ABBOTSFORD INDO CANADIAN SENIORS PROJECT

PROJECT REPORT

SUBMITTED TO THE STRATEGIC AND COMMUNITY PLANNING DEPT
CITY OF ABBOTSFORD

NOVEMBER 2009

Consultant: Centre for Indo Canadian Studies
University of the Fraser Valley
Abbotsford, BC

Acknowledgements

The author wishes to thank members of the City of Abbotsford Multicultural Diversity Working Group who provided guidance and support to the Project.

Thank you to all the seniors who participated in focus groups, shared their visions for an age-friendly City and who gracefully shared their own social issues and concerns with us.

Gratitude is also expressed here to the community stakeholders who shared their expertise and knowledge in making recommendations for inclusion in the final report.

Thanks to service providers from Abbotsford, Vancouver and Surrey who shared their best practices, experiences and program ideas for ethno-specific seniors.

Ms. Daljit Badesha-Gill – DiverseCity, Surrey, BC
Mr. Eric Lau – SUCCESS, Vancouver, BC
Mr. Salim Spindari – MOSAIC, Vancouver, BC
Ms. Dorothy – Abbotsford Community Services, Abbotsford, BC
Mr. Jay Bains – PICS, Surrey, BC

Special thanks are extended to:
Ms. Grace Steyn: Social Planning Technician, City of Abbotsford
Mr. Don Luymes: Manager Strategic and Community Planning, City of Abbotsford

Ms. Chris Dembicki – Research Assistant
Ms. Rimple Malhotra – Community Developer

CENTRE FOR INDO-CANADIAN STUDIES
UNIVERSITY of the FRASER VALLEY

Satwinder K. Bains, M.Ed, PhD (Cand)
Consultant for the Project
Centre for Indo Canadian Studies
University of the Fraser Valley
Abbotsford, BC
604-854-4547
www.ufv.ca/cics

Table of Contents

Executive Summary

This report summarizes the outcomes of a community research and consultation project to collect evidence about Indo Canadian seniors' social participation in services and programs. The goal of this project is to inform the City's desire to create an Age Friendly Community Plan by including findings from ethnic groups in Abbotsford.

The project was commissioned by the Strategic and Community Planning Dept of the City of Abbotsford and was supported by the Multicultural Diversity Working Group (MDWG) of the Abbotsford Social Development Advisory Committee (ASDAC). The project was funded by the Union of BC Municipalities under the auspices of the Age Friendly Community Planning Grants.

To meet the objectives of the project, seven focus groups were held in the City with Indo Canadian seniors and one community consultation was held with service providers and key informants in the community. As well, a literature review was undertaken to assess whether there was research support for the local findings. The ongoing results were analyzed and presented to the MDWG for input and discussion in a timely manner.

This report summarizes the results of the consultations and provides recommendations to the City of Abbotsford.

The key findings of this consultation and research are supported by a literature review:

- Majority of Indo Canadian seniors (55+) are immigrants

- Immigrants arriving from India tend to be older than those from other countries

- Traditional Indian values of continuing importance to majority of seniors living in Canada

- Indication of established patterns of activity continuing

- High degree of socializing within the ethnic community

- Age at migration is key to social inclusion

- Senior women less likely to know English and people from other cultures

- Difference in how we learn about services (men: cultural, community, religious organizations; women: family)

- Senior women rely on family more for transportation; men more likely to have a car, drive or use public transportation

- Senior women more vulnerable to depression; senior men more likely to spend time in the public sphere than women

- Challenges around affordability of services, transportation, navigation of system, declining health

- Loneliness and isolation is also prevalent in close-knit homogenous communities

- Lack of money poses a barrier to full participation

- English language hesitancy or knowledge inhibits full participation

- Hesitation to get involved and/or passive apathy by immigrant groups

- Racism/discrimination is prevalent and experienced

- Limited cross-cultural exposure in the Canadian context by South Asian seniors

- Seniors Programs are unknown and there is lack of knowledge about programs mandates etc.

- Household commitments/extended family systems sometimes prohibit active participation

Recommendations:

Culturally and linguistically appropriate outreach to the Indo Canadian senior community by service providers is critical to promote participation

Education and awareness is needed at appropriate venues, utilizing appropriate sources and resources.

City recreational and social programming can be incorporated in collaboration and partnership with community agencies.

A City of Abbotsford Age Friendly Plan must incorporate cultural considerations

Introduction

The City of Abbotsford is a diverse community and has a growing Indo Canadian population, many of whom are seniors. Based on the City of Abbotsford's Seniors Dialogues over the last two years, and other anecdotal evidence, it became evident to City Social Planners that Indo Canadian seniors in Abbotsford are participating less frequently than other community members in formal community and neighbourhood activities. The lack of social participation among many Indo Canadian seniors may lead to social isolation which can affect both their general health and their social well-being.

The City of Abbotsford's Strategic and Community Planning Dept has undertaken to develop an Age Friendly City Community Plan for the City. In order to fulfill this plan, the City applied to the Union of British Columbia Municipalities under the Age-Friendly Community Planning Grants program. The goal was to undertake an assessment of Indo Canadian seniors needs. This assessment is a valuable tool in influencing policy and practice both at the City and in the community.

The Centre for Indo Canadian Studies at the University of the Fraser Valley was hired as the consultant to undertake community consultation and research that would inform the City's Strategic and Community Planning Department's plan to develop an Age Friendly Community Plan.

The objectives of the City project were:

1. To develop an understanding towards a comprehensive Age Friendly Community Plan with a focus on participation, respect for and inclusion of the Indo Canadian community in collaboration with community partners and local seniors
2. To develop policy recommendations targeting City and service providers' policies and practices based on feedback from seniors and service providers.

Community Profile:

It is important to place the Indo Canadian community in historical context for the study to locate itself in terms of the immigrant experience. For the purpose of this study, the focus was on Indo Canadian seniors that resided in Abbotsford.

The terms South Asian and Indo Canadian are used frequently synonymously, both indicating origins from the sub-region of the Indus valley. South Asia includes the countries of Afghanistan, Bangladesh, Bhutan, India, Pakistan, Maldives, Mayanmar, Nepal, Sri Lanka and Tibet. Each of these countries includes great diversity, both in terms of geography and peoples. Between these different countries, 50 official languages are spoken and many religions are practiced, including Sikhism, Hinduism, Christianity, Islam, Jainism, Buddhism and Zorastrianism.

In the last one hundred years plus, South Asians have immigrated to Canada in three waves. The first wave arrived at the turn of the century, the second and largest immigration bulge came in the 70's and 80's and then there are the new immigrants who are still arriving. The first wave from 1904 – 1908 was mostly people from one small area in India called Punjab (or from other British settlements like Hong Kong and China). These were people (mostly farmers) who had disposable income could afford the journey and who had some travelling experiences under the British Raj. Most came to work in the Pacific Northwest as labourers in response to recruitment by the railways, the lumber industry and steamship companies. In 1908 the Canadian government severely curtailed this migration by passing the Continuous Journey legislation which legislated that all immigrants had to make a continuous journey passage from their country of origin. This legislation in effect, prevented many Indians from immigrating to Canada since no ships made such a journey. This law alone would see negative immigration for the next four decades. It wasn't until 1947 when Indians finally got the vote and the laws were struck that numbers started to rise again. The next larger wave arrived with the liberalization of immigration rules by Prime Minister Trudeau's government in the 70's. Since then, Indians have mostly come under the family reunification class of immigration to keep the institution of family intact. The community has grown substantially in the last 100 years and India has been a large source

country for Canada of immigrants for the past four decades. It would appear that this trend will continue into the foreseeable future, as long as Canada needs an immigrant workforce as a population growth instigator. These new immigrants contribute to the continuous maintenance of the home culture which they bring with them, ideas that are both fresh and old, as well as the home language which they actively use and maintain quite well. It is important to note that this home language maintenance and cultural investment allows for a coded structure that bars the "outside" from completely usurping the space and place of the community's ethos. As a result, any program or service provision model must have one leg firmly entrenched in the cultural norms (values, belief structures, language etc.) and must respond to these in order to be effective.

When Indian immigrants first came to BC, they were mistakenly called Hindoo [*sic*] denoting the religion as defining the cultural and national identity. Soon after, terms such as East Indian came to be used, perhaps in deference to the East India Company that first traded with India and subsequently was the genesis of the British annexation of India as the jewel in its empire. Or perhaps it differentiated Indians from those who came from West Indies. In the 80's the term Indo Canadian was coined, in response to Multiculturalism as a Canadian policy that espoused that cultural identity could be maintained without impinging on the Canadian one. South Asian was frequently used in academic circles, until the 90's when the term became more widely used to describe people from a very diverse region of Asia. Without making too great a distinction in this study both terms are used synonymously. However, it must be pointed out that 96% of the Indo-Canadians living in the Abbotsford area have origins in the province of Punjab, making Punjabi the mother tongue, Sikhism the faith and Punjabi the culture. There are Hindu, Christian, Muslim and Ismaili (they have origins in India, although some are twice migrated) community members who make their home in Abbotsford but the numbers are very few. Thus, it would not be hard to infer that this Diaspora community is fairly homogeneous in this regard, however the diversity within the homogeneity in terms of education, social class, economic standing, professions, regional representation (sub-regions, or districts of Punjab i.e. Doab, Majha, Malwa) etc. is great. For this reason, each individual family brings something unique to the table albeit there are many commonalities. The greatest commonality is the institution of family which is the cornerstone of the community both in terms of spatial accommodation (living in geographical pockets) and responses to cultural institutions (e.g., family, temples). Using this

as the core for programming ideas assists the designers and implementers of social, cultural and recreational services to be consistently aware of this dynamic.

Current ethnographic context

2006 Census: Canada's Ethnic origin, visible minorities

South Asians became Canada's largest visible minority group in 2006, surpassing Chinese for the first time. The populations of both were well over 1 million. The 2006 Census enumerated an estimated 1,262,900 individuals who identified themselves as South Asian, a growth rate of 37.7% from 917,100 individuals in 2001. They represented one-quarter (24.9%) of all visible minorities, or 4.0% of the total population in Canada.

In contrast, the number of individuals who identified themselves as Chinese increased 18.2% from 1,029,400 in 2001 to 1,216,600 in 2006. Chinese accounted for 24.0% of the visible minority population and 3.9% of the total Canadian population.

Although Chinese and South Asian visible minority groups have had long histories in Canada, recent immigration has also fuelled their growth. Therefore, in comparison with Japanese and Blacks, Chinese and South Asian visible minorities have a smaller proportion of their population born in Canada. In 2006, 29.3% of South Asian visible minorities, and 25.5% of Chinese, were Canadian-born.

A majority of the foreign-born South Asians came from countries in the Indian subcontinent, such as India (48.8%), Pakistan (14.6%), Sri Lanka (11.7%) and Bangladesh (3.6%). The other leading source countries of birth among the foreign-born South Asian visible minorities were Guyana (4.2%), Trinidad and Tobago (2.5%), Fiji (2.4%), the United Republic of Tanzania (1.9%), Kenya (1.8%) and the United Kingdom (1.6%). South Asians were also a diverse group in terms of ancestral background, many of them coming from various parts of the Indian subcontinent. Fully 69.0% of the South Asian visible minority members reported East Indian as

their ethnic origin, either alone or with a combination of other origins. Another 9.3% reported Pakistani, 7.8%, Sri Lankan, 4.1%, Punjabi, 2.7%, Tamil and 1.8%, Bangladeshi.

Also, about 2.7% South Asian visible minorities reported Canadian origin, either alone or with other origins; 2.5% reported British Isles origins, such as English, Irish and Scottish; and 2.6% reported European origins, such as Portuguese.

Overall, about 13.1% of the South Asian visible minority members reported multiple origins.

2001 Census: Canada's Ethnic origin, visible minorities

Numbering 917,000 in 2001, South Asians were the second largest visible minority group in Canada, just behind the Chinese at slightly over one million people. The South Asian community is one of the most diverse visible minority groups, consisting of a range of ethnic, religious and linguistic groups whose ancestries, immigration histories and personal experiences are quite diverse. And yet, the South Asian community is one of the most cohesieve when it comes to the value they attach to family interaction, the maintenance of social networks within their cultural group, and the preservation of customs, traditions and heritage languages.

Over the years, the South Asian community in Canada has evolved from a relatively small and homogenous population to one that is unique in its diversity, boasting a multitude of different birthplace origins, ethnicities, religions and languages. The number of South Asians in Canada more than tripled from 223,000 in 1981 to 917,000 in 2001, mainly due to a large number of immigrants from South Asia. At the time of the 2001 Census, 29% of South Asians living in Canada had been born here, 69% were immigrants and 2% were non-permanent residents. Some 76% of immigrants were born in South Asia, with India (47%), Sri Lanka (13%) and Pakistan (12%) being the top three places of birth. Of the remaining immigrants who identified themselves as South Asian most came from Tanzania, Kenya, Guyana, Fiji, Trinidad and Tobago, and the United Kingdom. South Asians have also settled in different parts of this country, although the lion's share (70%) called either Toronto or Vancouver home. In 2001, South Asians accounted for 10% of the population of Toronto (making up the largest visible minority group in that Census Metropolitan Area) and 8% of Vancouver. However, the highest

proportions of South Asians in any Census Metropolitan Area live in Abbotsford, British Columbia at 13% (almost three quarters of the visible minority population in Abbotsford were South Asian).

Drawn to this country for its beauty and prosperity, the South Asian settlement in Canada started with humble beginnings. In 2001, South Asians were the second largest, and one of the fastest growing, visible minority groups in Canada. Despite their different backgrounds, South Asians in Canada have maintained a cultural bridge that links them together. Many also maintain ties with relatives in their birth country, place a high value on ethnic, cultural and religious traditions, and pass on their linguistic heritage. In addition, the South Asian population has adapted to life in Canada and embraced it culturally, socially, politically, economically and linguistically. South Asians continue to weave a rich tapestry of diversity in their new land, and many are proud to call Canada their home.

2006 Census: Abbotsford Census Metropolitan Area

Abbotsford/Mission is part of the Census Metropolitan Area (CMA) that has the largest per capita Indo Canadian population in Canada. As well, this CMA is the third most ethnically diverse community in Canada (after Toronto and Vancouver). The area has a long history of cultural communities immigrating and settling here benefiting from a mix of support through chain migration (sponsorship) and institutional (churches and temples) societies. Punjabis/Sikhs have a 100 year history that is both successful and progressive and is rich in social and cultural capital. The local Abbotsford community has a strong economic base in farming/agri- business, small business, industry and tourism. It is a gateway community to the US and other countries through its border entries and international small airport. The Punjabi/Sikh community is well established as well as being a source of new immigration to the region – a factor that has helped keep the culture vibrant and evolving. The community is now inhabited by third and fourth generation Canadians who are still invested and involved in the cultural community through institutions, community service, the family and business. The community has a large social and

physical presence and profile and is seen as one of the community engines and cultural resources.

Indo Canadians make up approximately 15% of Abbotsford's total population. Of the 23,190 visible minorities identified in the 2001 census, 73% (17,005) classified themselves as South Asian. The most frequently identified ethnic origin was East Indian with 87% (14,755) and Sikhism was the most common religion with 89% (15,070). Immigrants make up majority of the South Asian population at 63% (10,655) and 95% (10,140) of these immigrants are born in India. Canadian-born South Asians made up 37% (6,230) of the population, of which 95% (5,930) are born in British Columbia. English and Punjabi were reported by 36% (6,250) of respondents as being the most commonly spoken languages in the home. 51% (8,740) of respondents spoke only Punjabi at home and 9% (1,485) spoke only English at home.

In 2006 these statistics saw a sharp increase in population of people from the region called South Asia. Indo Canadians now make up approximately 18% of the total population in Abbotsford. This is an increase of 7% in five years. Of the 32,195 visible minorities identified in the 2006 census, 72.5% (23,355) classified themselves as South Asians. The top ethnic ancestry after European is South Asian at 12.6% of the population (23,615). The most commonly spoken language in the home after English is Punjabi at 39.3%. The total immigrant population of which South Asians are the largest group has risen 3.3% in five years and Abbotsford attracted 20% more immigrants from India in the last five years. All indications are that the local area will continue to be attractive to the community in the foreseeable future as a destination country.

Some of the unique attributes of this cultural community (i.e. people of Indian heritage) that contribute to its efficacy as a cultural minority are: strong family ties, extended family systems, close filial ties to the Country of Origin (CoI), and extensive supports for retention of language, heritage and religion. Even though the community has a hundred year history in the local community of Abbotsford, continued immigration and strong cultural norms allow for a certain amount of cultural insulation and cohesiveness within a dominant European based Canadian culture. A common historically collective-style family structure allows for three to four generations to live within one household in a well organized family system that supports members from cradle to grave. Seniors provide much valued social and cultural capital to the

family while younger generations work hard to build material capital in a new country. As such, families provide each other with reciprocal supports that might not be available if each generation lived alone. In Canada, seniors have the opportunity for a greater outward looking approach (away from the birth community) which propels seniors to socialize with each other outside the family kith or kin structure, creating possibilities for greater community interaction.

As part of a response by the City and service providers to address issues of formal and informal social and recreational supports for Indo Canadian seniors, it is important to seek practical and effective approaches to programming. Most Indo Canadian seniors live with members of their extended family and function within a tightly-knit insular cultural and geographical network of community friends and acquaintances, especially within the purview of temples, parks and neighbourhood spaces. Formal spaces within the mainstream community are not necessarily widely accessed by Indo Canadian seniors. These considerations must be taken into account when designing an age friendly community plan.

APPENDIX A: Community Profile

Purpose and Goals:

Community Consultation and learning

The purpose of this project was:

- to gather information on community living, amenities and programs in the neighbourhood that Indo Canadian seniors access.

- to ascertain issues that might prevent seniors from participating in City and community developed programs,

- to find out about issues related to inclusion and respect

This purpose was to be met by:

- conducting focus groups with Indo Canadian seniors in the community of Abbotsford

- developing and implementing consultations with service providers, community partners and key informants to discuss findings from the focus groups

The goal of the project was to strategize how these findings might be incorporated into an age friendly community plan.

Methods:

The author of this report undertook the following activities to achieve the goal of this project:

1. Undertook a successful Research Ethics application at the University of the Fraser Valley

2. Held three focus groups with Indo Canadian Senior men

3. Held three focus groups with Indo Canadian women

4. Held one focus group with both genders that involved a community mapping workshop where seniors were asked to identify areas of their neighbourhood where they feel safe, unsafe and places spaces/institutions where seniors are likely to gather or participate in activities.

5. Conducted a community wide consultation with service providers, City Recreation and Social Planning staff, key informants and seniors themselves

6. Conducted a literature review of recent findings in Canada, the US and UK.

7. Undertook a review of other community age friendly plans as they relate to ethnic communities.

8. Presented preliminary and timely reports to the Multicultural Diversity Working Group for input and discussion

Focus groups:

Seven focus groups were conducted to identify needs concerning:

- Outdoor Spaces and Buildings
- Transportation
- Community living and age friendly concepts
- Respect and Social Inclusion
- Social and Recreational Participation
- Social Isolation
- Communication and Information
- Civic Participation
- Community Support and Seniors Services

*138 seniors took part in focus groups within a four month period.

APPENDIX   B: Focus Group Interview schedule

Community Consultation:

A community wide consultation was held to identify Abbotsford senior's connections, service provision models and program design, age friendly concepts for the City of Abbotsford's Age Friendly Community Plan and recommendations for this report.

Invited agencies and key informants:
- Parks, Recreation and Culture – City of Abbotsford
- Fraser Valley Regional Library – Multilingual Program
- Abbotsford Community Services - Immigrant Serving Agency
- Abbotsford Learning Plus
- Abbotsford Peer Support for Seniors
- PICS - Immigrant Serving Agency
- Abbotsford Seniors Services
- Fraser Health
- School District # 34 – Community Connect
- Abbotsford Seniors Key Informants – Indo Canadian Seniors
- Canadian Diabetes Association
- Women's Resource Society of the Fraser Valley
- Abbotsford Disability Network
- Mennonite Central Committee
- Abbotsford Police

- SUCCESS – Immigrant Serving Agency
- MOSAIC - Immigrant Serving Agency
- DiverseCity - Immigrant Serving Agency

APPENDIX   C: Community Consultation Invitation

Literature Review:

A Literature Review was undertaken to assess how age friendly cities encourage active aging for their community, optimizing opportunities to participate in formal and informal leisure and recreational pursuits. The review was limited by the paucity of research using research to guide planning for seniors programming in the Indo Canadian community:

- Research on Indo Canadian elders in Canada and their leisure practices & preferences is limited

- Social needs are not sufficiently explored, due to the assumption on part of service providers and researchers that this community and other minority groups 'look after their own'

- Generalizing available research to a specific group risky, in part due to heterogeneity within specific groups

- "Leisure" as a multi-faceted concept (within ethnic community, within larger community, etc)

APPENDIX D: Literature Review References

Review of Age Friendly Cities: WHO

A review of age friendly cities found that the guiding principles are based on the World Health Organization (WHO) Global Age Friendly Cities: A Guide.

The Guide recommends the following active aging framework guide policies, services, settings and structures that support and enable people to age actively by:

- Recognizing the wide range of capacities and resources among older people
- Anticipating and responding flexibly to ageing-related needs and preferences
- Respecting their decisions and lifestyle choices
- Protecting those who are most vulnerable
- Promoting their inclusion in and contribution to all areas of community life

The WHO guide is developed based on the work of 35 cities from all continents who participated in the WHO project – reflecting the diversity of contemporary urban settings, including six current mega cities with over 10 million inhabitants, some "almost mega-cities" as well as national capitals, regional centers and small cities.

APPENDIX E: WHO Global Age-friendly Cities: A Guide

Age Friendly City: Saanich, BC

A review of Saanich in BC as the only official Age Friendly City provided this report with some insights about the vision required for a city to be responsive to its cultural communities and linguistically defined members of the community.

APPENDIX F: Age Friendly Cities

Findings:

Focus Group Findings:
BARRIERS TO INDO CANADIAN SENIORS FULL PARTICIPATION IN RECREATIONAL AND SOCIAL ACTIVITIES

Seniors who participated in the various focus groups shared their needs, concerns and issues in a forthright and very appreciative manner. Punjabi was often the language of choice and no interpreters were needed. Focus groups were co-facilitated by two researchers: one posed the questions, the other recorded the answers.

All of the seniors who participated were active, involved (in some manner) in social activities and part of an informal or formal group. This study did not access isolated or geographically vulnerable seniors. The seniors were part of the following:

1. Sikh Temple on South Fraser Way
2. Sikh Temple at Blueridge
3. Rotary Stadium Men's Social Group
4. Grandmothers Group at Harry Sayers Elementary

The following are some of the findings of the focus groups. These findings are supported by the literature review.

Transportation:

Transportation was seen as a key barrier to full participation in programs, activities and events that target seniors. Indo Canadian seniors who lived in rural areas of Abbotsford expressed difficulty in using public transportation – limited service was the major cause. There was some concern that those (rural) seniors are not accessing social time with other seniors at all. As well, some of the new immigrant families were not able to provide transportation assistance to the elders in the home due to work burdens or other economic hardships. Indo Canadian senior women most often did not have a driver's license, own a car or use public transportation regularly, thus making it much more difficult to access programs and activities. Some of the men in the focus groups expressed no hesitation in using public transportation, some of them owned

cars, while some walked or rode a bike to the social gathering places. Confusion and frustration about some public transportation routes (indirect) and the timeliness (infrequent) were also factors that affected seniors' participation. Literacy issues and the ensuing confusion precluded some seniors from accessing public transportation on the whole. Neighbourhood based activities were highly sought after and some programming that is located near where the seniors live has already been highly successful (Abbotsford Community Services' grandmother's group). Parks were considered safe places to congregate and seniors felt that the City should provide covered shelters at all Parks so that seniors may use them even in inclement weather (especially those Parks in neighbourhoods of high Indo Canadian population density). Recommendations for timely and intermittent transit route negotiation assistance (bi-lingual seniors services coordinator function) and for transit route guides in Punjabi were made.

Lack of Money:

Majority of the Seniors interviewed in this project felt that they did not have the financial independence, economic freedom or security to pursue recreational and social activities that require regular fees. Those that did have some economic freedom empathized with those that did not. Seniors told of how new immigrant seniors (with no access to pension for ten years) especially did not have easy access to finances that would facilitate their easy access to resources, services or activities. As a result, seniors socialize with each other at the temple, in the Parks at each other's homes. However, this lack of money translates into a real social isolation for some and a deep sense of loss of identity (as a senior who is economically dependent on someone else) as well as a loss of role and responsibility (as an elder in a strongly hierarchical family structure). However, more settled seniors felt that they could support recreational activities that required small fees (e.g. the seniors bus tours) and that over time others would join in as economics permitted. Since majority of Indo Canadian seniors immigrate to Canada at an older age, their working days are largely behind them. The family support is present, however economically seniors do not want to be a burden on their children by making their own demands. Personal access to money is restricted in Canada, especially since their earnings in the home country do not amount to a lot (low exchange rate) and their holdings are usually in land assets. Regardless of immigration status or length of arrival, seniors also felt that men had more

freedom over money than women did. This in itself also poses a problem for those senior women, especially those that are widowed or separated from their partners. Lack of money limits participation and puts all seniors at risk of isolation which compounds over time.

English language hesitancy or lack of knowledge:
Indo Canadian seniors speak many languages including English; however there is hesitancy among the group and individuals in using English within the Canadian setting. Seniors feel that part of the hesitancy stems from the negative Canadian response to accent, the Indian English vernacular, ageism and racism. Indo Canadian seniors at the present time do not have many opportunities to interact with Canadian seniors and thus a loosening of the hesitancy has not occurred. Both men and women senior members mentioned that they welcome the opportunity to meet with other seniors so as to slowly and over time "open" up the language barrier. Lack of knowledge of English and/or illiteracy in the mother tongue also prohibits seniors from accessing regular programs or becoming involved in organized community activities. As such, Indo Canadian seniors congregate in groups *within* the ethnic minority, further insulating them from services and programs that are supposed to be available for all seniors (since they are not culturally appropriate or relevant). Seniors felt that in-reach into the community has been lacking and most seniors that participated in this study were keen to find out what actions might be taken (by the City or service providers) based upon their input. At the present time most seniors congregate in places where they can meet each other (parks and temples), share food (temples), volunteer (temples), walk or bike (City roads) and socialize (homes, temples). Extremely limited time is spent in spaces or institutional settings where they formally or informally interact with seniors from other communities. Seniors are unaware of regular programming targeting seniors and there is some apathy to inquire from Indo Canadian Seniors. As well, these seniors watch a lot of ethnic TV programs, linguistically relevant radio programs and read bilingual or unilingual newspapers, pre-empting their desire to learn more about regular programs. It is important for service providers to understand that these medium are perfect avenues for dissemination of information if they want to in-treach to Indo Canadian seniors. Ethnic media can be accessed for a two-way exchange of ideas, programming initiatives and cross-cultural exchanges.

Health issues:

Indo Canadian seniors face numerous health related issues that affect their ability to participate in active living. Our research shows that majority (99.2%) of Indo Canadian seniors (55+) are immigrants and that most immigrants arriving from India tend to be older than those from other countries. Age at migration and immigration history (1/3 are recent immigrants and 2/3 have been in Canada over 10 years) is often challenging as relocating at an old age in unfamiliar social and cultural environments can have an impact on health and general well-being. Cultural distress and loneliness has disastrous effects on seniors who have left behind a life of interdependency, closeness and supportive communal living traditions. It appears that this cannot totally be replaced by the Canadian model of services that reach out to seniors in a personal and individualized manner. For service providers, collective cultures demand a response that takes into account the role of the family, the interdependence within the family and the role of seniors. Health issues are a concern for all seniors and depression among seniors, especially women leaves them vulnerable to social isolation and at risk. There is also a link between isolation and elder abuse as seniors become invisible to the community. Indo Canadian seniors felt that their health was dependent on many variables, not the least of which is the interconnectedness they need with the community (both with the sub-cultures and acceptance within the mainstream).

Hesitation to get involved:

From the results of the focus groups it appears that Indo Canadian seniors are willing and keen to get involved in programs and services that reduce isolation and encourage social inclusion. However, there is some hesitation – most of their hesitation to get involved is based on lack of introduction to individual or group programs, services or activities. Indo Canadian seniors expressed their willingness to participate; however they also said that they require some cultural brokering to make the experience culturally friendly and encouraging. Service providers might be interested to find their suggestion that bilingual and bicultural brokers can be utilized to formulate the first foray for seniors into seniors programming that is not culturally specific. Ethnic matched services might initially be the most productive to increase access by Indo Canadian seniors, however the goal is to integrate all seniors into community programs. Seniors suggested that if front line staff that speak the language, understand seniors issues, can

collaborate with them to provide programs that meet their needs, etc. this will most definitely produce results. Hesitation to get involved can be reduced by service providers making an effort to involve seniors in the planning and promotion of programs, services and activities.

Racism and discrimination:

Many Indo Canadian seniors spoke of their lived experiences in Canada where their culture and ethnicity were targets of verbal or physical abuse. Furthermore, seniors expressed that they sometimes they felt unsafe walking on side streets or quiet roadways, preferring to take the main roads where if they were targets of racism or threats or abuse, they might be noticed more easily. The seniors fear is based on many racial incidents in other communities in BC (e.g. close by in Surrey) where seniors were targets of hate crimes (resulting in death). At the bus loop in Abbotsford (near Sevenoaks), seniors told of how they were harassed, ridiculed, and targeted for racial abuse. Wanting to limit their exposure to discrimination, seniors often walked together or "looked out" for each other. Feelings of vulnerability and stress associated with feeling unsafe and insecure in their new country and home has left some seniors feeling increasingly bereft of a supportive environment within the larger community. A local Indo Canadian senior couple (professional older immigrants) known to the community had been viciously attacked in 2008, in a clear racially targeted attack and their experiences were felt more pronouncedly by those seniors who had other insecurities around language, ability and gender. Although seniors felt that by and large Canada was a safe, clean and welcoming country, incidents such as these made Indo Canadian seniors wary of their surroundings and their interactions with others. These factors also contributed to seniors continuing to be insular in their socialization, congregating in familiar and comfortable surroundings with like individuals and groups.

Limited cross-cultural exposure:

Based on what has already been elucidated, seniors feel that there are not enough opportunities for them to gain cross-cultural exposure at the present time. Although many non Indo Canadians visit the temples for tours and to gain insights into this culture, the exchange was mostly one way. Seniors had little or no opportunity to interact or visit with seniors from other community groups – formally or informally. The senior's bus tours organized by Parks and Recreation was

brought up as an example of a safe and non-threatening exchange where the "right" amount of interaction might be just the kind of ice-breaking program that could initiate such an exchange. There are some seniors who are leaders in the community who have expressed their desire to be involved in seniors programs; however they too require some cultural brokering in the initial phases. Parks and Recreation has the opportunity to respond to the seniors willingness to participate in a small way initially with more broad application in the near future.

Lack of knowledge about programs:

Indo Canadian seniors felt that their knowledge about seniors programs was limited because the information was mostly available only in English. If there was a community space where initially Indo Canadian seniors could be encouraged to create some opportunities for social time, it would be most welcomed. Slowly and with some help, the seniors would foray into mixed programming and also start to access programs for all seniors. Indo Canadian seniors felt that this space had to be in a neighbourhood that was easily accessible, user and cost friendly with some support from service agencies or the City. Once this start up was accomplished, seniors felt that the information could be disseminated in Punjabi and seniors would also find out through word of mouth, leaders announcements and at current gathering places. Some seniors expressed the need for mixed gender programming, while others wanted some space dedicated to either gender, separately. A lack of outreach to Indo Canadian seniors was felt to be a reason that programs have not been targeted towards them.

Household commitments and extended family systems:

Majority of seniors live at home with their extended family and as such have commitments and responsibilities that are reciprocal in nature. While young children take care of their parents' physical, cultural and social needs seniors respond by supporting them by taking care of under school aged children and/or others in the family requiring care. There is a sense within service providers that most seniors are "looked after" by their families. However, what is not taken into account is the isolation that seniors still face since most family members are working or at school and the social safety net of the home country is missing. Although seniors mostly do not work outside the home (some do), this supportive network comes with a price. Some Indo Canadian

seniors might not have the same kind of independence that other non Indo Canadian seniors have (both economically and socially). Taking into consideration these roles and responsibilities especially for senior women, social isolation and exclusion can become a very real possibility. Senior men acknowledged that senior women did not have the same freedom that men did and thus were unable to access services or supports in the same manner. Senior women were more likely to suffer from depression, did not have access to a vehicle, did not drive and did not use public transportation as much as men. However, there were women who participated in the focus groups who were keen to become involved in programs and activities and they suggested that a few need to start for others to follow. Programs delivery models need to take into consideration that senior women are caring for young children or others in the home. Time, place, space and flexibility for services needs to guide service delivery because Indo Canadian seniors have obligations that might limit their active and regular participation. Seniors are also dependent on family members for physical support, transportation needs, economic interdependence and cultural/social requirements, families need to be included in delivery design and implementation. Some seniors have the capacity to be involved in policy making, decision making and implementation and welcome this opportunity with the city.

Education and Awareness:

Indo Canadian seniors expressed the need for more education and awareness on varying topics from mental health and wellbeing, to parenting in the Canadian context and exposure to Canadian systems (cultural, social, political, legal etc.). There are many common themes that have an impact on all senior's isolation and social exclusion. Indo Canadian seniors need to be included in the program planning and delivery of City programs as a response to a large demographic constituency. There are many avenues that exist at the current time that would support such education and social programming designs. Seniors congregate at the temples regularly and have expressed a willingness to participate in education programs that are of interest to them. A suggestion by seniors that a phone number to call for Seniors Services that has a bilingual component (Punjabi speaking staff) would be a great resource for the community. This line alone would open up opportunities to learn about concerns and issues that senor might face.

IDENTIFIED ASSETS:

Starting from an asset approach, in the findings of the study a number of assets were identified within the Indo Canadian senior's community that can assist with program delivery. Mobilizing these assets within program delivery is a viable alternative to top down programs where one size fits all approaches have for too long been the only way to serve seniors. Within the Indo Canadian community the following assets are worthy of note for seniors:

Community Support

Predictable/defined family communication

Other adult/children relationships

Responsive to neighbourhood and community living

Extended family involvement and support

Community investment in language, values and culture

Positive peer support capacity (mostly informal)

Religious community involvement

COMMUNITY CONSULTATION FINDINGS:

Community consultations yielded good results regarding programs/services/activities. The recommendations by services providers and key informants inform the project:

- Coordinator is needed who can speak the Indian English and Punjabi vernacular

- Funding needs to be provided by the City for active Indo Canadian seniors programming

- Multi-generational activities are best suited for Indo Canadian seniors

- Education and awareness are key to program success

- Outreach and in-reach facilitate support for seniors

- City can provide partnership building support

- Engage City in healthy lifestyle, safe spaces, residential space, education, support etc.

- Current spaces need to support culturally appropriate services

- Provide opportunities for seniors to be involved in policy development, planning and implementation.

Sample of rationale for Community Social Programs:

The Indo Canadian community as part of collective societies is variously organized in concentric widening circles around the family, the extended family, the kinship network, the religious group and/or geographical regions (like smaller communities). (see Figure 1.) Grandparents take an active role in parenting and providing care for children in the home.
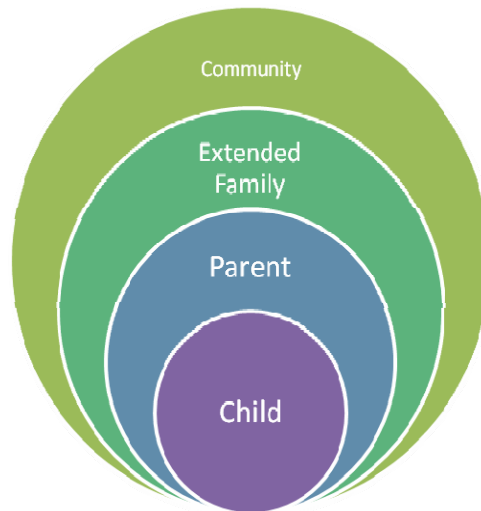

Figure 1. Concentric circles of collective family

This broad and wide reciprocal relationship is built on the promotion of internalizing group values versus promoting individual independence within the child. Families are socially, culturally and historically situated, more so perhaps within immigrant minority communities where the style and form of families differs greatly from the dominant or majority culture. Indo Canadian families tend to support family away from the supports that welfare states like Canada provide, while leaning heavily on filial systems that are linked back to the extended family in some way. In collective societies, families use relationship roles and expectations as reductionist approaches to stresses as well as for emotional, physical and economic supports. For example, traditional authoritarian approaches undertaken by seniors are expected to wield good results

26

with children because parenting goals are very different from societies in welfare states. Family goals might be described thus:

- Reciprocal inter-dependence of parent and child to foster a sense of responsibility to "take care" of the child when he/she is young by the parent and then reversed responsibility of the child to "take care" of the parent when they are old – filial piety is espoused as a virtue and early socialization ensures its continuity within the family structure. For this to fail, the entire system goes down with it. Seniors are expected to develop, promote and maintain these ideals as active partners in the family.

- Senior family members play a key role in supporting children in the home – each relationship has a title that is relegated a separate responsibility that must be carried out to the best of his/her ability (see Figure 2).
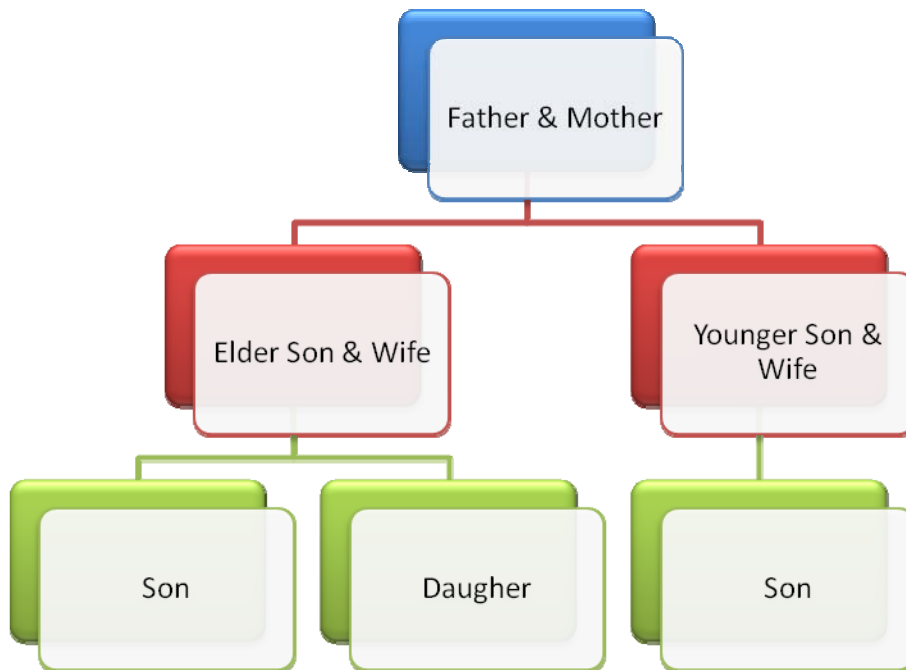
Figure 2. Extended family relationships

Examples of traditional prescribed relationship and roles

Father/senior   Patriarch – uphold traditions and makes household decisions for the family. Even after retirement, he will always be looked up to for advice.

Mother/senior   Matriach – strong care giving role with dominant views on marriage, raising children, upholding and maintaining women's traditional roles

Eldest son	Taiyaji – Title given to him by his younger brother's children Taiyaji usually takes care of the parents and becomes the head of the household upon his father's death. He is seen as the level-headed, dependable son who takes on family ceremonial duties and responsibilities
Younger son	Chachaji – to his brother's children and is more carefree and independent since he does not have the same pressures as his older brother
Wife of elder son	Taiji – holds a lot more authority than the younger son's wife on household decisions and running of the family home and takes parent's care giving role seriously.
Wife of younger son	Chachiji – also more fun-loving and carefree but less so than her husband and frequently takes orders from her older sister-in-law and is always second in command.

Since these relationships are largely universally accepted and understood (sometimes unconsciously), expectations are clearly articulated (understood even when they are coded and unwritten) and responses are considered to be predictable (subliminal messaging is constant). Titles are loaded with information and expectations that predicate behaviour and responses. It is logical to think that these expectations can sometimes create conflict; however the larger kin society plays a role in ensuring that the entire system does not collapse, usually by ostracizing the individual and separating the problem from the larger good. "Good families" strive to create a reputation and status in this manner, by fostering a solid parenting culture that prevents children and family members from shirking from their responsibilities and expecting fulfillment to the best of their abilities. In this manner as new members join families (e.g. young women at time of marriage) there is less confusion about roles and a higher degree of clear expectations from each other. Any family members who have been ostracized face great difficulties in creating a social and community network. There is very little help from within, creating a need for affordable and open programming. For example, a social program for Indo Canadian seniors is much like a stool that must equally balance the following: be culturally appropriate, culturally significant and culturally relevant. Each leg must equally bear the weight of appropriateness, significance and relevance (Fig. 3). If any of these legs is shorter in its design the implications are felt almost immediately.
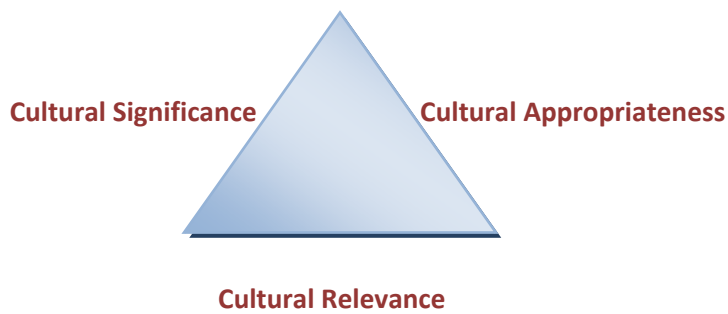
Cultural Significance   **Cultural Appropriateness**

Cultural Relevance

Figure 3. Social program principles

Cultural appropriateness includes the following:

*Educational groups, which can be held in workshop style with cultural issues addressed, questions fielded and knowledge increased on the topic at hand as a two way dialogue – each party has something to learn and something to impart, allowing integration of cultural knowledge – building towards consensus, away from a "one size must fit all" Eurocentric approach.

*Peer Support groups, which complement professional services by providing mutual help and support after initial program and resource support has been put in place so that the self-reflection is obvious and creates ease of joining.

*Therapeutic groups, which allow conversation between groups of people helped by a facilitator with a goal to help participants make changes in the way they think, feel and act in a way that allows recognition of their own processes of acceptance, acculturation and integration.

Cultural significance must ensure:

*Timeliness is adhered to in terms of prevention, intervention or punitive measures to ensure clear understanding of the significance of the presenting problem to the parenting issues.

*The senior is able to easily construct meaning from a conversation that contains familiar elements that allows their background knowledge help them make predictions and inferences about the message and apply to parenting techniques.

*Cultural significance is a concept which helps in estimating the value of places. The places that are likely to be of significance are those which help an understanding of the past or enrich the present, and which will be of value to future generations within a parenting schemata (e.g. migration, economic standing etc.)

Cultural relevance must guarantee that:

*Creating and implementing culturally responsive programs is a collaborative process involving local cultural experts as much as possible throughout the process. It involves an exchange of information and perspective in which the facilitator (agency) comes to understand what local knowledge is valued and held locally and by whom. It then involves the connection of these cultural experts and their knowledge to parenting practice. This process might include families, resource people, elders and so on. This ensures knowledge is practical and applicable in the "real" world of families.

*Facilitators must be aware that cultural experts may feel unaccustomed to such inquiries; may have had bad experiences in the past; may feel that the service provider isn't truly listening; or may feel uncomfortable with the agency or what is expected of them.

AGE FRIENDLY CITY LITERATURE REVIEW:

An age-friendly city is one which would encourage active aging for all its community members. This would include, in part, optimizing opportunities to participate in formal and informal leisure and recreational pursuits. Social participation in the community and with family "allows older people to continue to exercise competence, to enjoy respect and self-esteem and to maintain or establish supportive and caring relationships and fosters social integration and is key to staying informed" (World Health Organization [WHO], 2007, p. 38). Further, having the opportunity to participate in leisure, social and cultural activities is strongly connected to good health and well-being (WHO).

The increasing diversity and changing population trends that have been occurring in Canada's senior population highlight the importance of understanding the experience of diverse populations. However, research on the social and health needs of South Asian seniors, and minority seniors in general, is only now being explored (Koehn, 2009; Ng, Northcott & Abu-Laban, 2004). According to a number of scholars and researchers, the assumption by service providers and researchers that minority seniors are "looked after by their own" has been a large

part of the reason for neglecting these seniors in research and social policy in Canada, as well as other locales such as the US and UK (Ahmad & Walker, cited in Koehn, 2009; Mand, 2006; Kim, cited in Nandon, 2007; National Advisory Council on Aging [NACA], 2005). Brotman (2003) cautions that idealizing minority families puts minority seniors at risk of having their community social needs disregarded. South Asian elders make up a sizeable proportion of Abbotsford seniors. Clearly, seeking to understand how the recreation and social participation needs of this group might be best met should be of high importance.

Demographics, South Asians in Canada

South Asians account for 13% of the total population and 75% of the visible minority population in Abbotsford. And, of all census metropolitan areas in Canada, Abbotsford has the highest percentage of persons who self- identify as having South Asian heritage (Tran, Kaddatz & Allard, 2005). Tran et al. suggest that there may be a tendency for new immigrants to follow established patterns of settlement. In BC the early settlers were mostly Punjabi Sikh and today ninety percent of South Asians in Abbotsford are Sikh. "South Asian" is a term commonly used to refer to people on or in the proximity to the Indian sub-continent or to persons from other countries and locales (such as Great Britain) who trace their origins to the Indian sub-continent (Maiter, 2003). According to Tran et al., the term South Asian refers to those who self-identify as being from, or as having ancestors from, Bangladesh, India, Pakistan, Sri Lanka and Nepal.

Although South Asians have been immigrating to Canada for over 100 years, the majority arrived after 1980 (Tran, Kaddatz & Allard, 2005). Canadians of South Asian origin are more likely than the overall population to be children or young adults and less likely to be seniors (Lindsay, 2007). According to census data, 13.7% of the total South Asian population in Canada was 55 years of age or older in 2001. The vast majority (99.2%) of this aging South Asian population were immigrants, with approximately one-third (31.1%) recent immigrants; (i.e., in Canada for 10 years or less), and two-thirds (68.9%), in Canada for over 10 years (Statistics Canada, cited in Lai & Surood, 2008). Although older age groups do not constitute a relatively large proportion of South Asians in Canada, changing immigration patterns have resulted in a growing percentage of the total Canadian population aged 65 and over as having been born in South Asia. In 1981, for instance, 11.7% of persons aged 65 and over were born in

Northern Europe and .3% in South Asia. In contrast, by 2001 the percentage of persons aged 65 and over born in Northern Europe had decreased to 6.2% and the percentage born in South Asia had increased to 1.3% (Turcotte & Schellenberg, 2007, chapter 1). The proportion of seniors who are immigrants is much higher in some census metropolitan areas than in others. As of 2001, the proportion of immigrants among seniors in Abbotsford was substantial at 41.5%. (Turcotte & Schellenberg, 2007, chapter 7). A significant number of these immigrants are from South Asia. This is due in part to Family Reunification immigration policies which have resulted in a considerable number of older South Asian persons migrating to Canada to join adult children who had immigrated earlier (BC Stats, 2001).

A large number of SA immigrants to BC are from India. India ranked within the top 3 source countries of immigrants during the twenty year period of 1980-2000 (BC Stats, 2001). India, which continues to be a leading source of BC landed immigrants, replaced China as the top source country in the last quarter of 2008 (BC Stats, 2009). India is the top contributor of Family Class immigrants to BC (BC Stats, 2005). Eighty-one percent of Indian immigrants who landed in BC during the two decades 1980-2000 were admitted under the Family Class classification (BC Stats, 2001). A large number of these Family Class immigrants were sponsored parents/grandparents. Immigrants from India tend to be older than those arriving to BC and Canada from all other sources (Hansen, 2004). During 1996-2000, 27% of India immigrants were aged 50 or older. In contrast, only 16% of the overall landings were 50 or older (BC Stats, 2001). During this same five year period, the intended destination of 11% of India immigrants was Abbotsford (BC Stats, 2001). The percentage of senior immigrants; (i.e. 65 years of age or older), is small, but increasing. During the five year period from 2002-2006, India was one of the top three source countries of immigrant seniors. Eighty-eight percent of these immigrant seniors came to BC under the Family Class classification (Multiculturalism and Immigration Branch, 2007).

Those South Asians living in Abbotsford who are now seniors would have immigrated at different stages in the life cycle, with many having spent some or all of their years before the age of 65 outside Canada. Immigrating late in life is often challenging and this can be especially so when relocating means spending one's old age in an unfamiliar social and cultural environment

(Kalavar & Van Willigen, 2005). When considering the differences between South Asian and Canadian society, it is important to consider the diversity that exists within the communities as well. South Asia has a population of over a 1.5 billion people (World Bank, n.d.). An extensive variety of languages, religions and cultural traditions are encompassed within this vast population. India alone has 193 languages (Pottanayak, cited in Lai & Surood, 2008) and several major religions; among these are Hinduism, Sikhism, Islam and Christianity. Adding to these differences are diversities of age, gender, ability, type of household (extended or nuclear), urban-rural background, class and education levels (Maiter, 2003). SA immigrants have varied experiences based in part on their age when relocating and on the time period in which they migrated (Nandan, 2007). It is also important to note that rather than being static, culture is dynamic with change continuing to unfold, not only in regards to the experience of migrant South Asians, but in the source countries.

Although Triandis (1994) acknowledges the heterogeneity of South Asian people, he contends [South Asians] share the attribute of collectivism. In collective cultures subjectivity is organized around one or more collectives, the family or a religious group for example (Triandis). In India the family is the mainstay of social life and the means of ensuring the continuation of cultural and religious traditions (Choudhry, 2001). Respect for parents and filial piety are core values in the traditional extended Indian family (Choudhry 2001; Maiter 2003). The findings of the Ethnic Diverity Survey (EDS) show that traditional Indian values are of continuing importance in the lives of South Asians living in Canada (Tran, Kaddatz & Allard, 2005). Ninety-three percent of the respondents reported having a strong sense of belonging to family. According to Tran et al. the importance of family is reflected in living arrangements: Ninety-five percent of South Asians in Canada live in family households (in comparison, 87% of the overall population do so). Also, just 8% of SA seniors live alone (in comparison 11% of the Chinese and 29% of the overall elderly population do so). Study results also show that South Asians are committed to the preservation of ethnic customs, traditions and heritage languages. At the same time they value their Canadian identity with 88% having a strong or very strong sense of belonging to Canada.

The EDS survey (Tran, Kaddatz & Allard, 2005) reflects the views of persons 15 years and older. Other studies have tried to determine how SA seniors living in Canada view themselves in terms of ethnic identity (Mahmood, Chaudhury, Kobayashi & Valente, 2008; Ng, Northcott, Abu-Landan, 2004). Although it is not possible to make direct comparisons between studies, results seem to point to somewhat lower degrees of feelings of belonging to Canada when it comes to looking at older age groups. A study of SA seniors living in Greater Vancouver revealed that approximately fifty percent of the subjects placed themselves on the "ethnicity scale" as feeling just as much Canadian as South Asian (Mahmood et al.). Overall, a third of the respondents in a study of South Asian seniors in Edmonton (Ng et al.) saw themselves as equally South Asian and Canadian. Age at migration was found to be particularly significant in the latter study. Established immigrants who came to Canada at an older age (i.e., those who had been in Canada at least 10 years and had been 55 years of age or older at time of migration) were most likely (at 90%) to report themselves as being more SA than Canadian. As aging migrant seniors adaptation to their new environment may be affected in part by their cultural expectations about aging it would be beneficial to look at cultural norms associated with the aging process in India (Vatuk, 1980).

Aging in India

Social aging refers to "the life-span process and change and meaning of a person's social behaviour" (Van Willigen & Kedia, 1995, p. 175). In India "withdrawal" in old age is a cultural ideal (Vatuk, 1980). According to Vatuk, sacred Hindu texts, originally designed to direct men how to live, have come to provide a broad framework for men and women throughout India. Directions on how to live life in each of 4 stages are provided. The 3rd and 4th stages are concerned with the loosening of ties to the worldly affairs and the completion of this task, respectively; that is, withdrawal. During this process women are released from household leadership and men turn over control and management of affairs to their sons. Old age is prescribed as a time to rest and be cared for and served so as to make time for spiritual affairs. Vatuk maintains that for this to be realized, the elders must have the support of their extended families and especially their grown children. According to Vatuk, within the Indian value system

this dependency by the old is not viewed negatively as it would be in Western culture where high importance is placed on self-sufficiency.

The findings of an anthropological study of aging conducted in New Delhi revealed a high level of activity and social participation coexisting alongside an espoused value of the cultural tradition of withdrawal (Vatuk, 1980). The elders living in the area were said to be in a position where they might, if they wished, enjoy almost total leisure. For the most part, however, elders seemed loathe to actually give up authority, despite their assertions they had done so. Although men were more likely to have given up leadership roles, this may have been due to the fact that agricultural work, which most of the men had done all their lives, was no longer available to them, due to recent urbanization of the area. Women were found to resist giving up authority in the running of their households. A redistribution of duties within the household did free up women from some of their household tasks. Thus the women found, in some cases for the first time, that they had the time for outside activities, such as religious worship and gatherings. Vatuk describes men's position in the joint household as peripheral; that is, although the men were catered to when in the house they were "not expected to remain long" (p. 145). Men maintained a high level of activity outside the home. For example, men were observed to be occupied with day-long cardgames, visiting and travel outside the village.

Van Willigen, Chadha and Kedia (1995) conducted research in a middle-class neighbourhood, also in Delhi. Eighty-six percent of the men and women (aged 55-90) lived in joint (i.e. multiple family) or extended family households. The focus of this research was on the personal networks of the elders. Several gender differences were noted in the study findings. Men were found to be more socially active in venues outside the household, while the women were more domestically centred. Men commonly met in formal organizations in secular settings; the researchers were not able to locate any such secular organizations for the women. Both men and women were involved in religious activity, with women more so. Women had frequent involvement in daily worship and weekly group religious activity, with gatherings most often held in one of the women's homes. Informal visiting among the women was frequent as well. The difference in the size of networks between men and women was substantial, with those of women being 20% smaller than those of the men's. Additionally, women's networks contained

more kin than those of the men. Forty percent of the men's interactions were with kin, whereas 51% of the women's were. The chores performed by men were more commonly done outside the house, while women were occupied mostly within (mainly in the preparation of food and taking care of children). As both studies indicate, in neither case did withdrawal mean a decline in social participation or a lapse into inactivity. Men were more likely to be in the public sphere and women, the private. As noted, however, women showed an inclination to venture outside the home when the opportunity presented itself.

On recreation, leisure and social participation of South Asian elders living in Canada

The time spent in leisure activity increases as people age (Turcotte & Schellenberg, 2007). "Leisure" is a multi-faceted concept; according to Statistics Canada (Turcotte & Schellenberg), active leisure encompasses cognitive leisure (e.g. entertainment), social leisure (e.g. socializing with family and friends), and physical leisure (e.g. physical recreation). A fourth type of leisure identified is passive leisure (e.g. watching television). The Global Age-Friendly Cities project's concern was within the area of active leisure (WHO, 2007). Recognizing that culture and gender require their own specially focused initiatives, the Global Age-Friendly Cities project did not directly include these determinants in the study. The meaning of leisure may differ significantly for different cultural and ethnic groups (Tirone & Shaw,1997). Although research on SA immigrant elders' leisure practices and preferences is somewhat limited, some studies have emerged which have at least a partial focus on this area. Relevant information can also be gleaned from investigations of health and other concerns.

Ng, Northcott and Abu-Laban (2004) conducted research examining a number of issues relating to the adaptation and integration of South Asian immigrant seniors in Edmonton (hereafter referred to as "The Edmonton study" in this paper). The study participants were persons born in South Asia who had come to live in Canada and who were currently 60 years of age or older. Eighty-two percent of the 161 participants were from India with the balance from Pakistan, Sri Lanka and Bangladesh. As it was recognized that experiences may vary according to factors such as gender, age at migration and duration of residence, results were reported for male and female and for three types based on age at migration and length of time in Canada. The authors concluded that age at migration has a greater influence on integration and acculturation

than does length of residence. Established immigrants who had come to Canada at an older age were found not any more integrated than recent immigrants. The results also revealed women less integrated than men.

Access to services, community and recreation activities and social relationships were among the issues explored (Ng, Northcott & Abu-Laban, 2004). To help ascertain the level of integration into the wider society, participants were surveyed to see if they made use of the following: English classes, physical exercise programs, library services and health, education, and finance seminars. Approximately 70% of the women and 38% of the men did not use any of these. The library was the most popular service with 42% of the men and 7% of the women utilizing this. Gender difference was apparent in other areas as well; for example, women were also less likely than men to know English and less likely to know people from cultures different from their own.

The majority of the respondents (approximately 80%), did not use the physical exercise programs in the community (Ng, Northcott, & Abu-Laban, 2004). Men who had entered Canada at a younger age were much more likely to use these than were those who entered Canada at an older age (25% versus 3%). A study designed for the purpose of describing health promotion practices of immigrant women from India suggested that Indian women may not engage in health promotion strategies, including physical activity, in the same ways as their North American counterparts might (Choudhry, 1998). Findings revealed that rather than separating health-related activities from other activities of daily living, the Indian women took a holistic approach. Physical activities were not just for health promotion, but for social interaction. The women clearly recognized the importance of exercise but for the most part they found it much harder to maintain the level of physical activity they had been accustomed to in India. The women described how in India they had walked to their neighbours or to the park in the evenings. Not being able to do this as easily in Canada was consistently reported. Factors that played a part in making this more difficult in Canada included busy lifestyle (i.e., not having as much time for informal visiting), distance and weather.

A study of health and wellness of SA elderly men conducted in the Lower Mainland found that these participants recognized the importance of an active lifestyle as well (Oliffe,

Bottorff, Luke & Toor, 2007). Challenges to maintaining good health included living in a cold climate and advanced age. The men related walking to and from the temple each day, rain or shine. One man said he had been in the habit of walking to temple everyday in India and that he had made a point to continue this in Canada. The temple was not only a place of worship for these men; it was also a place to eat and socialize and to do community service. The two fore-mentioned studies then provide some indication of established patterns of activity continuing after migration.

There is a strong likelihood that elderly SA seniors may not have access to information regarding the leisure and recreation services available in the community. "Navigating the system" has been recognized as a critical challenge for immigrants (Simich, Beiser, Stewart & Mwakarimba, 2005). A study of settlement-related needs of immigrants from thirty countries (7% of these from India) indicated that seniors' lack of knowledge regarding services was a serious problem as well (McDonald, George, Daciuk, Yan & Rowan, 2001). For the most part, the source of information on services for respondents in the study was family members first and newly-found friends from the ethnic community later. The Edmonton study (Ng, Northcott & Abu-Laban, 2004) revealed a gender difference in how men and women learned about services. Men were more than twice as likely as women to learn about services from cultural, community or religious organizations and women were more than three times as likely to learn from family. Choudhry (2001) found that women who knew English were apt to learn about services from reading material; those who could not read English learned about services from family. Translated materials for the Sikh Punjabi community was identified as a need in a study of issues facing Abbotsford elders (Chan & Steyn, 2006). Indeed, lack of access to information due to language-barriers is common for minority elders in general (NACA, 2005). As already pointed out, the women in the Edmonton study were less likely to know people outside the SA community. A study of SA caregivers revealed that those who lacked strong ties with others outside the ethnic community were less likely to establish connections with needed community resources (Neufeld, Harrison, Stewart, Hughes & Spitzer, 2002). Associating with similar others can serve as a barrier to accessing information because, when a group is too close-knit, the chances increase that the group members already possess the same information (Grant & Wenger, cited in Neufeld et al., 2002).

Economic security and lack of transportation are frequently mentioned as causing difficulty in the lives of SA seniors (Kalavar & Van Willigen, 2005; Ng, Northcott, Abu-Laban, 2004; Oliffe, Grewal, Bottoroff, Luke & Toor, 2007). About 40% of the Edmonton study participants reported not having enough income to meet their needs with recent immigrants the most likely to report inadequate income (Ng, Northcott, & Abu-Laban). Under the family unification classification, adult children sponsoring their parents are financially responsible for them for 10 years after they arrive in Canada. During this time South Asian elders are not eligible to receive pensions and other supports (NACA, 2005). A theme of economic dependence emerged in Choudhry's (2001) investigation of the hardships elderly immigrant women from India face; this was especially evident in the case of widows. And, Acharya (2004) found that rates of recreation and leisure participation varied, in part due to economic circumstance.

Family members being unable to provide transportation to elderly parents due to a busy North American lifestyle is a frequently cited barrier (Acharya, 2004; Choudhry, 2001; Kalavar & Van Willigen, 2005; Oliffe, Grewal, Bottorff, Luke & Toor, 2007). The Edmonton study did provide evidence of family helping elders by providing transportation in that family and friends were found to be most common means of transport for SA seniors. Women relied on family significantly more than men. Men were more likely than women to drive, to have the use of a vehicle and to use public transportation. Although the majority did say it was easy or somewhat easy to get where they wanted to go, most said improved transportation would be a big help in accessing community services (Ng, Northcott & Abu-Laban, 2004).

Barriers facing South Asian elders are often the same as those affecting the general older population. Access to transportation and mobility issues are shared barriers, as is declining health, losing partners and loved ones, affordability of services and navigating the system (for e.g., see Austin et al., 2001). A group of Sikhs comprised one of the focus groups in a study of elders' issues conducted by Chan and Styen (2006). The Sikh group, along with all the others, identified transportation and mobility as major concerns with inadequate bus routes and safety concerns among the specific issues brought forward. Although elders may face similar circumstances, challenges may be made more severe when coupled with language barriers and

with issues stemming from socio-cultural difference (Koehn, 2009; NACA, 2005; Podnieks, 2008). Thus participating in the wider community may be more difficult for South Asian, and other minority elders. Often barriers overlap; for example, one elderly woman observed that age, dress and language can make a SA elder feel intimidated and reluctant to come out and use public transportation (Acharya, 2004).

A minority in the Edmonton study was concerned about discrimination and racism in society (Ng, Northcott, & Abu-Laban, 2004). Concerns relating to discrimination were discussed, but not to a large extent, in the narratives in Acharya's (2004) work. Discriminatory practices exist on a systemic level however. As Simich, Beiser, Stewart, & Mwakarimba (2005) explain, mainstream services and institutions that fail to take the specific needs of diverse groups into account have the effect of denying equitable service. Reviews of existing services have consistently revealed seniors being treated as homogenous entities (Austin et al., 2001; Bryant et al., 2002; Chan & Steyn, 2006). An intent by SA seniors to avoid the influence of NA culture is often mentioned as a reason for non-participation in wider society (Choudhry, 1998; Choudhry, 2001; Oliffe, Grewal, Bottorff, Luke & Toor, 2007). Indeed, the threat the West poses to the survival of traditional culture was identified as an overriding theme in research conducted with elderly South Asians (Choudhry, Jandu, Mahal, Singh, Sohi-Pabla & Mutta, 2002). According to research aspects of NA culture elders find disturbing include: the tendency to separate young and old (Acharya), the value of material over relationships (Acharya) and the importance of "private time", a concept seen as selfish by the elderly SAs (Tirone & Shaw, 1997).

A study conducted in Greater Vancouver found the SA community providing a high degree of social interaction and support to the SA seniors (Mahmood, Chaudhury, Kobayashi & Valente, 2008). The majority of seniors in the Edmonton study were satisfied with the social interaction they got through community, culture and religious activity. Half of those who were satisfied said the activities allowed them to meet more people and to socialize and helped prevent social isolation (Ng, Northcott & Abu-Laban, 2004). The Global Age-Friendly Initiative (WHO, 2007) found that in many participating cities older persons were actively involved in voluntary activities. These activities were found to provide many benefits to the volunteers themselves, notably in helping to maintain health and social connections. Twenty percent of the participants

in the Edmonton study were doing volunteer work. Again differences between groups were evident. Men were three times as likely as women to be volunteering and immigrants who came to Canada at an older age were the least likely to be doing so.

It is evident that loneliness and isolation are present in the lives of some SA seniors. Ten percent of the participants in the Edmonton study said they were lonely frequently or all of the time and 28% said they were aware of at least one other SA senior living in Edmonton who seemed lonely (Ng, Northcott & Abu-Laban, 2004). Acharya (2004) and Choudhry (2001) also found loneliness a common problem. According to Choudhry, loneliness was a factor even for those with friends and family living nearby. Indeed, loneliness has been identified as a problem affecting Indian immigrants to the US (Kalavar & Van Willigen, 2005) and family immigrants in general (McDonald, George, Daciuk, Yan & Rowan, 2001; Treas & Mazumdar, 2002). A recurring theme in the literature was the lack of sufficient opportunity for informal visiting in Canada (e.g., see Choudhry, 2001). Barriers cited to this included distance, lack of transportation and the busy NA lifestyle (Acharya; Choudhry, 1998; Choudhry, 2001). SA seniors are frequently responsible for caring for their grandchildren (Koehn, cited in Koehn, 2009). Although many take on this role willingly, advanced age can make this difficult (Choudhry). Childcare responsibilities can also have the effect of placing restrictions on seniors' social life (Acharya).

Cultural difference was found to be the source of much distress and loneliness and this was the most severe in the case of widows and non-English speakers (Acharya, 2004; Choudhry, 2001). The elders related disappointment over the changes occurring in their daily lives and of missing the closeness, interdependency and supportive communal living of traditional Indian culture (Acharya). Narratives in Acharya's work reveal a vicious cycle at play: Distress was not only a result of lack of access to leisure and social activity; being distressed was cited as a barrier to social participation as well. A weakening of filial piety is frequently mentioned as a source of distress for SA seniors as is disappointment over their changed and reduced role in the family (Acharya, 2004; Choudhry, 2001; Kalavar & Van Willigen, 2005; Koehn, 2009). Maiter (2003) reminds us that rather than being upset, some seniors find the changes they encounter in Canada

41

liberating. At the same time, Maiter acknowledges relocation puts some seniors at risk for loneliness and depression.

A survey of elderly South Asians across Canada revealed that 21.4% of respondents reported being at least mildly depressed, with women more vulnerable to depression than their male counterparts (Lai & Surood, 2008). An analysis of the data revealed that agreement with South Asian cultural values and poor physical health were the most important risk factors. Seeking to address isolation in seniors is important, in part because of the link between isolation and elder abuse. Elder abuse occurs in all communities across Canada; again the risk factors are generally the same across communities (Podnieks, 2008). But again, ethno-cultural communities may face additional challenges, such as language barriers, socio-cultural difference and unfamiliarity with services (Podnieks). It is important to note that although cultural factors have been cited as a risk factor for loneliness and distress, drawing on cultural traditions has also been found to be instrumental in coping with adversity. Praying, engagement in family and financial matters and having faith in God were among the specifics elderly South Asian women utilized to help them avoid becoming distressed (Acharya & Northcott, 2007). Choudhry (2001) as well found elders proactive in coping with difficulties. According to Choudhry, elders coped with distress by engaging in religious and spiritual activities and by attempting to build social networks.

On enhancing quality of life

The diversity of older persons overall increases with age (WHO, 2007). It is perhaps not surprising then that differing conclusions have been reached regarding what would help seniors maintain and enhance their quality of life. The Global Age-Friendly Initiative (WHO, 2007) determined that older people want the opportunity to socialize and integrate with other cultures. In contrast, the *Seniors Quality of Life Project, Vancouver Project* (n.d.) found many seniors unwilling to integrate with other cultural groups, or appreciate diversity. Related to this is the question of how service might best be designed – multicultural, mainstream or ethno-specific. After an analysis of the relevant literature Radermacher, Feldman and Browning (2008) concluded that no one model can respond effectively to all people from cultural and linguistically diverse groups. Instead of choosing between delivery models the authors maintain the answer

lies in seeking to determine how the models can best complement each other. An area where there does seem to be a high level of agreement is the need to consult older persons themselves on research agendas, planning and policy (Bryant et al., 2002; Chan & Steyn, 2006; NACA, 2005). Indeed, an essential aspect of providing respectful and inclusive services in an "age-friendly" city is to consult with older people on ways to serve them better (WHO, 2007).

Senior centres are said to "form the closest thing to a nationwide recreation system for older people" (Novak & Campbell, 2005, p. 263). Studies reveal relatively low rates of participation however. In a study of senior centres located in Manitoba, Strain (2001) found about 20% of seniors utilizing senior centres and only 8% actually joining. Stats Canada reported similar findings (cited in Strain). The socio-demographic characteristics captured in these studies did not include data on the ethnicity of participants. The findings of a US study on minority elderly participation in senior centres lead to the recommendation that senior centres seeking to increase minority participation take steps to ensure that both the programming and staff reflect the diversity of the ethnic characteristics of the neighbourhood (Pardasani, 2004). Services and programs developed for ethno cultural minority seniors must be respectful of, and sensitive to, diversity in order to be accessible and inclusive (NACA, 2005). An age-friendly city also encourages the integration of age groups (WHO, 2007). As already suggested, such practices may be particularly welcomed by South Asian seniors.

The recognition that immigrant seniors tend to depend on working relatives for transportation and other supports, underlines the need for service programming that is flexible in hours and location (McDonald, George, Daciuk, Yan & Rowan, 2001). To help ensure elders gain access to resources they need, Nandan (2007) suggests making information available in venues where the seniors are already known to gather. The family is often the main support for the seniors; when this is the case, social programming should be directed toward helping the family so that they in turn can help the seniors (Ng, Northcott & Abu-Laban, 2004). Recognizing the help forthcoming from family or by involving family should not suggest that sole responsibility is to be placed on family. Community programming targeted toward the South Asian elderly is essential and have proved its effectiveness. Mand (2006) describes how community agencies helped facilitate significant friendships between elderly women from India

and women from different groups. Communities should develop in such a way that community members feel welcome to participate, should they so choose (NACA, 2005). People are more apt to develop a sense of belonging when they feel they have a contribution to make and when they feel this contribution is welcomed (Simich, Beiser, Stewart & Mwakarimba, 2005). Community groups should be encouraged to involve seniors in volunteer activities that take advantage of their skills and cultural expertise (McDonald et al., 2001). Singh (2000) as well is a strong advocate of viewing elders' knowledge and life experience as a form of cultural capital to be shared. Finally, the WHO (2007) stresses the importance of reaching out to the isolated senior. Recommendations regarding this include making a concerted effort to reach those who may be isolated, by, for example, personal visits and/or invitation and by making events easy to attend.

Limitations/conclusions

The issues surrounding the leisure preferences and practices of South Asian seniors living in Canada are complex and multi-faceted. Generalizing the available research to a specific sub-group is somewhat risky, in part because of the heterogeneity of the South Asian population. The vast number and wide range of activities and pastimes that can be subsumed under the rubrics of leisure and recreation also communicate the issue. At the same time, the challenges and barriers identified suggest avenues to explore in seeking to learn how a city might be made more welcoming and age-friendly to elders of South Asian heritage. Age at migration and gender have emerged as key issues in the studies reviewed and these may be found relevant in further examinations of SA elders and leisure and recreation pursuits. Understanding the social needs of SA seniors should be on the research and social policy agenda, especially in communities such as Abbotsford where the number of SA seniors is high. As previously noted, seeking input and direction from the seniors themselves would be a critically important element in any exploration of the needs and preferences of this group.

Age Friendly City Community Plan Recommendations:

The WHO Global Age Friendly Cities Guide (2007) recommends the recognition of aging as a "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (p.5).

The age-friendly features of any city can be measured against a checklist of core age-friendly features (APPENDIX E). The following recommendations focus on:

- Transportation
- Outdoor spaces and buildings
- Community support and services
- Communication and information
- Civic participation
- Respect and social inclusion
- Social Participation

1. A South Asian coordinator is required for services to Indo Canadian Seniors – a person who can speak the language of the community group, design programs, develop outreach and in-reach as well as facilitate their gradual and effective participation in programs offered by the City and seniors service organizations.

2. Culturally and linguistically appropriate/relevant/signficant outreach to seniors is critical for success of programs to reduce social isolation and exclusion.

3. Involving seniors in program policy, planning, delivery and evaluation is a key to success.

4. Funding could be provided by the City to run ethnic senior specific programs. E.g. City of Vancouver provides service grants to seniors' organizations.

5. A Neighbourhood Community Place must provide programming (indoors) for multi-generation groups since Indo Canadian families live in extended family units.

6. Access to provisions for child minding is beneficial as Indo Canadian seniors are frequently caring for grandchildren in the home.

7. User friendly/cost friendly facilities/outdoor spaces/buildings which are close to the neighbourhoods where Indo Canadian seniors live.

8. Education and awareness is needed – the temple is one venue to make announcement and provide information as well as ethnic media which is very accessible and effective (radio, print and television).

9. Unique approaches need to be incorporated into existing programs to introduce programming to Indo Canadian seniors – utilizing methods that break the ice and include ethnic minority seniors in program initiatives. In-reach models need to be explored and implemented.

10. City of Abbotsford (recreation services) could work with non-profit immigrant serving agencies to provide short orientation to seniors who are new immigrants.

11. The City support new immigrant programs by building solid connections with the agencies that serve them and provide networking opportunities.

12. Instituting a bi-lingual and bi-cultural friendly phone program where seniors can be informed/invited/welcomed to programs in a language that they understand

13. Involve businesses and corporations in providing seniors program opportunities, especially within ethnic communities.

14. Focus on women's unique needs must ensure their participation takes into account barriers that limit participation (e.g. child-minding, access to transportation, language, resources, etc.)

15. The City could support Assisted-living plans for Indo Canadian Seniors in a culturally appropriate facility.

16. Culturally appropriate, significant and relevant drop-in programs for seniors which include easy access to transportation is vitally important for Indo Canadian seniors.

17. Programming to address abuse/neglect of seniors, especially within culturally and linguistically distinct immigrant communities like the Indo Canadian seniors.

18. Recreational programming needs to move beyond learning about barriers to active programming in collaboration with Indo Canadian Seniors by seeking their advice and guidance (e.g. their willingness to participate in the Seniors Bus Tours).

19. Literacy programming jointly delivered with social time (e.g. chai time), recreatioial (e.g. parks programs) and educational opportunities (e.g. parenting, healthy lifestyles, transit systems, technology access, etc.).

20. There need to be more opportunities for cross-cultural exchanges that facilitate community building and connectivity among all seniors.

21. Effective outreach and in-reach is needed to isolated Indo Canadian seniors who might be frail, geographically isolated, health challenged, etc.
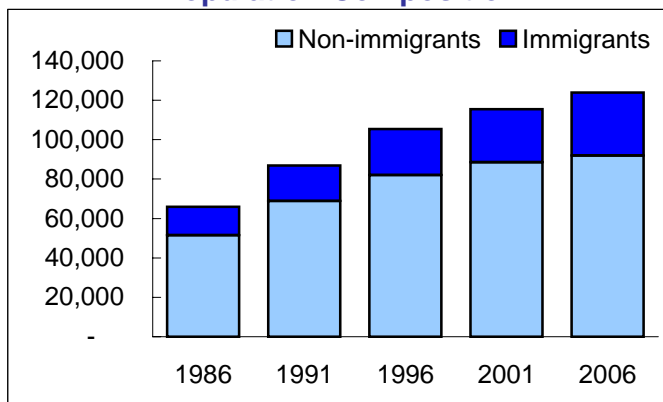
APPENDIX A

COMMUNITY PROFILE

Abbotsford

A City in Fraser Valley Regional District

Population

	Total Population	Immigrants	
		Number	Percent
1986	65,945	14,455	21.9
1991	86,928	18,020	20.7
1996	105,403	23,335	22.1
2001	115,494	27,030	23.4
2006	123,864	31,950	25.8

Population Composition

	Change in Population	Change in Immigrants	
		Number	Percent
1986 to 1991	20,983	3,565	24.7
1991 to 1996	18,475	5,315	29.5
1996 to 2001	10,091	3,695	15.8
2001 to 2006	8,370	4,920	18.2

Age Distribution (% of Total)
Compared to total population
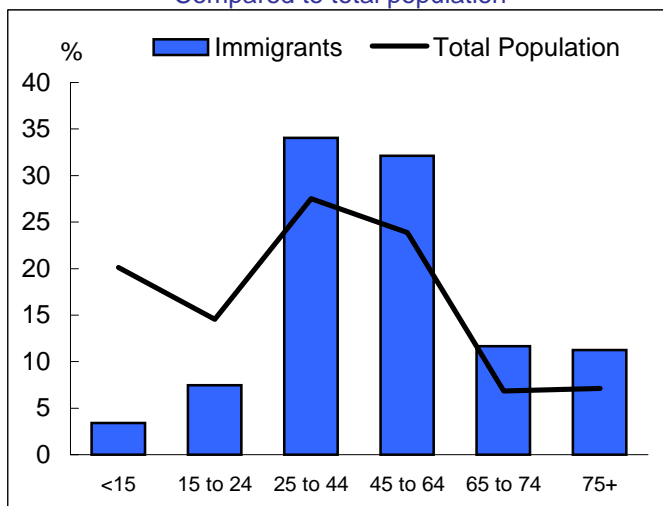
Language

Knowledge of Official Languages

	Immigrants	Percent
English only	25,810	80.8
French only	40	0.1
Both	1,065	3.3
Neither	5,040	15.8
Total immigrants	31,950	100.0

Mother Tongue: One language (single response)

	Immigrants	Percent
Total single responses	31,480	100.0
Panjabi (Punjabi)	13,575	43.1
English	6,305	20.0
German	3,675	11.7
Dutch	1,280	4.1
Spanish	810	2.6
Korean	760	2.4
Vietnamese	570	1.8
Chinese, not specified	550	1.7
Cantonese	275	0.9
Mandarin	250	0.8

Home Language: One language (single response)

	Immigrants	Percent
Total single responses	30,740	100.0
English	13,715	44.6
Panjabi (Punjabi)	12,075	39.3
German	1,005	3.3
Korean	645	2.1
Vietnamese	500	1.6
Spanish	445	1.4
Chinese, not specified	440	1.4
Cantonese	210	0.7
Mandarin	190	0.6
Russian	135	0.4

The voices of language at home in 2006
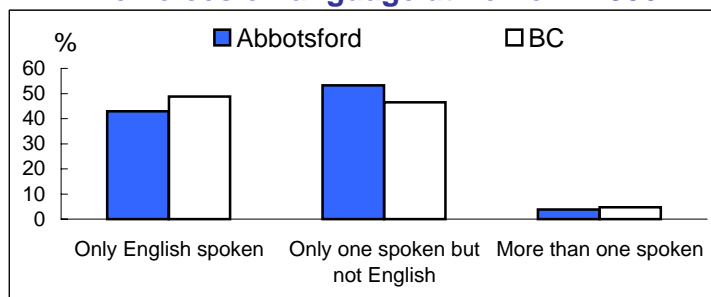
Source: 2006 Census, Statistics Canada
Data for 2001 and 2006 based on 2006 boundaries; data for other years based on boundaries at that time.

Profile of Immigrants in BC Communities 2006

Produced by BC Stats for
Immigration Partnerships
& Initiatives Branch
Ministry of
Advanced Education &
Labour Market Development

Abbotsford
A City in Fraser Valley Regional District

BRITISH COLUMBIA
The Best Place on Earth

Period of Immigration

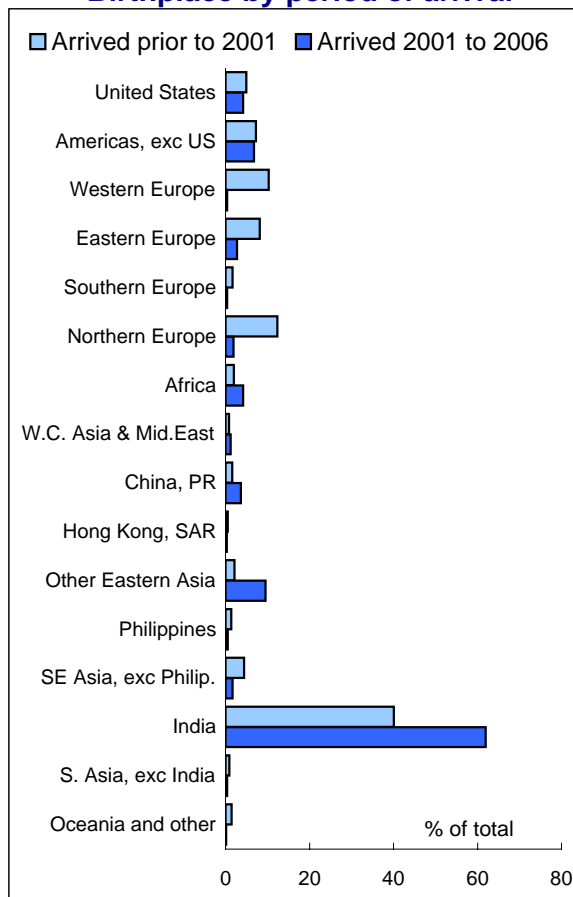|	Immigrants	Percent
Total immigrant population	31,950	100.0
Before 1961	4,930	15.4
1961 to 1970	2,605	8.2
1971 to 1980	4,865	15.2
1981 to 1990	5,025	15.7
1991 to 2000	9,240	28.9
1991 to 1995	4,820	15.1
1996 to 2000	4,420	13.8
2001 to 2006	5,285	16.5

Percent of immigrants by period of arrival
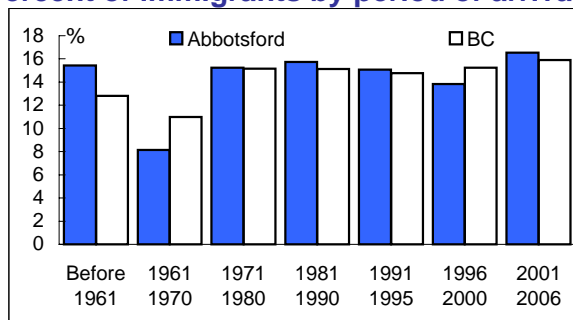
World Region of Birth: total immigrants and very recent immigrants

	Total Immigrants	Very Recent Immigrants
Total	31,950	5,285
United States of America	1,535	220
Central America	515	75
Caribbean and Bermuda	250	50
South America	1,530	235
Europe	8,950	280
Western Europe	2,770	20
Eastern Europe	2,325	145
Italy	145	-
Southern Europe (exc. Italy)	315	20
United Kingdom	2,955	95
Northern Europe (exc. UK)	435	10
Africa	745	220
Asia and the Middle East	18,040	4,195
W. Central Asia & Middle East	295	65
China, People's Republic of	615	195
Hong Kong, Spec.Admin.Region	160	15
Eastern Asia (exc. China, HK)	1,070	505
Southeast Asia	1,665	120
Philippines	400	30
Southeast Asia (exc. Philippines)	1,260	90
Southern Asia	14,235	3,295
India	13,960	3,275
Southern Asia (exc. India)	270	20
Oceania (incl Australia, NZ)	400	10

Birthplace by period of arrival

Immigrants: people who are, or have been, landed immigrants in Canada. **Very recent immigrants** are immigrants who landed in Canada between January 1, 2001 and Census Day, May 16, 2006.

Abbotsford
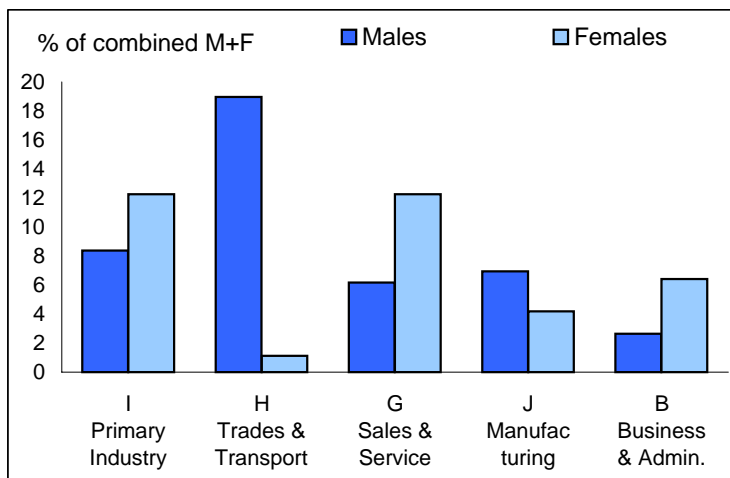A City in Fraser Valley Regional District

Labour Force Integration

	Males			Females		
	2006	2001	1996	2006	2001	1996
Immigrants 15 years & over (Pop)	14,835	12,445	10,750	16,025	13,525	11,560
In the labour force (LF)	10,480	8,605	7,455	9,050	7,325	6,145
Employed (Emp)	9,855	7,740	6,625	8,155	6,445	5,035
Unemployed (U)	625	860	825	895	880	1,115
Not in the labour force	4,355	3,845	3,300	6,975	6,200	5,415
Participation rate (LF/Pop)	70.6	69.1	69.3	56.5	54.1	53.2
Employment rate (Emp/Pop)	66.4	62.2	61.6	50.9	47.6	43.6
Unemployment rate (U/LF)	6.0	10.1	11.1	9.9	12.1	18.1

2006 Census	Both Sexes		Males		Females	
	Immigrants	Total Pop	Immigrants	Total Pop	Immigrants	Total Pop
Participation rate (LF/Pop)	63.3	67.6	70.6	73.9	56.5	61.5
Employment rate (Emp/Pop)	58.4	63.8	66.4	70.5	50.9	57.5
Unemployment rate (U/LF)	7.8	5.5	6.0	4.6	9.9	6.6

Occupations of Immigrants

	Immigrants		Total Pop
	Number	Percent	Percent
All occupations	19,220	100.0	100.0
A Management occupations	1,385	7.2	8.9
B Business, finance and administration occupations	1,740	9.1	14.9
C Natural and applied sciences and related occupations	475	2.5	3.5
D Health occupations	875	4.6	4.8
E Occupations in social science, education, government service & religion	1,005	5.2	7.5
F Occupations in art, culture, recreation and sport	235	1.2	1.6
G Sales and service occupations	3,540	18.4	22.7
H Trades, transport & equipment operators & related occupations	3,855	20.1	19.7
I Occupations unique to primary industry	3,960	20.6	10.0
J Occupations unique to processing, manufacturing and utilities	2,145	11.2	6.4

Top Occupations - Immigrant Males and Females

Top Occupations
Immigrants vs. Total Population
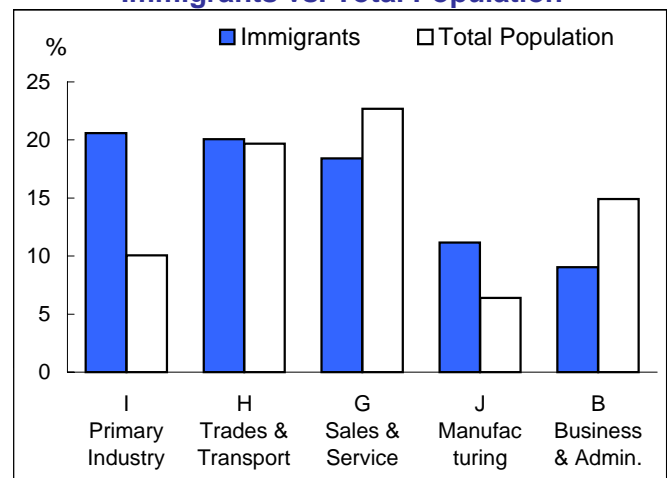
Note: The charts use liberally abbreviated names. Please refer to the titles above the charts for clarification, if necessary.

Produced by BC Stats for
Immigration Partnerships
& Initiatives Branch
Ministry of
Advanced Education &
Labour Market Development

BRITISH COLUMBIA
The Best Place on Earth

Abbotsford

A City in Fraser Valley Regional District

Education - Highest Level of Education

	Immigrants		Total Pop
	Number	Percent	Percent
Total population 25 to 64 years	21,160	100.0	100.0
No certificate, diploma or degree	5,940	28.1	17.8
Certificate, diploma or degree	15,220	71.9	82.2
High school certificate or equivalent	5,990	28.3	30.3
Apprenticeship or trades certificate or diploma	1,885	8.9	12.4
College, or other non-university certificate or diploma	2,660	12.6	18.0
University certificate, diploma or degree	4,685	22.1	21.5
University certificate or diploma below bachelor level	1,225	5.8	5.7
University certificate or degree	3,460	16.4	15.8
Bachelor's degree	1,915	9.1	9.4
University certificate/diploma above bachelor level	415	2.0	2.1
Degree in medicine, dentistry, veterinary med. or optometry	155	0.7	0.5
Master's degree	840	4.0	3.4
Earned doctorate	140	0.7	0.5

Highest Level of Education
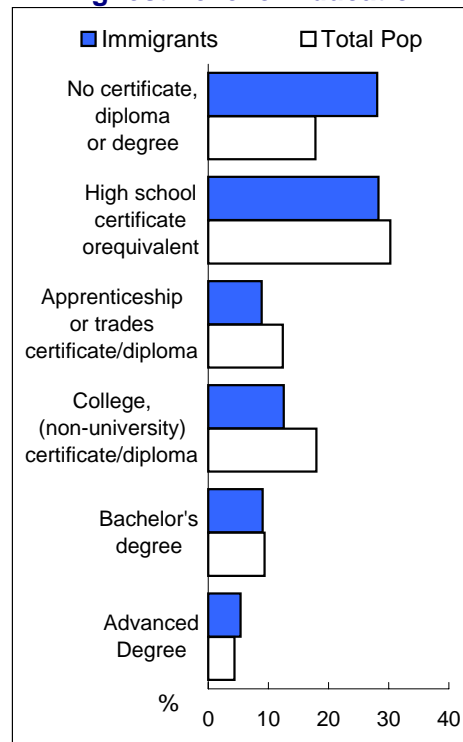
Education - Location of Study for Post-Secondary Qualifications

	Immigrants		Total Pop
	Number	Percent	Percent
Total population 25 to 64 years	21,160	100.0	100.0
With post-secondary qualification	9,235	43.6	51.9
Total population 25 to 64 years with postsecondary qualification	9,235	100.0	100.0
Inside Canada	4,400	47.6	81.4
Newfoundland and Labrador	-	-	0.2
Prince Edward Island	-	-	0.1
Nova Scotia	35	0.4	0.4
New Brunswick	-	-	0.3
Quebec	60	0.6	1.1
Ontario	280	3.0	4.5
Manitoba	105	1.1	2.0
Saskatchewan	60	0.6	2.3
Alberta	215	2.3	4.8
British Columbia	3,635	39.4	65.8
Yukon Territory	-	-	-
Northwest Territories	-	-	-
Nunavut	-	-	-
Outside Canada	4,835	52.4	18.6

Location of Study

Out/Inside Canada & Top Provinces

Source: 2006 Census, Statistics Canada

Profile of Immigrants in BC Communities 2006

Produced by BC Stats for

Immigration Partnerships
& Initiatives Branch
Ministry of
Advanced Education &
Labour Market Development
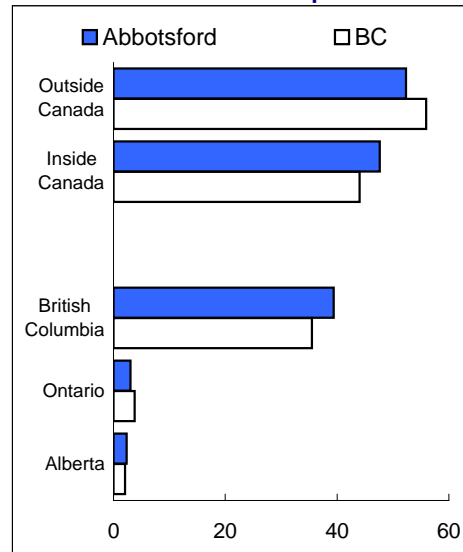
Abbotsford

A City in Fraser Valley Regional District

Income

Total income	Both Sexes		Males		Females	
	Immigrants	Total Pop	Immigrants	Total Pop	Immigrants	Total Pop
Population, 15+, with income	29,905	93,040	14,505	45,460	15,395	47,580
Total 2005 income (median)	$ 19,624	$ 22,990	$ 25,764	$ 30,786	$ 16,023	$ 17,888
Total 2005 income (average)	$ 27,027	$ 31,051	$ 33,312	$ 38,504	$ 21,105	$ 23,931
Employment income (2005)						
Worked full year, full time	7,990	33,085	5,060	20,540	2,930	12,540
Full year, full time (median)	$ 34,218	$ 39,790	$ 38,334	$ 44,549	$ 28,497	$ 33,573
Full year, full time (average)	$ 40,632	$ 45,843	$ 45,232	$ 51,563	$ 32,689	$ 36,471

Median Income (All Sources, 2005)
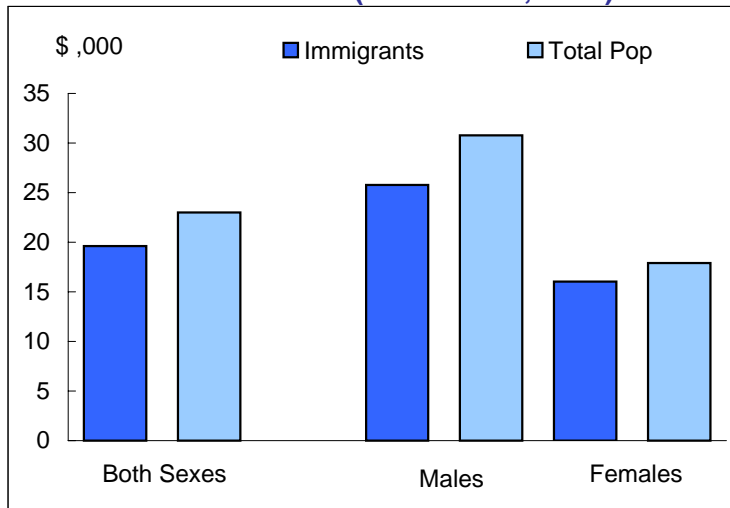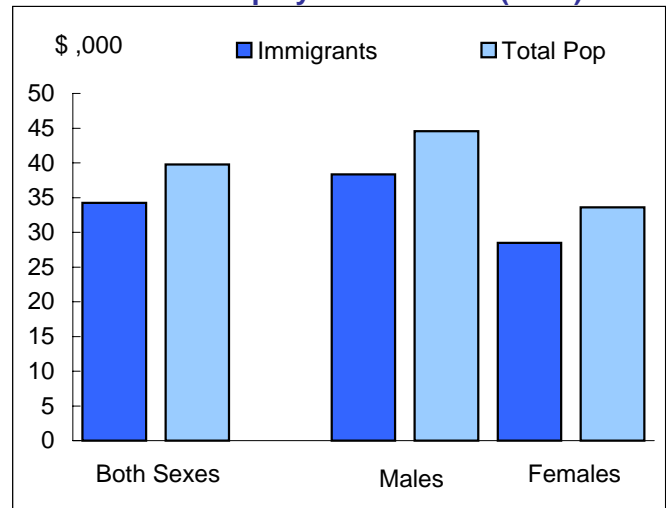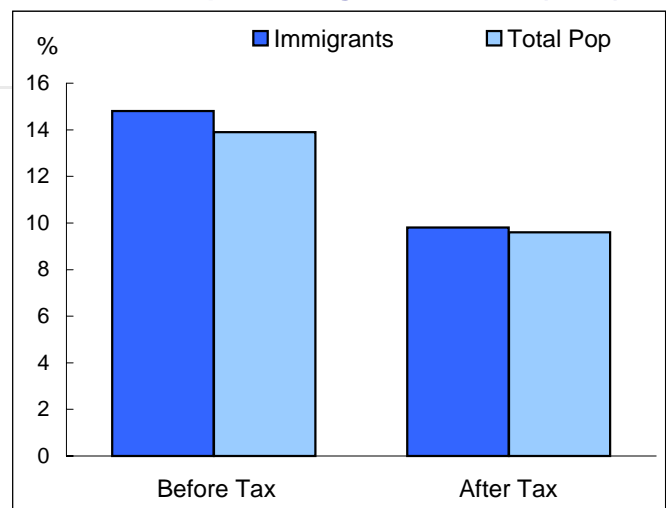

Median Employment Income (2005)

Chart above corrected Aug 28, 2008.
(Error was: Males, total pop income showed total rather than employment income)

Prevalence of Low Income

	Both Sexes	
	Immigrants	Total Pop
Persons in private households	31,880	121,845
Experiencing low income		
Before tax (%)	14.8	13.9
After tax (%)	9.8	9.6

Percent Experiencing Low Income (2005)

APPENDIX B

FOCUS GROUP QUESTIONNAIRE

Indo Canadian Seniors: Age Friendly Community Plan

1. What kinds of social/recreational needs do you have? (e.g. meeting space, activities and programs, social gatherings, etc.)
2. How do you meet these needs at the present time? Please explain both formal and informal ways.
3. Are these needs being met to your satisfaction? If no, please elaborate.
4. Are there barriers that you face in fully meeting your recreational needs? If yes, what are they?
5. What types of social/recreational activities are you involved in on a regular basis?
6. Can you name some of the recreational institutions or places you visit to meet your social/ recreational needs in Abbotsford?
7. What barriers are there to access formal recreational and social services offered in the community for Indo Canadian seniors?
8. Which Parks and Recreation programs do you currently use?
9. Are these services easily accessible? If not, then what are the issues?
10. What are some unique needs for Indo Canadian seniors that need attention? e.g between men and women?
11. What suggestions do you have to meet these unique needs?
12. Do you feel that Abbotford is an age friendly community for Indo Canadian seniors? (Perhaps explain the age friendly concepts if participants are unclear using WHO Age Friendly Cities principles)
13. What aspects of an age friendly city appeal to you as Indo Canadian seniors?
14. What suggestions would you like to make for Abbotsford to become an age friendly city?
15. Do you believe Indo Canadian seniors are socially isolated? If yes, what might be some strategies to reduce social isolation?
16. Do you believe Indo Canadian seniors would avial(?) social/recreational programs at manistream seniors facilities? If yes, what kinds of programs would you like to see offered?
17. Which institutional locations or neighbourhoods (for services) are most viable for Indo Canadian seniors?
18. Do Indo Canadian seniors feel they have avenues to explore their social/recreational needs? If yes, what are these avenues?

NOTE: some of these questions may not all be asked if the information is given in earlier questions.

APPENDIX C

COMMUNITY CONSULTATION

APPENDIX D

LITERATURE REVIEW REFERENCES

LITERATURE REVIEW REFERENCES:

Acharya, M.P. (2004). Constructing the meaning of "mental distress": Coping strategies of elderly East Indian immigrant women in Alberta. Unpublished doctoral dissertation, University of Alberta, Edmonton.

Acharya, M.P. & Northcott, H. C. (2007). Mental distress and the coping strategies of elderly Indian immigrant women. *Transcultural Psychiatry, 44*(4), 614-636. Retrieved May 26, 2009, from Sage Journals Online database.

Austin, C., Flux, D., Ghali, L., Hartley, D., Holinda, D., McCelland, R., et al. (2001). A Place to Call Home: Final Report of the Elderly Friendly Communities Project. Retrieved June 1, 2009 from http://www.calgary.ca/docgallery/bu/cns/elder_friendly_communities.pdf

BC Stats (2001). Special feature: Immigrants from India. *Immigration Highlights, 01*(1). Retrieved May 6, 2009, from http://www.bcstats.gov.bc.ca/pubs/immig/imm011sf.pdf

BC Stats (2005). Family immigrants to British Columbia. *Immigration Highlights, 05*(04). Retrieved May 6, 2009, from http://www.bcstats.gov.bc.ca/pubs/immig/imm054sf.pdf

BC Stats (2009, March). Immigration highlights: Fourth quarter 2008. *Immigration Highlights, 08*(04). Retrieved May 6, 2009 from http://www.bcstats.gov.bc.ca/pubs/immig/imm084h.pdf

Bryant, T., Raphael, D., Brown, I., Dogan, T., Dallaire, C., Laforest, S., et al. (2002). *A Nation for All Ages? A Participatory Study of Canadian Seniors' Quality of Life in Seven Municipalities.* Toronto: York Centre for Health Studies, York University.

Brotman, S. (2003). The limits of multiculturalism in elder care services. *Journal of Aging Studies, 17,* 209-229. Retrieved July 21, 2009, from Sciencedirect database.

Chan, A.S. & Steyn, P.V. (2006). *Elders of Abbotsford: An exploration of strengths and issues.* Final report. Retrieved July 23, 2009. From http://www.abbotsford.ca/Assets/Abbotsford/Strategic+and+Community+Planning/Social+Planning/Seniors/Elders+of+Abbotsford+An+Exploration+of+Strengths+and+Issues.pdf

Choudhry, U.K. (1998). Health promotion among immigrant women from India living in Canada. *Journal of Nursing Scholarship, 30*(3), 269-274. Retrieved May 6, 2009. From Wiley InterScience database.

Choudhry, U. K. (2001). Uprooting and resettlement experiences of South Asian immigrant women. *Western Journal of Nursing Research, 23,* 376-393. Retrieved April 21, 2009, from SAGE Journals Online database.

Choudhry, U.K., Jandu, S., Mahal, J., Singh, R., Sohi-Pabla, H., & Mutta, B. (2002). Health promotion and participatory action research with South Asian women. *Journal of Nursing Scholarship, 34*(1), 75-81. Retrieved May 6, 2009, from Wiley InterScience.

Hansen, J. (2004, March). *Special feature: Immigrants from India and China.* Retrieved June 1, 2009, from http://www.bcstats.gov.bc.ca/pubs/immig/imm034sf.pdf

Kalavar, J. M. & Van Willigen, J. (2005). Older Asian Indians resettled in America: Narratives about households, culture and generation. *Journal of Cross-Cultural Gerontology, 20,* 213-230. Retrieved May 6, 2009, from SpringerLink database.

Koehn, S. (2009). Negotiating candidacy: Ethnic minority seniors' access to care. *Ageing & Society, 29*, 585-608.

Lai, D.W.L. & Surood, S. (2008). Predictors of depression in aging South Asian Canadians. *Journal of Cross Cultural Gerontology, 23*, 57-75. Retrieved May 6, 2009, from SpringerLink database.

Lindsay, C. (2007). *Profiles of Ethnic Communities in Canada, 2001.* (Published as part of the series, Profiles of Ethnic Communities in Canada). Statistic Canada Catalogue no. 89-621-XIE- No. 6). Ottawa: Ministry of Industry. Retrieved May 6, 2009, from http://www.statcan.gc.ca/pub/89-621-x/89-621-x2007006-eng.htm

Mahmood, A., Chaudhury, H., Kobayashi, K. & Valente, M. (Spring, 2008). The housing and community characteristics of South Asian immigrant older adults in Greater Vancouver, British Columbia: A comparison between older adults in ethno-specific seniors' housing and community-dwelling older adults. *Journal of Architectural and Planning Research, 25*(1), 54-75. Retrieved May 6, 2009, from Art Full text database.

Maiter, S. (2003). The context of culture: Social work practice with Canadians of South Asian background. In A. Al-Krenawi & J.R. Graham (Eds.), *Multicultural social work in Canada* (pp. 365-387). Toronto, Canada: Oxford University Press.

Mand, K. (2006, August). Social relations beyond the family?: Exploring elderly South Asian women's friendships in Longon. *Community, Work and Family, 9*(3), 309-323. Retrieved May 6, 2009, from Academic Search Premier database.

McDonald, L., George, U., Daciuk, J., Yan, M.C., & Rowan, H. (2001). A study on the settlement related needs of newly arrived immigrant seniors in Ontario. Retrieved May 6, 2009, from http://atwork.settlement.org/downloads/Settlement_Needs_Immigrant_Seniors.pdf

Multiculturalism and Immigration Branch. (2007, May). *Fact sheet: Immigrant seniors to British Columbia 2002-2006.* Retrieved May 6, 2009, from http://www.welcomebc.ca/en/immigration_resources/pdf/fact-seniors.pdf

Nandan, M. (2007). "Waves" of Asian Indian elderly immigrants: What can practitioners learn? *Journal of Cross Cultural Gerontology, 22*, 389-404. Retrieved May 6, 2009, from SpringerLink database.

National Advisory Council on Aging. (2005) Seniors on the margins: Seniors from ethnocultural minorities Retrieved May 6, 2009. from http://dsp-psd.pwgsc.gc.ca/Collection/H88-5-1-2005E.pdf

Neufeld, A., Harrison, M.J., Stewart, M.J., Hughes, K., & Spitzer, D. (2002). Immigrant women: Making connections to community resources for support in family caregiving. *Qualitative Health Research, 12*(6), 751-768. Retrieved June 28, 2009, from SAGE publications.

Ng, C.F., Northcott, H.C., & Abu-Laban, S.M. (2004). *The experiences of South Asian immigrant seniors living in Edmonton, Alberta: Report to the community.* Final report with tables. Edmonton: Population Research Laboratory, University of Alberta. Retrieved May 6, 2009 from http://pcerii.metropolis.net/Virtual%20Library/FinalReports/DURST_21Oct04.pdf

Novak, M. & Campbell, L. (2005) Aging in Society: A Canadian Perspective (5th ed.) Toronto: Nelson

Oliffe, J., Grewal, S., Bottorff, J., Luke, H., & Toor, H. (July-September 2007). Elderly South Asian Canadian immigrant men: Confirming and disrupting dominant discourses about masculinity and men's health. *Family & Community Health, 30*(3), 224-236. Retrieved May 6, 2009, from Academic Search Premier database.

Pardasani, M.P. (2004). Senior centers: Increasing minority participation through diversification. *Journal of Gerontological Social Work, 43*(2/3) p. 41-56. Retrieved May 27, 2009, from Academic Search Premier database.

Podnieks, E. (2008). Elder abuse: The Canadian experience. *Journal of Elder Abuse & Neglect, 20*(2), 126-150.

Radermacher, H., Feldman, S., & Browning, C. (2008). Review of literature concerning the delivery of community aged care services to ethnic groups, mainstream versus ethno-specific services: It's not an 'either or'. Ethnic communities, council of Victoria: Monash University. Retrieved May 6, 2009, from http://eccv.org.au/doc/Mainstream_versus_Ethno-specific_services-it's_not_an_either_or.pdf

Seniors quality of life: Vancouver project (n.d.). Retrieved May 19, 2009, from http://www.utoronto.ca/seniors/Vancouver/finalReport.pdf

Simich, L., Beiser, M., Steward, M., & Mwakarimba, E. (2005). Providing social support for immigrants and refugees in Canada: Challenges and directions. *Journal of Immigrant Health, 7*(4), 259-268. Retrieved June 18, 2009, from Springer database.

Singh, A. (2000). The voices and well-being of some diasporic Punjabi seniors in North America. *Guru Nanak Journal of Sociology, 21*, 1-28.

Strain, L.A. (2001). Senior centres: Who participates? *Canadian Journal on Aging 20*(4), 471-491.

Tirone, S. & Shaw, S. (1997). At the center of their lives: Indo Canadian women, their families and leisure. *Journal of Leisure Research, 29*(2), 255-244. Retrieved May 6, 2009, from Academic Search Premier database.

Tran, K., Kaddatz, J., & Allard, P. (2005). *South Asians in Canada: Unity through diversity. Canadian social trends. Catalogue No. 11-008.* Ottawa, Ontario: Statistics Canada.

Treas, J. & Mazumdar, S. (2002). Older people in America's immigrant families: Dilemmas of
dependence, integration, and isolation. *Journal of Aging Studies, 16,* 243-258. Retrieved May 10,
2009, from ScienceDirect database.

Triandis, H. C. (1994). *Culture and Social Behavior.* New York: McGraw-Hill.

Turcotte, M. & Schellenberg, G. (2007). A portrait of seniors in Canada, 2006. 89-519-XIE

Van Willigen, J., Chadha, N., & Kedia, S. (1995). Personal networks and sacred texts: Social aging in
Delhi, India. *Journal of Cross-Cultural Gerontology, 10*, 175-198. Retrieved May 6, 2009, from
SpringerLink database.

Vatuk, S. (1980). Withdrawal and disengagement as a cultural response to aging in India. In C. L. Fry
(Ed.), *Aging in culture and society: Comparative viewpoints and strategies*. (pp. 126-148). New
York: Praeger.

World Bank (n.d.) Data and Statistics. Retrieved August 3, 2009, from,
http://web.worldbank.org/WBSITE/EXTERNAL/DATASTATISTICS/0,,contentMDK:20394872~page
PK:64133150~piPK:64133175~theSitePK:239419,00.html

World Health Organization (2007). *Global age-friendly cities: A guide.* Retrieved April 3, 2009, from
http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

APPENDIX E

AGE FRIENDLY CITIES: A GUIDE
WORLD HEALTH ORGANIZATION

Global Age-friendly Cities:
A Guide

Age-friendly outdoor spaces and buildings checklist

Environment

- The city is clean, with enforced regulations limiting noise levels and unpleasant or harmful odours in public places.

Green spaces and walkways

- There are well-maintained and safe green spaces, with adequate shelter, toilet facilities and seating that can be easily accessed.

- Pedestrian-friendly walkways are free from obstructions, have a smooth surface, have public toilets and can be easily accessed.

Outdoor seating

- Outdoor seating is available, particularly in parks, transport stops and public spaces, and spaced at regular intervals; the seating is well-maintained and patrolled to ensure safe access by all.

Pavements

- Pavements are well-maintained, smooth, level, non-slip and wide enough to accommodate wheelchairs with low curbs that taper off to the road.

- Pavements are clear of any obstructions (e.g. street vendors, parked cars, trees, dog droppings, snow) and pedestrians have priority of use.

Roads

- Roads have adequate non-slip, regularly spaced pedestrian crossings ensuring that it is safe for pedestrians to cross the road.

- Roads have well-designed and appropriately placed physical structures, such as traffic islands, overpasses or underpasses, to assist pedestrians to cross busy roads.

- Pedestrian crossing lights allow sufficient time for older people to cross the road and have visual and audio signals.

Traffic

- There is strict enforcement of traffic rules and regulations, with drivers giving way to pedestrians.

Cycle paths

- There are separate cycle paths for cyclists.

Safety

- Public safety in all open spaces and buildings is a priority and is promoted by, for example, measures to reduce the risk from natural disasters, good street lighting, police patrols, enforcement of by-laws, and support for community and personal safety initiatives.

Services

- Services are clustered, located in close proximity to where older people live and can be easily accessed (e.g. are located on the ground floor of buildings).

- There are special customer service arrangements for older people, such as separate queues or service counters for older people.

Buildings

- Buildings are accessible and have the following features:

    – elevators

    – ramps

    – adequate signage

    – railings on stairs

    – stairs that are not too high or steep

    – non-slip flooring

    – rest areas with comfortable chairs

    – sufficient numbers of public toilets.

Public toilets

- Public toilets are clean, well-maintained, easily accessible for people with varying abilities, well-signed and placed in convenient locations.

Age-friendly transportation checklist

Affordability

- Public transportation is affordable to all older people.

- Consistent and well-displayed transportation rates are charged.

Reliability and frequency

- Public transport is reliable and frequent (including services at night and at weekends).

Travel destinations

- Public transport is available for older people to reach key destinations such as hospitals, health centres, public parks, shopping centres, banks and seniors' centres.

- All areas are well-serviced with adequate, well-connected transport routes within the city (including the outer areas) and between neighbouring cities.

- Transport routes are well-connected between the various transport options.

Age-friendly vehicles

- Vehicles are accessible, with floors that lower, low steps, and wide and high seats.

- Vehicles are clean and well-maintained.

- Vehicles have clear signage indicating the vehicle number and destination.

Specialized services

- Sufficient specialized transport services are available for people with disabilities.

Priority seating

- Priority seating for older people is provided, and is respected by other passengers.

Transport drivers

- Drivers are courteous, obey traffic rules, stop at designated transport stops, wait for passengers to be seated before driving off, and park alongside the curb so that it is easier for older people to step off the vehicle.

Safety and comfort

- Public transport is safe from crime and is not overcrowded.

Transport stops and stations

- Designated transport stops are located in close proximity to where older people live, are provided with seating and with shelter from the weather, are clean and safe, and are adequately lit.

- Stations are accessible, with ramps, escalators, elevators, appropriate platforms, public toilets, and legible and well-placed signage.

- Transport stops and stations are easy to access and are located conveniently.

- Station staff are courteous and helpful.

Information

- Information is provided to older people on how to use public transport and about the range of transport options available.

- Timetables are legible and easy to access.

- Timetables clearly indicate the routes of buses accessible to disabled people.

Community transport

- Community transport services, including volunteer drivers and shuttle services, are available to take older people to specific events and places.

Taxis

- Taxis are affordable, with discounts or subsidized taxi fares provided for older people with low incomes.

- Taxis are comfortable and accessible, with room for wheelchairs and/or walking frames.

- Taxi drivers are courteous and helpful.

Roads

- Roads are well-maintained, wide and well-lit, have appropriately designed and placed traffic calming devices, have traffic signals and lights at intersections, have intersections that are clearly marked, have covered drains, and have consistent, clearly visible and well-placed signage.

- The traffic flow is well-regulated.

- Roads are free of obstructions that might block a driver's vision.

- The rules of the road are strictly enforced and drivers are educated to follow the rules.

Driving competence

- Refresher driving courses are provided and promoted.

Parking

- Affordable parking is available.

- Priority parking bays are provided for older people close to buildings and transport stops.

- Priority parking bays for disabled people are provided close to buildings and transport stops, the use of which are monitored.

- Drop-off and pick-up bays close to buildings and transport stops are provided for handicapped and older people.

Age-friendly housing checklist

Affordability

- Affordable housing is available for all older people.

Essential services

- Essential services are provided that are affordable to all.

Design

- Housing is made of appropriate materials and well-structured.

- There is sufficient space to enable older people to move around freely.

- Housing is appropriately equipped to meet environmental conditions (e.g. appropriate air-conditioning or heating).

- Housing is adapted for older people, with even surfaces, passages wide enough for wheelchairs, and appropriately designed bathrooms, toilets and kitchens.

Modifications

- Housing is modified for older people as needed.

- Housing modifications are affordable.

- Equipment for housing modifications is readily available.

- Financial assistance is provided for home modifications.

- There is a good understanding of how housing can be modified to meet the needs of older people.

Maintenance

- Maintenance services are affordable for older people.

- There are appropriately qualified and reliable service providers to undertake maintenance work.

- Public housing, rented accommodation and common areas are well-maintained.

Ageing in place

- Housing is located close to services and facilities.

- Affordable services are provided to enable older people to remain at home, to "age in place".

- Older people are well-informed of the services available to help them age in place.

Community integration

- Housing design facilitates continued integration of older people into the community.

Housing options

- A range of appropriate and affordable housing options is available for older people, including frail and disabled older people, in the local area.

- Older people are well-informed of the available housing options.

- Sufficient and affordable housing dedicated to older people is provided in the local area.

- There is a range of appropriate services and appropriate amenities and activities in older people's housing facilities.

- Older people's housing is integrated in the surrounding community.

Living environment

- Housing is not overcrowded.

- Older people are comfortable in their housing environment.

- Housing is not located in areas prone to natural disasters.

- Older people feel safe in the environment they live in.

- Financial assistance is provided for housing security measures.

ate the economic support adapted to the economic condition of older people. This includes an ID card allowing them access to lower prices and even free services, and a "Si Vale card" guaranteeing the poorest an income of US$ 80 per month.

Age-friendly respect and social inclusion checklist

Respectful and inclusive services

- Older people are consulted by public, voluntary and commercial services on ways to serve them better.

- Public and commercial services provide services and products adapted to older people's needs and preferences.

- Services have helpful and courteous staff trained to respond to older people.

Public images of ageing

- The media include older people in public imagery, depicting them positively and without stereotypes.

Intergenerational and family interactions

- Community-wide settings, activities and events attract people of all ages by accommodating age-specific needs and preferences.

- Older people are specifically included in community activities for "families".

- Activities that bring generations together for mutual enjoyment and enrichment are regularly held.

Public education

- Learning about ageing and older people is included in primary and secondary school curricula.

- Older people are actively and regularly involved in local school activities with children and teachers.

- Older people are provided opportunities to share their knowledge, history and expertise with other generations.

Community inclusion

- Older people are included as full partners in community decision-making affecting them.

- Older people are recognized by the community for their past as well as their present contributions.

- Community action to strengthen neighbourhood ties and support include older residents as key informants, advisers, actors and beneficiaries.

Economic inclusion

- Economically disadvantaged older people enjoy access to public, voluntary and private services and events.

Age-friendly civic participation and employment checklist

Volunteering options

- There is a range of options for older volunteers to participate.

- Voluntary organizations are well-developed, with infrastructure, training programmes and a workforce of volunteers.

- The skills and interests of volunteers are matched to positions (e.g. register or database).

- Volunteers are supported in their voluntary work, for example by being provided with transportation or having the cost of parking reimbursed.

Employment options

- There is a range of opportunities for older people to work.

- Policy and legislation prevent discrimination on the basis of age.

- Retirement is a choice, not mandatory.

- There are flexible opportunities, with options for part-time or seasonal employment for older people.

- There are employment programmes and agencies for older workers.

- Employee organizations (e.g. trade unions) support flexible options, such as part-time and voluntary work, to enable more participation by older workers.

- Employers are encouraged to employ and retain older workers.

Training

- Training in post-retirement opportunities is provided for older workers.

- Retraining opportunities, such as training in new technologies, is available to older workers.

- Voluntary organizations provide training for their positions.

Accessibility

- Opportunities for voluntary or paid work are known and promoted.

- Transportation to work is available.

- Workplaces are adapted to meet the needs of disabled people.

- There is no cost to the worker of participating in paid or voluntary work.

- There is support for organizations (e.g. funding or reduced insurance costs) to recruit, train and retain older volunteers.

Civic participation

- Advisory councils, boards of organizations, etc. include older people.

- Support exists to enable older people to participate in meetings and civic events, such as reserved seating, support for people with disabilities, aids for the hard of hearing, and transportation.

- Policies, programmes and plans for older people include contributions from older people.

- Older people are encouraged to participate.

Valued contributions

- Older people are respected and acknowledged for their contributions.

- Employers and organizations are sensitive to the needs of older workers.

- The benefits of employing older workers are promoted among employers.

Entrepreneurship

- There is support for older entrepreneurs and opportunities for self-employment (e.g. markets to sell farm produce and crafts, small business training, and micro-financing for older workers).

- Information designed to support small and home-based business is in a formats suitable for older workers.

Pay

- Older workers are fairly remunerated for their work.

- Volunteers are reimbursed for expenses they incur while working.

- Older workers' earnings are not deducted from pensions and other forms of income support to which they are entitled.

Age-friendly community and health services checklist

Service accessibility

- Health and social services are well-distributed throughout the city, are conveniently co-located, and can be reached readily by all means of transportation.

- Residential care facilities, such as retirement homes and nursing homes, are located close to services and residential areas so that residents remain integrated in the larger community.

- Service facilities are safely constructed and are fully accessible for people with disabilities.

- Clear and accessible information is provided about the health and social services for older people.

- Delivery of individual services is coordinated and with a minimum of bureaucracy.

- Administrative and service personnel treat older people with respect and sensitivity.

- Economic barriers impeding access to health and community support services are minimal.

- There is adequate access to designated burial sites.

Offer of services

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health.

- Home care services are offered that include health services, personal care and housekeeping.

- Health and social services offered address the needs and concerns of older people.

- Service professionals have appropriate skills and training to communicate with and effectively serve older people.

Voluntary support

- Volunteers of all ages are encouraged and supported to assist older people in a wide range of health and community settings.

Emergency planning and care

- Emergency planning includes older people, taking into account their needs and capacities in preparing for and responding to emergencies.

APPENDIX F

Age Friendly Cities

AGE FRIENDLY CITY: SAANICH

http://www.saanich.ca/resident/community/services/senior.html

Our vision is for a community where people can live healthy and active lives well into their senior years, where older people are valued for their skills and life experiences and where they participate in the community in ways that they choose. Saanich will be a positive place in which to age when older people say that they live in a community that encourages their participation in maintaining a healthy and active lifestyle.

To this end Saanich Parks and Recreation has completed an Active Aging Seniors Strategy to accomplish this goal. The overall aim of the Active Aging Strategy is to create more opportunities, within the mandate of the Parks and Recreation Services Department, for senior Saanich residents to live active and fulfilling lives.

In addition to surveys and focus groups, the Active Aging Strategy has drawn on analysis of national and international seniors' strategies and community forums. There are 94 recommendations in the strategy centered around six key themes; Transportation, Cost, Programming, Facilities, Staff, Communications & Marketing.

Saanich Recreation Services Department supports the right of all Saanich residents to be included, with equal opportunity and participation, in all departmental programs and services. In addition, the Department acknowledges cultural diversity and ethno-cultural community groups as sources of strength and enrichment. It is committed to responding to the changing demographics of our community and to strengthening neighbourhoods by:

- Fostering increased understanding of diverse cultures
- Working with and through Saanich's ethno-cultural groups
- Forging partnerships to provide the best lifestyle programs and services possible.

CULTURAL BRIDGING

Multilingual Recreation Guide
We are delighted to bring you a simplified guide to our programs and services in Korean, Japanese, Punjabi, Hindi, Spanish, Chinese, French and English. Look for it at your nearest Saanich Recreation Centre.

PROGRAMS

"Speak Well" English Conversation Program
Practise your English through small and informal group discussions with Canadian volunteers. Learn important English skills such as pronunciation, grammar and new vocabulary. This FREE program is ideal for young or mature adults who are immigrants, refugees or international students.

Every Wednesday from 7-8:30pm at the Gordon Head Lawn Bowls Club.
For further information, call 250-475-5407 or email gaileen.flaman@saanich.ca

We offer a variety of music, art, dance, language, craft and cooking courses and camps which focus on other cultures. These kinds of programs, some for children and some for adults, will help develop imagination, social skills, problem solving and critical thinking skills as they relate to discovering other cultures. These programs are held at our 4 recreation centres and our off-site locations. Check our Active Living Guides and Find a Program tab in the Register Now link to find out more about these programs.

COMMUNITY RESOURCES, PARTNERS AND TRANSLATION ASSISTANCE

Inter-Cultural Association:
250-388-4728
Website: www.icavictoria.org
email: admin@icavictoria.org

Victoria Immigrant and Refugee Centre Society:
250-361-1914
Website: www.vircs.bc.ca
email: info@vircs.bc.ca

Group Tours
If your group would like a personal guided tour of our centres and facilities, please contact Gaileen Flaman at 250-475-5407.

Volunteer in your Community
As a newcomer to Victoria, you may be interested in volunteering with us as a way of getting to know your community and the people who live in it.
Check out "Volunteer with Us" to find out more or call Laesha Berry at 250-475-5502.

EXAMPLE:
SENIORS PROGRAM: CITY OF VANCOUVER

http://www.seniorsincommunities.ca/upload/dcd77_Vancouver_Success_SF.pdf
Program Name: The SUCCESS Seniors Quality of Life Program
Community Name: Vancouver, City of (**Population:** 583,296)
Background:
The SUCCESS Seniors Quality of Life Program was launched in 1995 as a result of surveys that revealed Cantonese and Mandarin-speaking senior immigrants have difficulties with accessing health and community services as well as facing language and cultural barriers. The program helps these seniors to access

services at community centres in the City of Vancouver, and enables them become involved in planning committees and boards.

The City of Vancouver provides the United Chinese Community Enrichment Services Society (SUCCESS) with a Community Services Grant to deliver this community outreach program.The City uses its Community Services Grants program to support bilingual workers to help solve language barriers. The grants are provided to various non-profit groups, in this case SUCCESS, to hire bilingual staff to work with seniors in different parts of the City.

The City has supported this program in six different community centers, enabling them to easily access to the program. Most of the community centers provide program brochures in Chinese as well as English, letting more senior citizens to know about the program.

EXAMPLE: Funding Program

NOVA SCOTIA: Age-Friendly Communities Program

The program assists municipalities in creating or adapting structures and services that are accessible and inclusive of seniors with varying needs and capacities in order to ensure they are able to lead healthy, active lives.

Who can apply?

All municipal units in Nova Scotia are eligible to apply for an Age-Friendly Communities Program grant. This includes regional municipalities, towns, rural municipalities and villages.

Successful applications will receive up to 50 per cent of their project cost, to a maximum of a $5,000 grant, where the municipality matches the fund's contribution.

Applications for the Fall 2009 funding round will be accepted from November 6, 2009 until 4:30 p.m., December 18, 2009.

Age-Friendly Communities Grants 2008-2009

1) Cape Breton Regional Municipality   **$5,000**

Establishment of age-friendly walking trail in the village of Donkin, Cape Breton Regional Municipality.

2) County of Victoria   **$5,000**

Age-friendly community walking track in the County of Victoria, Cape Breton.

3) Municipality of the County of Antigonish   **$5,000**

Commissioning of a generator system for the Community Center in Havre Boucher.

4) Municipality of the County of Colchester   **$5,000**

Support for physical fitness programs and equipment for seniors.

5) Municipality of the County of Inverness   **$5,000**

Construction of an age-friendly gazebo in Community Garden in Port Hood, Inverness County.

6) Municipality of the District of Chester   **$5,000**

Inter-generational outdoor fitness circuit located at the Chester Area Middle School.

7) Municipality of the District of Guysborough   **$5,000**

Support for educational days for seniors focusing on art, personal safety issues and health.

8) Municipality of the District of Lunenburg   **$5,000**

Age-friendly information collection from seniors, age-friendly upgrades to the trail surface at the Municipal Activity Recreation Centre, installation of benches along existing trails, production of newsletters to outline senior specific Municipal information.

9) Municipality of the District of Shelburne   **$5,000**

Construction of age-friendly picnic shelter, age-friendly improvements to Welkum Park and along the Municipalities' four trails and support for "Age Friendly Community Roadshows".

10) Municipality of the District of Yarmouth   **$5,000**

Purchase of "Duet Bicycles"- providing alternative transportation incorporating an unique physical activity opportunity for seniors.

11) Municipality of the District of Yarmouth   **$5,000**

Benches to be placed throughout the Municipality of the District of Yarmouth to provide resting and scenic areas for seniors.

12) Municipality of East Hants   **$5,000**

Development of "Carpet Bowling" physical activity for seniors.

13) Town of Amherst   **$5,000**

Age-friendly improvements to Amherst Rotary Centennial Park.

14) Town of Bridgetown   **$5,000**

Age-friendly patio space improvement to Bridgetown Library.

15) Town of Pictou   **$5,000**

Age-friendly improvements to Broidy Park.

16) Town of Trenton $5,000

Age-friendly improvements to revitalize Trenton's Main Street.

17) Town of Truro Parks & Rec $5,000

Support for age-friendly equipment for Victoria Park for seniors' activities.

CONCLUSION: