them as they feel they are creating some form of loss for the family. Seniors expressed that Loneliness kills them inside out.

4. How can service providers make your stay in the community a lot more enjoyable and worthwhile?

- **Someone comes and talk to us.** It would have been very nice if someone from their back home culture and language come and visit them. They will make him/her tea and enjoy a cup of tea with them. They expects that individual (professional) listen to them, provide them information based on their needs, help them identify the problem (family issue) in confidence, give them some options (solutions), talk with them, make them understand and move forward with their lives.
- **Someone who respects our food flavor and culture.** Some senior mentioned that we want that service provider to respect our food, the way we dress up and our culture so that we can eat together. We believe in sharing food with others. That person should be able to make us feel like he/she is like our son/daughter, brother/sister. We believe in 'we' culture and it makes us feel great.
- **Take us to doctor when we are sick.** In case of an emergency, a ride to the doctor's office will be very helpful. Some seniors mentioned that my doctor or his secretary speaks/understand my language. Most of the time they need language interpretation help at the pharmacy. If a service provider help us with doctor's appointment as well as with the pharmacy that will be great.
- **Take care of us during sick period.** Seniors expressed a great deal about someone asking them, "how are you feeling, when they are sick?" If someone gives them water, make tea and cook the required food, it will be heaven on earth. They were in tears when expressing their feelings about the sick period. Women mentioned that frequent visits to their homes during sickness will be helpful.
- **Help with house keeping and grocery shopping.** Women mentioned that they are at a stage of physical health where they face difficulty cleaning their homes and going for grocery

shopping via transit. Additional funds for cleaners will be helpful and if there is free grocery delivery at their doors it will be great. Back home they receive fresh fruits, vegetables and milk delivered to their doors early in the morning. Similar arrangement here in Canada will decrease the home sickness feelings.

Focus Group of Ten senior women residing in Brampton. They do not belong to any women's group.

Focus Group 5

The focus group had one facilitator and 2 recorders. The discussion was recorded by two scribes.

The focus group questions elicited the following responses:

What are the challenges faced by South Asian seniors in Brampton? This is a two part question. Part 1, some challenges are faced by all seniors, and Part 2, what are the specific challenges faced by those seniors where the relationship between seniors and their children is fractured?

Part I

- **Language.** More senior women are unable to speak English. The senior women are also “unfamiliar” with the western society. They have not ventured out of the house like their husbands. Therefore, they have less knowledge about the society and its infrastructure.
- **Diet/Food.** Generally more senior women than senior men are vegetarian. Often, senior women are unable to cook for themselves and they eat whatever is available to them. Generally the food is prepared for the children's need and taste and senior women “just have to” adjust to it.
- **Many seniors are “culturally illiterate”.** The senior women were of the opinion that we don't know how the western society operates. We don't watch television as we don't understand English. We can't read English newspaper. Therefore our knowledge about what services are available for us is not known to us. We often do not know what our rights are. Often, we rely on our children to do the banking. Therefore, we are at their mercy.
- **Transportation problem.** This is a huge problem for us. We are often unable to even take the bus. Some of us cannot read the bus number. Some of us do not have a concept as to where to go (directionally challenged). We can only function if there is a bus that picks us up and drops at the

group program. Otherwise, it would be impossible for us to venture outside our home.

- **Financial problem.** We have to wait for ten years before we can get some money from the government. We are also bound by the sponsorship agreement. Even if we are being abused we cannot go outside the home because it will have ultimate effect our children.

Part II

- **Living on their own will be difficult.** We cannot think of living on our own. Who will help us with grocery, washing our laundry, and cleaning the house? What if we became sick, who will take us to doctor.
- **Where would the money come from?** Senior women are financially very weak. They would not be able to afford senior home or a basement apartment.
- **Mobility and transportation issues.** Often, without the support of the children, senior women are unable to travel. They cannot go to the religious places or visit their relatives.
- **Health (physical and mental) and medicine.** Senior women would suffer from isolation and loneliness. The focus group participants did disclose that they know senior women who are depressed. Sometimes, even the medication doesn't seem to help. Many women cannot afford to buy medicine as they do not have any insurance.

2. Would you please reflect on how do the seniors want to spend the last days of their lives?

- We would like to spend our days in contemplation and praying.
- We would like to discuss and share our experiences with our children.
- We can do volunteer work in our area if it is available.
- Educated senior women can help share their experiences with others. They can guide and teach how to raise children.
- It would be good if services are available for seniors to be looked after in the home.

3. What do you fear the most as a senior when you think about your health?

- Becoming sick (mentally and physically). Seniors face special illnesses. These are very debilitating illnesses. Illnesses such as Dementia and Alzheimer are very “bad”.
- **Being a burden on children.** Majority of the seniors who participated in the focus group mentioned that they feel themselves burden on their children. Especially who live with their daughters feel under additional burden? Some seniors mentioned that they help with house keeping, cooking and also take care of their grand children when their children are at work, but they said they still feel, they are good for nothing.
- Being admitted in a hospital
- Being admitted at a Long Term Care facility

4. How can service providers make your stay in the community a lot more enjoyable and worthwhile?

- Help with transportation
- Talk to us – we feel isolated and lonely
- We need to talk to someone in winter time
- How can we earn some money – any cooperative type ventures
- More social groups
- Awareness raising health related seminars
- If sick, somebody should come home to take care
- Maybe someone can come and do some cleaning, cooking and washing for seniors
- Maybe some grocery shopping
- Maybe some one can take us to the doctor or hospital for check up

