

*Downtown Eastside
Neighbourhood House*

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Identifying the Needs and Support for Chinese Seniors in Downtown Eastside Vancouver

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- Yarrow Intergenerational Society for Justice
- Chinese Benevolent Association

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Executive Summary

Introduction

In order to gain a deeper understanding of the lives of Chinese seniors in the Downtown Eastside of Vancouver, especially in the Chinatown and Strathcona area, the Downtown Eastside Neighbourhood House carried out this project which was funded by the Chinatown Legacy Stewardship Group.

The project conducted a research study to collect up-to-date data on the living conditions and support networks of Chinese seniors within the Chinatown and Strathcona areas. The study focused on seniors who spoke Chinese dialects and lived in Chinese Benevolent Society-owned and privately-owned Single Room Occupancy (SRO) buildings.

This study aims to understand the following issues: To what degree do the Chinese seniors require support and services to deal with their basic activities? How familiar are they with the services available in their communities? What types of networking do they employ to find support and services? Are there any unique difficulties in accessing support and services in their communities?

Methodology

This study used a multi-method research design that combines qualitative and quantitative approaches. Two components were designed and ran simultaneously:

- a. A questionnaire survey that was administered to 70 Chinese seniors who lived in the selected privately-owned SROs;
- b. In-depth interviews with 10 Chinese seniors, 5 community workers who provide direct services to Chinese seniors, 5 building managers/caretakers, 2 private service providers and 1 member from the Chinese Benevolent Society. The study was carried out in Chinatown and Strathcona areas from December 2020 to May 2021.

We chose to examine this segment of the population because there was a knowledge gap and the scope was in line with the time, resources, and funding available. It is also important to highlight that there are a vast number of unsupported low-income Chinese seniors living in the DTES that are not living in SROs. These vulnerable seniors are supported by a handful of under-resourced frontline workers that are currently faced with needs in the community that are completely beyond their capacity to meet.

Findings

PROFILES OF THE SAMPLED CHINESE SENIORS

- Among the 70 participants, 56% were male, and 44% were female. The sample represented a **diverse range of age** among seniors, from 55 to 97 years of age.
- 80% of the seniors came from Mainland China, and 6% were born in Hong Kong. The remaining 14% were originally from other countries, including Malaysia, Vietnam, Myanmar and Macao.
- 50% of the seniors surveyed had lived in Canada for over 20 years. The longest years in Canada were 94 years, and the shortest were 3 years. The median years of living in Canada were 21 years, and the mean years were 24.
- 45% of the seniors in the study used Chinese dialects to communicate with family members. The dialects included **Yinping, Taishan, Kaiping, Xinhui, Hakka, Zhongshan, Jiangmen, Hunan, Fujian**. The second most spoken language was Cantonese. A few people spoke Mandarin, Vietnamese and English at home.
- 66% of the surveyed seniors had low to no English skills. According to our observations, many of the seniors' literacy levels in both English and Chinese were very low.
- One-third of the surveyed seniors indicated that they had one or more illnesses that impacted their daily lives. Many participants expressed their concerns about the continuing deterioration of their health, especially with respect to gradual disabilities in **mobility function**.
- Approximately two-thirds of the seniors reported receiving a Canadian government pension. Others received employment income, Employment Insurance benefits, disability benefits, or pensions from China.
- Although over 65 years old, some seniors were still working because they had not met the residency requirements as permanent residents of Canada. They did not qualify for Old Age Security.

REFLECTIONS ON THE LIVING CONDITIONS

- 46% of the participants rated their living conditions as being "average". 39% of residents rated them as "good" or "excellent". The other 16% rated them as "below average" or "poor".
- Some seniors said that although they were not quite satisfied with the rooms they were living in, they still preferred to live in the buildings because of the advantages of being in the community. **Language, transportation and low rent** were the critical considerations for staying in the SROs.
- For the Society-owned SROs, most of the complaints were focused on the low levels of **maintenance** and low levels of **hygiene** in the buildings. For the SROs that were owned by non-Society members, the complaints were focused mainly on poor **management**. Seniors complained that communications between the owners and the tenants were insufficient and inadequate.

BASIC ACTIVITIES AND HELP REQUIREMENTS

- The results reveal that the top six basic activities the Chinese seniors required help with were
 1. Communicating with government and other authorities
 2. Repairs
 3. Applying for government benefits
 4. Medical visits
 5. Shopping for food and groceries
 6. Banking

SOURCES OF HELP TO COMPLETE BASIC ACTIVITIES

- The most frequently mentioned help was from family members, including children, spouses and relatives. The second most frequent help was from building managers or caretakers, followed by community organizations and friends.
- Those who could not rely on children and relatives and were also unfamiliar with community services **sought help randomly**.
- Two for-profit private services for seniors were found in the communities studied. They charged affordable fees to deliver one-on-one assistance to Chinese seniors.

USE OF AND ACCESS TO SERVICES

- The Chinese seniors who participated in the survey were not actively involved in many of the services, and only attended marginally within the greater community.
- Only two types of programs, **translation** and **food programs**, were used by over half of the seniors. Other services had low rates of participation.
- The reasons for not using services were identified as
 - “*I didn’t know it existed.*”
 - “*I didn’t know how to join it.*”
 - “*I couldn’t afford the fee.*”
 - “*I didn’t know how to get there.*”
 - “*I didn’t know anyone there.*”
 - “*I didn’t know the language used in the program.*”
- The seniors’ other reasons for not using the services included **long working hours, family responsibilities**, and they **had their own social circles** and so did not feel the need to join community programs.

IMPACTS OF THE COVID-19 PANDEMIC

- During the interval in which we surveyed the selected SROs, there had been outbreaks in the selected buildings. The **disinvestment** and **unmet health needs** in the SRO buildings had led to deteriorating and unsafe conditions and put the senior residents at increased risk when the pandemic arrived.
- Almost half of the participants reported feeling lonelier than they had before the pandemic. The separation from their families and an extended stay in their tiny rooms had substantial impacts on the seniors, especially with regard to their mental health.
- During the pandemic, the cancellation of face-to-face services created panic among the seniors, especially when they faced **time-sensitive issues**. Additionally, lack of **digital literacy** prevented the seniors from accessing remote services.
- Several factors caused vaccine hesitancy among the Chinese seniors. Lack of information from the health authority, lack of communication regarding knowledge of vaccines, and lack of language support at on-site vaccination clinics were not helpful for the seniors.

OVERALL IMPRESSIONS OF CHINESE SENIORS IN SROS

- In comparison with Chinese seniors who participate actively in social and recreation programs within the community, the Chinese seniors who live in the Chinese Benevolent Society-owned and privately-owned SROs were found to be more **invisible** and **isolated**.
- It was apparent that the biggest challenge for Chinese seniors in SROs was the language barrier. However, the core issue behind the language barrier was the difficulty in navigating the social support system. The life difficulties faced by the elderly are sometimes one-time issues, and sometimes they consist of a series of problems.
- The existing community services, already **under-resourced** and struggling to meet the demands of current clients, had little capacity to engage in advocating for this group of Chinese seniors. Due to limited English levels, low Chinese literacy, lack of accurate information from official channels, and lack of digital knowledge, this group of seniors experienced massive challenges in seeking help.
- When seeking help, they would begin by contacting their immediate family members. Many started by asking their children, followed by relatives. When children would not help because they were busy or lacked capacity, it left the seniors desperate and panicked.
- Many seniors were worried about the deterioration of their health. They did not know how they would access in-suite services or assisted housing when they needed them. The majority did not have a plan for the future, including housing arrangements.
- It was clear that some of the seniors were not satisfied with the living conditions in their SROs. However, due to their **low self-esteem** and the **continued exclusion from community development**, they chose to keep silent instead of advocating for themselves.
- The disinvestment in privately-owned SROs, coupled with lack of management, lack of responsiveness from the owners, and few tenant supports in place, put the senior residents at risk concerning their health and safety.

Recommendations

RECOMMENDATION 1:

Advocate for funding to address urgent gaps and inequities in housing and services to support seniors to age in place.

- Funding for improving living conditions of SROs.
- Funding to attract and retain staff with language capabilities.
- Funding for a continuum of housing choices to allow for age in place.
- Funding for building an age-friendly community in Chinatown.

RECOMMENDATION 2:

Conduct outreach in languages spoken by the seniors and in a culturally sensitive manner to identify their needs and connect them to services.

- There are two main purposes of outreach. The first is to identify the needs of the senior residents, including both their emergent needs and their long-term needs. The second purpose is to connect them to community services, including bringing the seniors information about community programs and making referrals to appropriate services.
- Creative outreach strategies may be helpful for these seniors as they age. Language and cultural sensitivities must be considerations when outreach initiatives are put in place.

RECOMMENDATION 3:

Develop new and adjust existing services for seniors to better match their needs, especially address gaps in translation and one-on-one services. Look into the feasibility of a one-stop service hub for seniors.

- Balance one-on-one services and social/recreational services.
- Balance of services to meet different levels of needs.
- Establish a one-stop service hub in DTES area.

RECOMMENDATION 4:

Involve government, Chinese Benevolent Societies, service agencies and community partners to develop a coordinated seniors service strategy.

- Establish a dedicated group or entity to lead the coordination and partnership building.
- Create a platform to coordinate services for the Chinese population.
- Strengthen the connection between service providers and Chinese Benevolent Societies.

RECOMMENDATION 5:

Empower seniors and strengthen their social and family networks.

- Empower younger seniors to work with older ones.
- Enhance seniors' digital literacy.
- Mentor seniors' family members in recognizing their responsibilities.

Introduction

The Chinese population is the largest visible minority group in the Chinatown and the Strathcona areas of Vancouver. According to the 2006 Canada Census, 41% of Chinatown residents identify their ethnic origin as Chinese. In Chinatown, 25.1% of the population is aged 65 and over, compared with 13.1% in Vancouver. As such, it is essential to gain a better understanding of the unique needs and challenges faced by Chinese seniors within the communities in which they live.

The Downtown Eastside Neighbourhood House carried out this project, which was funded by the Chinatown Legacy Stewardship Group. The project conducted a research study to collect up-to-date data on the living conditions and support networks of Chinese seniors within the Chinatown and Strathcona areas. The study focused on seniors who spoke Chinese dialects and lived in Chinese Benevolent Society-owned and privately-owned Single Room Occupancy (SRO) buildings.

This study aims to gain an understanding of the following issues:

To what degree do the Chinese seniors require services and support to deal with their primary activities?

How familiar are they with the services available in their communities?

What types of networking do they employ to find services and support?

Are there any unique difficulties in accessing services and support in their communities?

This study's findings will support service providers with new perspectives on the unique challenges Chinese seniors faced in the SROs. It is hoped that the study's suggestions will aid the government and stakeholders to improve the delivery of age-friendly and culturally appropriate services for Chinese residents.

Background

Although several research studies have been conducted in the Chinatown area, little information has been collected on the population of Chinese seniors. The literature on Chinatown has focused mainly on topics of its historical segregation, identity, gentrification, poverty, mental health, and substance dependence. As such, it has left out the experiences of Chinese seniors. Due to the lack of research, a knowledge gap exists regarding Chinese seniors' needs and the barriers they face to accessing social services.

The most recent research study on Chinese seniors was undertaken by Sing Mei Chan and Miu Chung Yan in 2007. The study, *Chinese Seniors and Services in the Downtown Eastside, Chinatown, Strathcona and Surrounding Areas*, collected data from subsidized/non-profit housing, cooperatives and SROs, and developed a demographic mapping of Chinese seniors living and seeking services in the area. It focused on interviews with building managers instead of obtaining information directly from the Chinese seniors themselves. The researchers provided sixteen recommendations for a plan of action around building on the strengths of the seniors, keeping them active and connected to their community, and how to help them surmount language barriers as they go through their daily lives.

This current study aims to reach a different group of Chinese seniors—those who live in **privately-owned SROs**—to identify their needs and gaps in available services with the vision of getting a more well-rounded picture of the lives of Chinese seniors in the Downtown Eastside of Vancouver.

Methodology

In order to add to our understanding of Chinese seniors in the Chinatown and Strathcona areas by providing more specific insight into the experiences of tenants who live in privately-owned SROs, this project used a multi-method research design that combines qualitative and quantitative approaches.

The project had two components that ran simultaneously.

- A questionnaire survey was administered to 70 Chinese seniors who lived in the selected privately-owned SROs.
- In-depth interviews were conducted with 10 Chinese seniors, 5 community workers who provide direct services to Chinese seniors, 5 building managers/caretakers, 2 private service providers and 1 member from a Chinese Benevolent Society.

We chose to examine this segment of the population because there was a **knowledge gap** and the scope was in line with the time, resources, and funding available. Early in the project planning process, it was highlighted that there are hundreds, if not thousands, of unsupported low-income Chinese seniors living in the DTES. These vulnerable seniors are supported by a handful of frontline workers. The organizations and frontline workers that supported this research project noted that the precarity of funding and staff who are already engaging in this work makes it nearly impossible to have the time or job stability to develop effective systems of coordination. Furthermore, current known funders and funding mandates do not support this coordination or outreach activities for the Chinese senior population. Frontline workers consulted during this research reported not having the time nor the resources to effectively support Chinese seniors living in SROs. They had high caseloads and were already operating at maximum capacity. More research is needed to examine these issues and their interactions with the findings and recommendations of this research project.

The research protocol was subject to review and approval by the Low-Income Residents, Living Conditions and Gentrification Issues Working Group of the Chinatown Legacy Stewardship Group. The study was carried out in Chinatown and Strathcona areas from October 2020 to August 2021.

Survey of Chinese Seniors

The research team developed a structured questionnaire that began with a series of closed-ended questions and followed with several open-ended questions. Topics included background information about the participants, current living conditions and health status, basic activities and help requirements, use of and access to services, social connections and the overall experience of living in Chinatown (see Appendix 1: Questionnaire). The survey typically took 30–45 minutes to complete, depending on the abilities of the seniors.

Volunteers who could speak Mandarin, Cantonese and dialects were trained to conduct the survey. The volunteers played essential roles in the survey because a large number of the participating seniors could only speak one of the various Chinese dialects. Speaking the dialects helped the volunteers build a relationship with the seniors quickly before they began conducting the survey, and it helped the seniors relax when working with strangers.

Because of the COVID-19 pandemic, the survey was administered using a variety of methods to comply with the health and safety protocols. We conducted most of the surveys face-to-face with PPE and maintained social distance. We met the participants in public areas such as in recreation rooms, in the backyards of SRO buildings, or in the food court of International Village. Additionally, we did some surveys by phone or using an iPad.

A pilot test was done before the formal survey was initiated. The respondents' feedback helped us improve the effectiveness of our approach to gaining a better understanding of the Chinese seniors. An honorarium of \$20 was given to each senior as a token of appreciation for their involvement in the research project.

Sampling

Given the purpose of the study, we set the criteria of the eligibility for participants as:

- 55 years of age or over
- A tenant in one of the target SROs
- Self-identified as Chinese
- English as a second language, and Cantonese, Mandarin or a Chinese dialect is spoken at home

We started from 55 years old instead of the more conventional 65 years of age. The reason for this was that BC Housing set the eligible age for seniors' housing as 55 years old. We usually began the interview process with the building manager or caretaker to better understand how the building was run and who its occupants were. Although we gathered some information from the City of Vancouver, the actual number of Chinese seniors in the selected SROs was challenging to obtain due to ongoing building renovations and rapid tenant turnaround. It was even difficult for the managers to give us an accurate count, and the best they could provide us was often only a rough estimate.

Based on the information we received from the City and the estimates provided by the building managers, we calculated that the total number of tenants in all our target buildings was roughly 280. The number of Chinese senior tenants was around 170. With 70 Chinese seniors participating in the survey, we were able to interview a representative sample of 41% of Chinese senior tenants.

Recruitment

Recruiting participants was a significant challenge in this project. The recruitment started in December 2020, which was during the second wave of COVID-19. We had to evaluate the fieldwork risks and consider the health and safety issues regarding our contact with the seniors.

Because seniors are typically a challenging population to reach, a convenience sampling strategy was applied. We requested that the building managers or caretakers refer eligible seniors to us. When it was difficult to reach out to the building managers, and in some SROs there were no official managers, we drew on personal and institutional networks, such as the networks from research team members and volunteers. The snowball sampling approach was also used as we asked participating seniors to recommend others for the survey. In situations where we could not find a contact for the building, we knocked on doors to gain access to the seniors.

In-Depth Interviews

To better understand some interesting points that came out of the survey, we selected ten seniors among the participants for an in-depth interview. The one-hour interview allowed residents to explain, clarify and expand in detail on the answers they had provided in the questionnaire.

To identify the needs of our participating Chinese seniors and benefit from the knowledge and perspectives of the service providers, we interviewed five community workers from different organizations in Chinatown and Strathcona. They were all frontline workers with years of direct service experience with Chinese seniors. The services they had been involved in included social activities, food delivery, garden programs and one-on-one assistance. They all spoke fluent English, Cantonese or Mandarin (see Appendix 2: Interview Guide for Service Providers).

Additionally, three building managers, two caretakers, two private service providers and one chairperson of a Chinese Benevolent Society participated in these in-depth interviews. They provided an overview of the building status, availability of units, accessibility, utilization, gaps in seniors' services, and the unique issues Chinese seniors face.

All interviewees provided written, informed consent prior to participating in the research. The recordings of their interviews were transcribed to Chinese or English, based on the language used in the conversation.

Data Analysis

The data from the closed-ended questions were analyzed using the Excel statistical software. The responses to open-ended questions were summarized and were presented in the appropriate sections of the report. All interview transcriptions were coded according to a thematic coding scheme and were presented in a descriptive format.

Areas for Further Exploration

This study explored the needs of Chinese seniors living in SROs. It should be mentioned that the Downtown Eastside Chinese seniors community is complex, with a diverse landscape of services and resources. The frontline workers and organizations that supported this research project highlighted that the precarity of funding and staff who are already engaging in this work makes it nearly impossible to have the time or job stability to develop effective systems of coordination. Furthermore, current known funders and funding mandates do not support this coordination or outreach activities for the Chinese senior population. Frontline workers consulted during this research reported not having the time nor the resources to effectively support Chinese seniors living in SROs. They had high caseloads and were already operating at maximum capacity. More research is needed to examine these issues and their interactions with the findings and recommendations of this research project.

Highlights of the Selected SROs

According to Statistics Canada, in comparison to the rest of the city, there is a high proportion of single-person households in Strathcona and Chinatown (Statistics Canada, 2016). Although different housing types have been introduced to the area, SROs still represent 37% of the local housing.

In Chinatown and Strathcona, Chinese Benevolent Societies are member-based, non-profit organizations that own a large number of SROs. They mainly open the SROs to Chinese residents, especially seniors in need of affordable housing. In addition to those owned by Chinese Benevolent Societies, there are also SROs owned by private individuals. These buildings often house the city's low-income and most marginalized residents. Some Chinese seniors also live in these privately-owned SROs.

Located primarily in the Downtown Eastside, most SROs are old, heritage buildings that contain small rooms and shared bathrooms and cooking facilities. Both the Chinese Benevolent Societies and private owners have limited financial resources and minimal development experience. As such, they have not been able to take full advantage of the City's incentives for heritage building rehabilitation. Rehabilitating these buildings is a challenge for both the Societies and for the broader community.

Selection of the SROs

Based on the stated aims of the study, we created a set of criteria for selecting the SRO buildings for the survey. They were as follows:

- Buildings that are located in the Chinatown and Strathcona areas;
- Buildings that are privately-owned, including those owned by Chinese Benevolent Societies, which means owners don't receive any funding from the government;
- Buildings with single rooms, shared bathroom and kitchen;
- Buildings with no in-house services from government agencies or community organizations.

Using the above criteria, the research team originally identified 10 buildings that met our requirements. However, during the fieldwork, we made some adjustments to the target buildings. Two buildings were excluded because there was no way to access them. In addition, we added four buildings that met the requirements, and we successfully reached the participants in the buildings. Ultimately, we reached a total of 12 SROs for the survey and in-depth interviews. Among these buildings, 8 were run by Chinese Benevolent Societies. The other 4 buildings were owned and operated by private individuals, with the owners mainly being Chinese.

Size

Regarding the size of the buildings, among the 12 privately-owned SROs, the largest had 120 units, and the smallest had 5 units. Since most of the buildings are very old, there are repairs and renovations taking place regularly, so not all the rooms are occupied by tenants.

Most of the buildings were built between 1900-1930, with **no elevators, steep stairs, and limited space** in the rooms. The shared bathrooms have simple sinks, toilets and showers. The shared kitchens have stoves and basic kitchen supplies. We observed that some of the tenants did not use the kitchen very often. They typically had an electric cook pot in their private room that they preferred to use. They usually cooked simple soup, bought take-out food from nearby restaurants, or accessed free food from community meal programs. This was especially true for the single males who did not know how to cook.

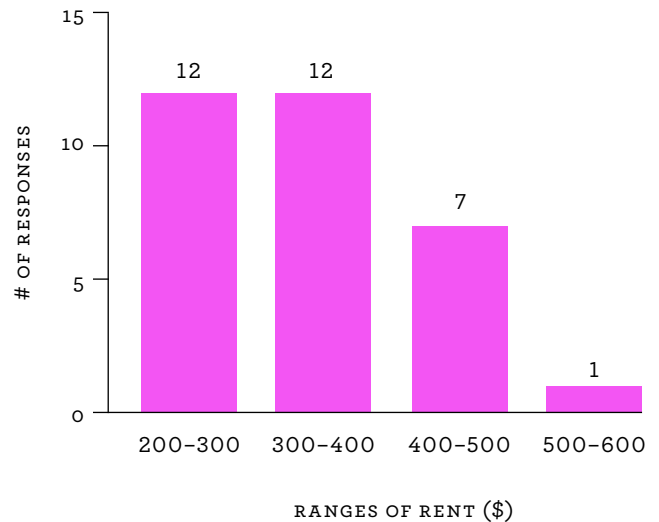
Rent

Historically, the SROs owned by the Chinese Benevolent Societies have rented rooms to people who originate from the same city or village in China as the members of the Societies. Currently, the buildings are open to the general public.

Based on the 32 seniors' responses, within the 12 target buildings, the least expensive monthly rent for a unit was \$200, while the most expensive was \$600. The average rent for a unit was \$358. Most of the rooms had a single-tenant, but some buildings allowed a couple to live in one room. For couples sharing a unit, the least expensive unit was \$480 per month, while the most expensive option was \$600.

The Single Room Accommodation (SRA) Bylaw was enacted in 2003 to regulate the rate of change in the supply of low-income housing in the downtown core. This Bylaw does not prevent rent increases in the SROs. For example, one SRO has raised rent after the COVID-19 outbreak since more stringent cleaning protocols had been enforced in the building.

Figure 1. Current Rents in SROs



Maintenance and Management

Building maintenance was a huge challenge for the owners. For the buildings run by Chinese Benevolent Societies, all costs for maintenance must be paid by the organization. Most of the Societies hold a yearly world-wide fundraising gala, inviting people from the city or village in China in which they are based to support the maintenance of the buildings.

Privately-owned SROs vary significantly with regards to management practices. Our study identified **three types of management**, depending on the level of the managers' capacity. Two of the Society-owned SROs had a well-managed structure. They had both managers and caretakers on-site, and they had built close relationships with the tenants. The other Society-owned SROs had either a manager or caretaker on-site. Typically, caretakers lived in the buildings and were responsible for routine cleaning duties. The managers were not very familiar with the tenants because of the rapid turnover. They only came to the buildings to collect rents or to attend to significant issues at the site.

With respect to the other four SROs owned by non-Society individuals, the levels of management were low. The owners typically hired relatives to do a basic level of cleaning in the buildings. The owners collected the rent themselves every month. The relationships between the tenants and the owners were minimal, with conflicts present sometimes due to rent or other issues.

Profiles of the Sampled Chinese Seniors

70 Chinese seniors in the target SROs completed the survey. 10 of the recipients agreed to participate in in-depth interviews. Surveys and interviews were conducted in the languages of Cantonese, Mandarin or the participants' dialects.

Gender

The sample was distributed between 56% male (n=39) and 44% female (n=31) and closely matched the actual gender distribution in the target SROs. The building managers or caretakers told us that there were more senior men than women among the populations of the target buildings. In one of the more extreme examples of a targeted privately-owned SRO, of the twenty-five residents, twenty-four were male, and one was female.

Figure 2. Gender

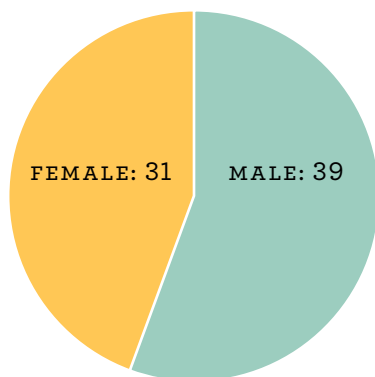
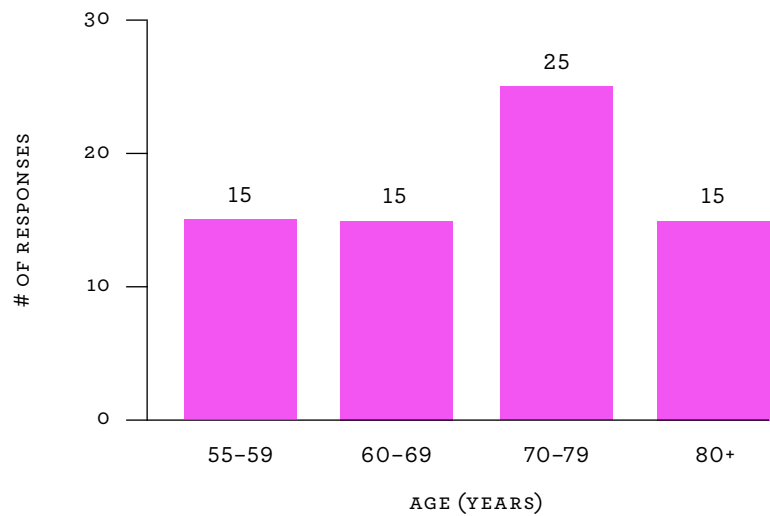


Figure 3. Age



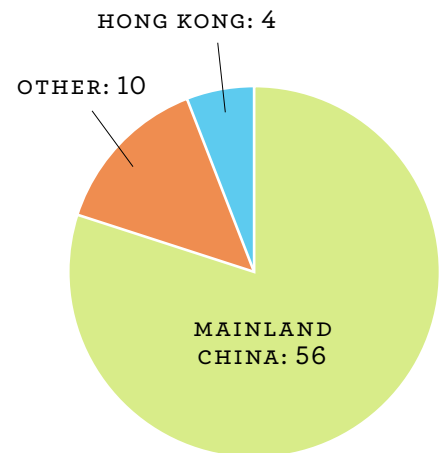
Age

We divided our participants into four age groups for the purposes of this study: 55-59, 60-69, 70-79, 80 and up. Among the participants, the largest group was 70-79 years old (n=25). The other three groups were evenly divided and included 15 people each. The oldest age in the sample was 97 years old, while the youngest senior was 55 years old. The forty-two-year gap between the youngest and oldest meant that the category of “senior” that we used reflected a diversity of living experiences due to a great variety of physical and psychological challenges experienced by the individuals within the range of ages studied.

Countries of Origin

Figure 4 indicates that 80% (n=56) of the seniors originate from Mainland China. 6% (n=4) were born in Hong Kong. The other 14% (n=10) were originally from other countries, including Malaysia, Vietnam, Myanmar and Macao.

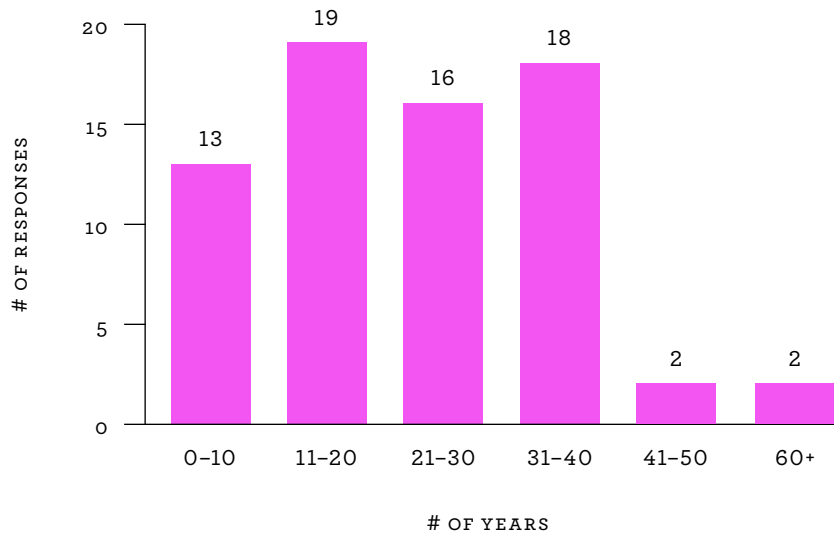
Figure 4. Countries of Origin



Years Lived in Canada

When we asked the question, “How many years have you been living in Canada?” We received a wide range of answers. The longest years of living in Canada was 94; the shortest years was 3. The median of years lived in Canada was 21, and the mean was 24 years, which showed that half of the seniors have lived in Canada for over 20 years.

Figure 5. Years lived in Canada

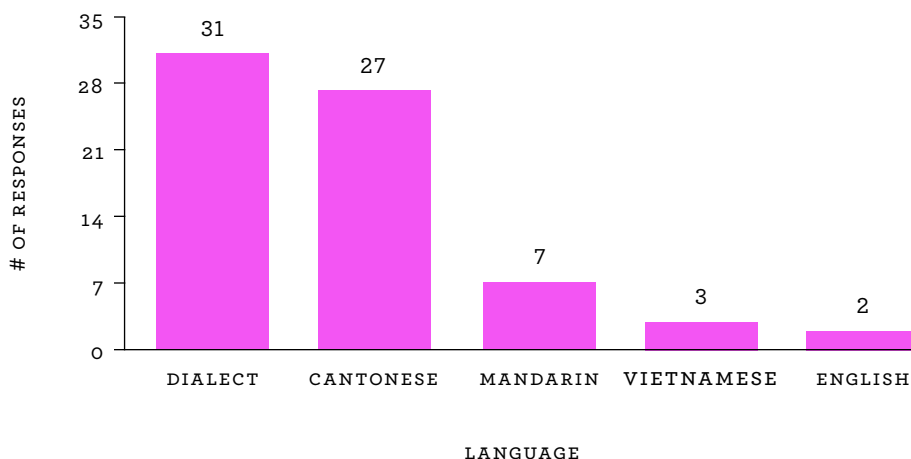


Language Used at Home

Regarding the language used at home, of the 70 participants, 45% (n=31) used Chinese dialects to communicate with their family members. The dialects included **Yinping, Taishan, Kaiping, Xinhui, Hakka, Zhongshan, Jiangmen, Hunan, Fujian.** The second most spoken language was Cantonese (n=27). A few (n=7) people spoke Mandarin. Additionally, 3 seniors who had immigrated from Vietnam spoke Vietnamese at home. Another 2 seniors spoke English at home as that was the language they were able to communicate with their children.

We found that a few of the seniors could only speak dialects. They did not understand spoken Cantonese and Mandarin. Because of the language barrier, their social circles were limited to people who used the same dialect.

Figure 6. Language used at home

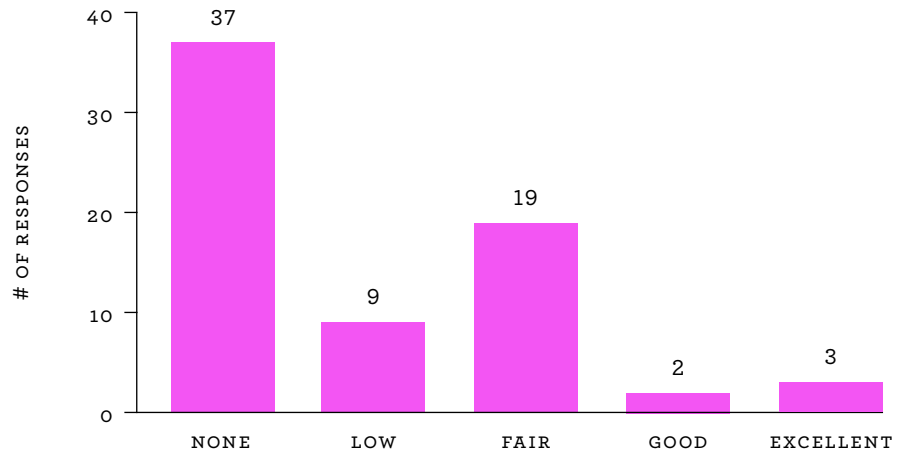


Level of English

We asked the seniors about their overall abilities in English. Figure 7 illustrates that over half of the seniors (n=37) reported not speaking any English. 9 seniors rated their ability to speak, read or write English as low. Therefore, a total of 66% of the surveyed seniors had low to nonexistent English abilities.

We noted that many of the seniors not only had low or no English ability, but that they also had **low levels of Chinese literacy**. They could not read the Chinese questionnaire, and they needed very simple explanations regarding the questions. Some could barely sign their names on the documents. The building managers had similar experiences, reporting that it was difficult for them to communicate with those seniors who only spoke a dialect because both their English and Chinese literacy were very low.

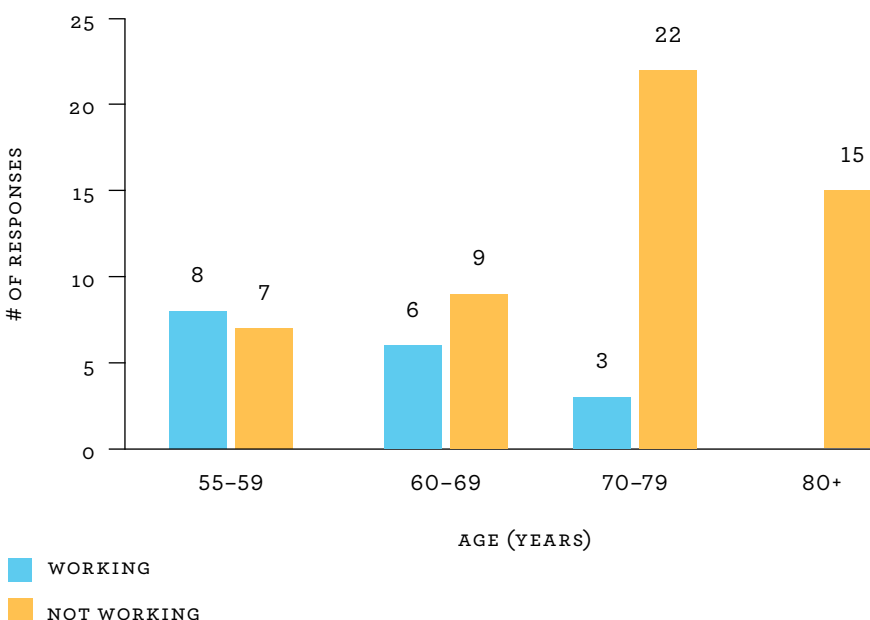
Figure 7. Level of English



Employment

When we asked about the senior's current employment status, we found **many were still working**. Figure 8 shows that over half the residents within the 55-59 age group were working. In the 60-69 age group, 6 out of 15 people had jobs. In the 70-79 age group, 3 seniors were still working.

Figure 8. Employment by Age



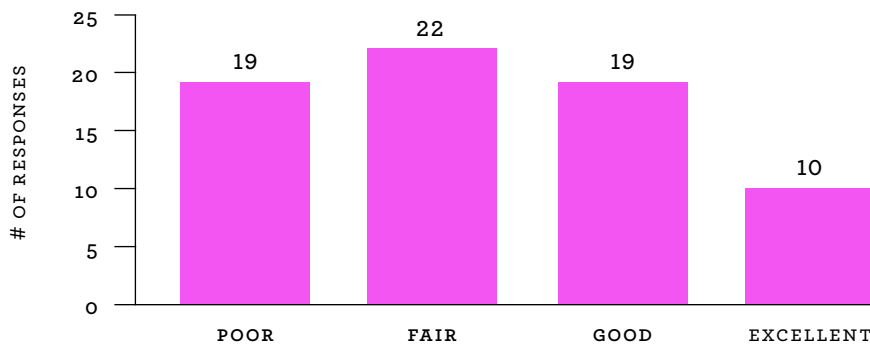
As part of our interviews, we tried to understand why seniors over 65 years old were still working. Some stated that they were still working because they had not met the residency eligibility for applying for Old Age Security. As permanent residents, they had landed in Canada within the previous ten years, or were still under the sponsorship of their children. For these reasons, they had to continue to make a living independently.

Seniors who worked full or part-time reported that their jobs included caregivers, factory workers, dishwashers, bakery workers or waiters/waitresses.

Health Status

Health status is a fundamental issue for seniors, especially when it is related to their **housing** arrangements. Figure 9 shows seniors' responses when asked to describe their health status. About 14% (n=10) of the sample reported their health as excellent, 27% (n=19) perceived their health as good. Close to 31% (n=22) rated their health as fair, while a relatively large proportion of seniors—27% (n=19)—rated their health as poor.

Figure 9. Health Status



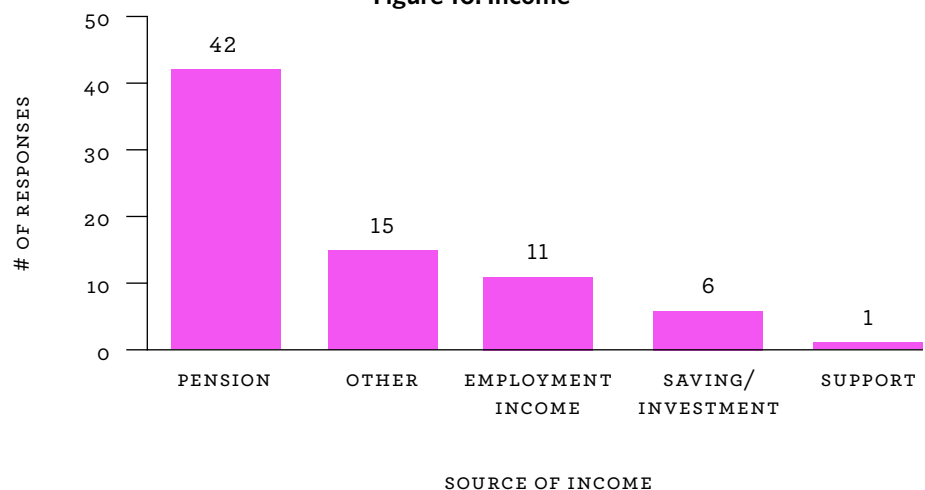
Despite many healthy, independent and capable seniors, there were also many others who felt less well and who faced multiple challenges. One-third of the surveyed seniors (n=24) indicated that they had one or more illnesses that impacted their daily lives. The most frequently cited conditions included diabetes, high blood pressure, heart disease and arthritis. Seniors who were single were especially concerned that if they got sick at night, there was no one they could reach out to for help.

In addition to self-reported health status, we inquired about any physical aids that they were using. Since none of the target SROs had elevators, the building owners required all potential tenants to be physically able to access stairs. As such, most of the surveyed seniors did not use physical aids to support their mobility. 8 people used a cane in their daily life, and 1 person used a toilet aid at home.

Income

Figure 10 shows that 60% (n=42) of the seniors reported receiving a Canadian government pension. 16% (n=11) of the seniors were still working and living on employment income. The remainder received Employment Insurance Benefit, disability benefits, pensions from China, or lived on their investments.

Figure 10. Income



During the interviews we found that many of the participants expressed concerns over the continuing deterioration of their health, especially with respect to a gradual decrease in their mobility. When asked the open question: *“What is the main concern about your future?”*, many answered that they were worried about their housing arrangements when one day they would no longer be able to walk up or down the stairs.

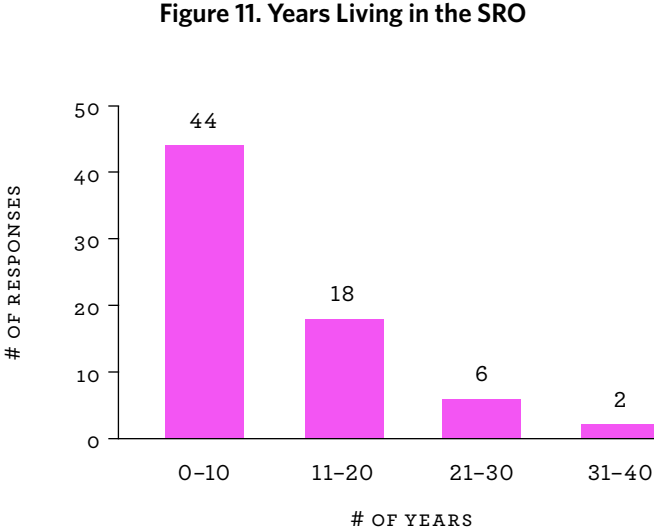
“Nobody can help me. It is very sad. I can walk now, but what will happen if I cannot walk or cannot take care of myself one day? I dare not think about the future. There are some organizations out there that might offer help, but I cannot communicate with them. It is very sad.”

Since one's future health situation is not something that an individual can control, many of the seniors decided to ignore future planning for housing arrangements. They practiced the philosophy of “Focus on today, don't think about tomorrow.”

Reflections on the Living Conditions in the SROs

Years Lived in SRO and Living Arrangements

Figure 11 shows that 63% (n=44) of the residents had lived in their current SROs within 10 years, while 26% (n=18) lived there for between 11 to 20 years. The longest time spent in the SRO was 34 years, and the shortest time was 1 year. Although the majority of the seniors lived alone, 29% (n=20) were living with a spouse.



Evaluation of the Living Conditions

Figure 12 illustrates that 46% (n=32) of the participants rated their living conditions as being “average”. 39% of residents (n=27) rated them as “good” or “excellent”. The other 16% (n=11) rated them as “below average” or “poor”.

Figure 12. Evaluation of Living Conditions

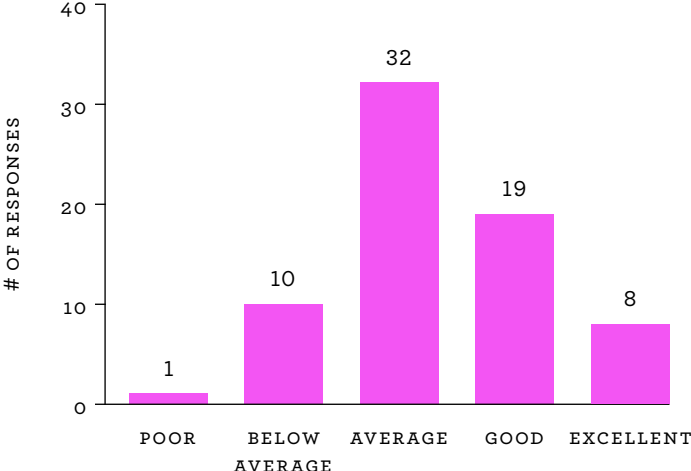
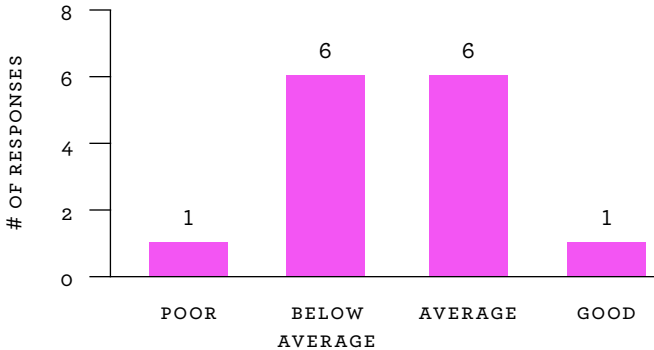


Figure 13 shows the evaluations of the 4 SROs owned by non-Society members. Half of the residents rated them as “below average” or “poor”. 6 rated them as “average”, and 1 rated them as “good”. The evaluations of the SROs owned by the non-Society members were lower than those of the general rate.

Figure 13. Evaluation of the 4 Non-Society Owned SROs



Factors Related to Satisfaction

Many satisfied respondents mentioned that they viewed their living conditions as related to the broader environment, including their rooms, buildings, neighbours and the surrounding community. Some seniors said that although they were not entirely satisfied with the rooms they were living in, they still preferred to live in the buildings because of the **advantages of being in the community**.

Low Rent

The low rent was another critical consideration for staying in an SRO. Most of the seniors agreed that the rent in their current SRO room was low, especially compared with other types of housing that are available in the area. Many seniors expressed that they would not apply to BC Housing even though they were qualified because the rent for BC Housing was higher than it was in their present SRO. With lower rent expenses, they rationally tolerated the deficiencies in their living space.

Transportation

Secondly, the convenience of **walking** and taking **public transportation** was another consideration for those living in the SROs. Figure 14 illustrates that most of the seniors (90%, n=63) got around primarily by walking, followed by taking the bus or SkyTrain (74%, n=52). Most of the seniors reported no trouble or not much trouble in getting to appointments, shopping or visiting. Some younger seniors who were still working were satisfied by living close to their workplace as it saved them time and transportation costs.

Language

The factors that created satisfaction were varied. First of all, many seniors mentioned their appreciation for being able to speak their native languages in the Chinatown and Strathcona communities. Seniors expressed feeling safe and included when they could speak their language with their neighbours, especially those seniors who only spoke dialects.

Complaints of Low Satisfaction

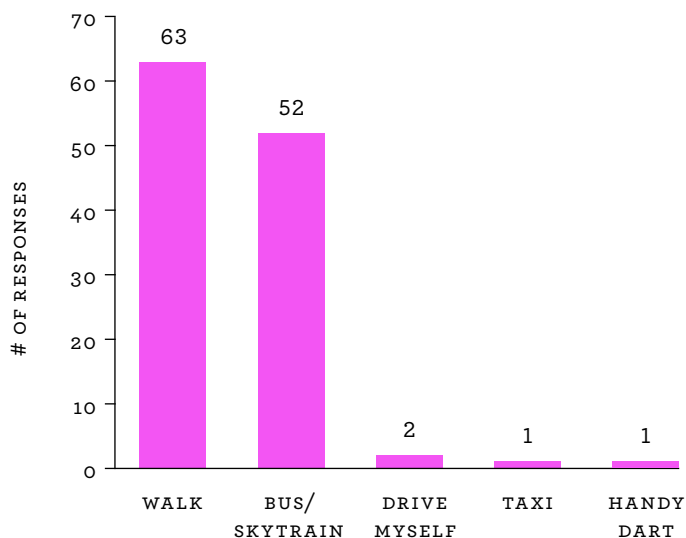
For the Society-owned SROs, most of the complaints were focused on the levels of maintenance, which included that their buildings were generally in **poor condition**. They had steep stairs, limited space, and a lack of kitchenware in the shared kitchens. People also complained about the poor levels of hygiene in the buildings. For example, one resident complained about the numbers of bedbugs and cockroaches in their ageing facility.

In contrast, for the SROs that were owned by non-Society members, the complaints were focused mainly on **poor management**. Seniors complained that communication

Figure 14. Methods of Transportation

What method(s) of transportation do you usually use?

Note: This is a question that could have multiple answers.



between the owners and the tenants was insufficient and inadequate. They mentioned that responses regarding repairs and other issues from the owners were slow, and sometimes they were totally ignored. In one building, the owner hired a relative to clean the building. Due to the man's age and abilities, he could not adequately perform the cleaning duties, and the unsanitary conditions at the facility remained.

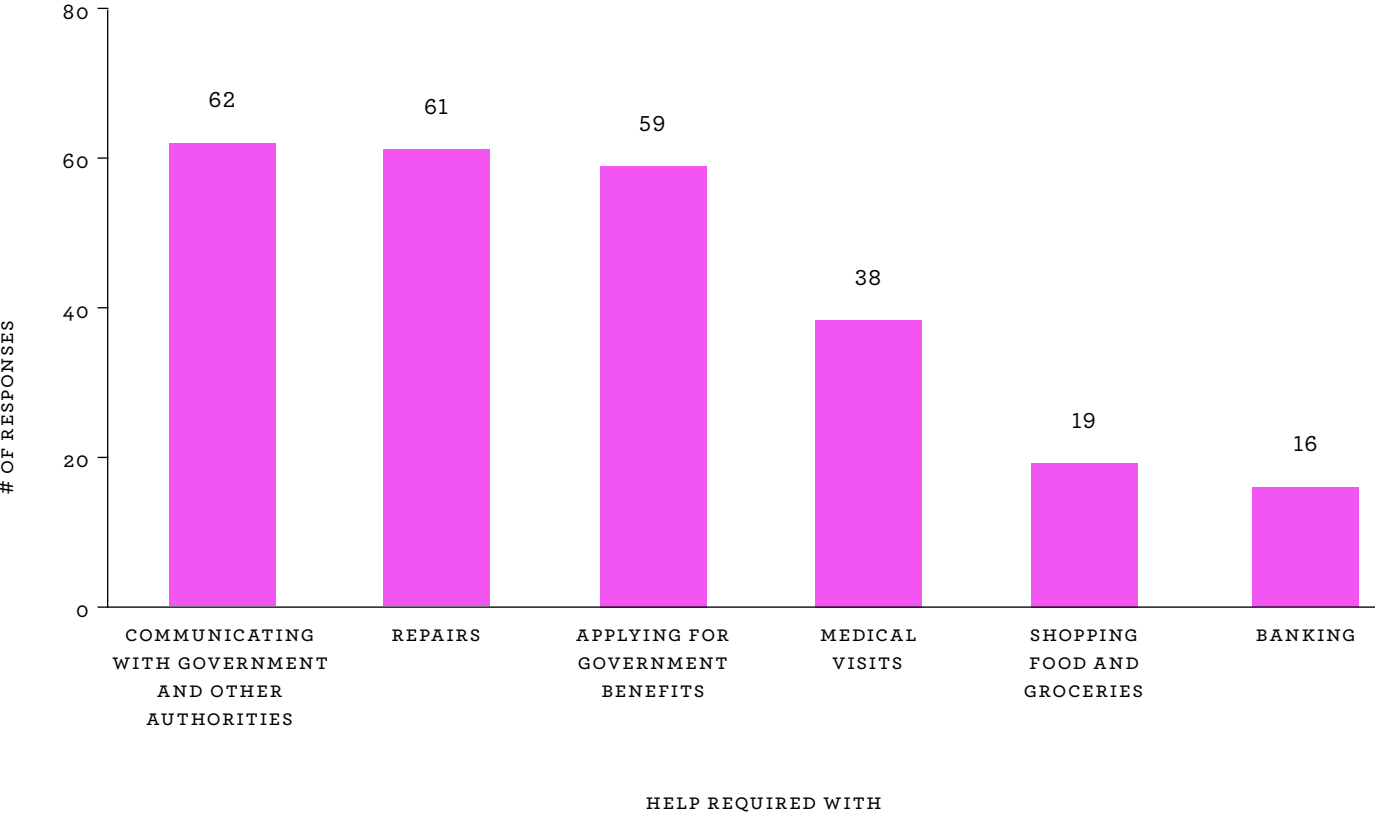
Although we heard complaints about living conditions in SROs, we found that the tolerance for the conditions of buildings was generally high. When seniors mentioned the poor living conditions, they usually balanced this out by also speaking of the advantages of living in this area. Furthermore, **low socio-economic self-esteem** also prevented them from judging the living conditions. One resident stated:

"I know the living condition is very poor, like no cleaning in the bathroom, no managing in the kitchen. I don't want to live here. People say that you can apply for a better place to live. But I have no money, and I have nothing. I can't do many things. Also, my language is not enough to communicate. So, I have to be tolerant of all to live here. What can I do? I have no way."

Basic Activities and Help Requirements

Within the pilot study, we identified twelve main activities with respect to the seniors' daily living routines. In the survey, we created a detailed breakdown of each activity and asked the seniors if they required help to complete the activity. If they answered yes to one of these activities, we would further ask, "Who has helped you to meet this need?" Furthermore, if they replied, "Nobody helped me," we would ask, "Why haven't you received help?" Through asking such progressive questions, we were able to create a roadmap of how these seniors typically sought help. We particularly wanted to figure out what prevented the seniors from seeking help to meet their basic needs.

Figure 15. Basic Activities and Help Requirements



Communicating with Government and Other Authorities

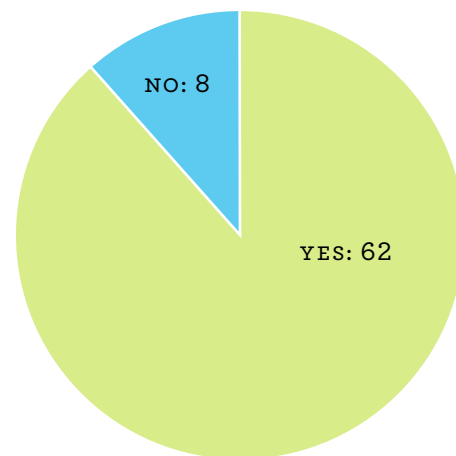
The overwhelming majority of seniors (89%, n=62) reported that they needed help communicating with the government and other authorities. Specifically, they needed help with translating letters from the government, dealing with Medical Services Plan, making phone calls to Canada Revenue Agency, replying to notices from BC Housing, etc.

In the beginning, we considered these issues to be related to language barriers, assuming that a translator could solve them easily. However, in the in-depth interviews, we realized that the situations were more complex. The greatest challenges were the actions that were required from the government and other authorities. For example, a senior showed us a letter from BC Housing that asked him to renew his application. Every six months after he applied, he needed to call BC Housing to renew it. If this was not done, his application would be cancelled. As such, he would be required to re-apply and be put at the bottom of the waitlist once again.

Following up with such **bureaucratic processes** was very challenging for seniors, especially those who had no children and were very isolated. Receiving such letters triggered **anxiety** as they were unsure of the contents of the letters, what actions they needed to take, and the consequences of ignoring them.

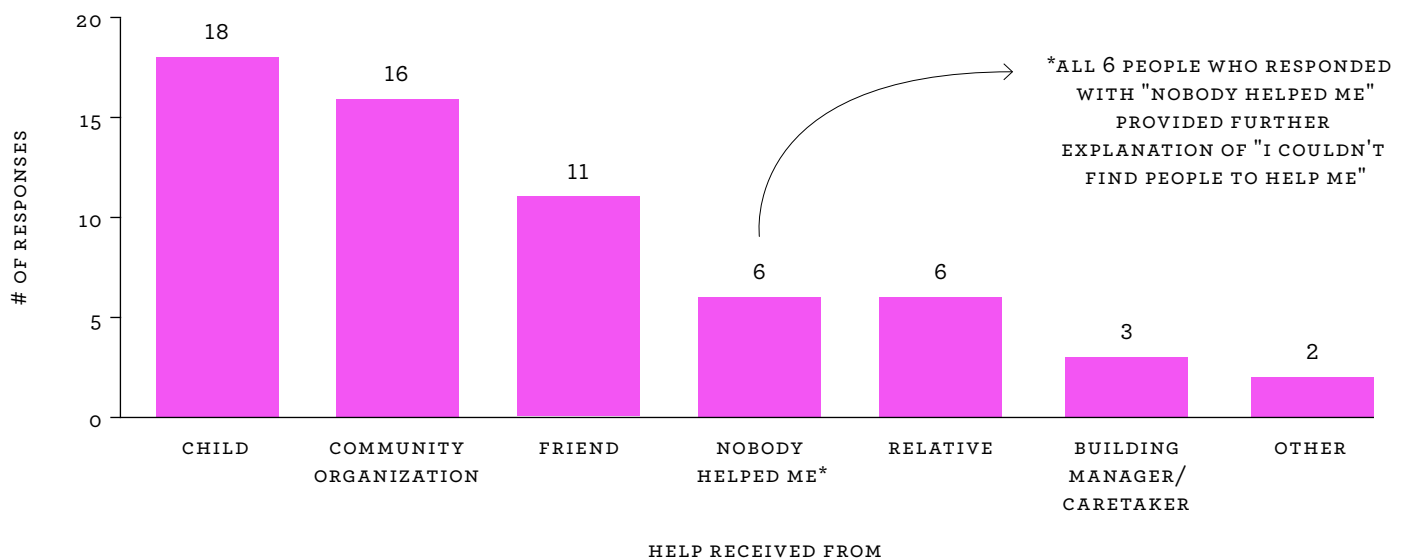
Figure 16 shows that 18 seniors looked for help from their children, 11 from their friends, and 6 from relatives. Another 16 seniors asked for help from community organizations. 6 seniors noted that they had no sources of help that they could go to.

Figure 16. Communicating with Government and Other Authorities



Do you need help communicating with government and other authorities?

Who helped you?



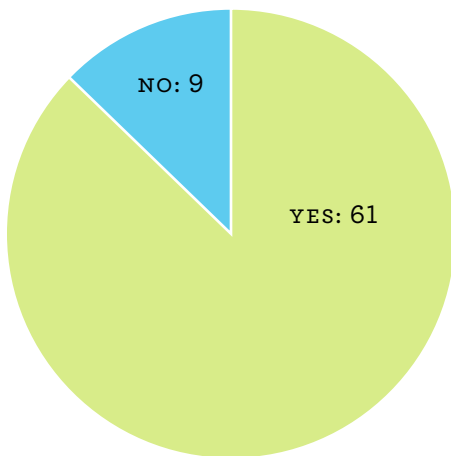
Repairs

The second most frequently mentioned activity that the seniors needed help with was repairs and maintenance. Due to the poor conditions of the buildings, many issues needed to be addressed. Of the 61 residents who stated they needed help with repairs, 51 said they received assistance from their building managers or caretakers.

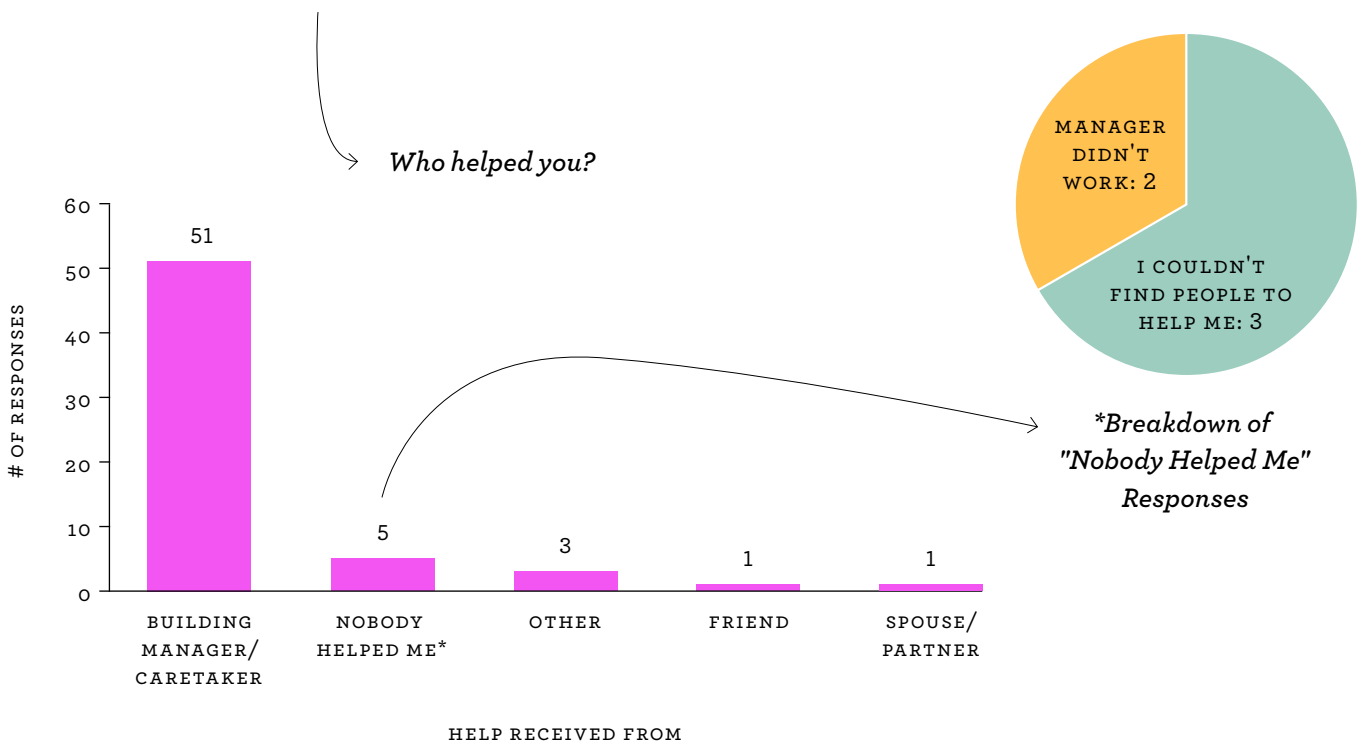
However, 5 residents said that they could not find any support when repairs were required. They complained that when they asked, they either could not reach the owners, or that the owners ignored their requests. One resident reported that:

“My ceiling fell off last year, and they never fix, few months. I had to complain. You don’t complain, they don’t fix. Even you complain, they still don’t fix. They have an excuse like they don’t have the budget. That’s ridiculous. My sink is leaking, and I can’t close it. Winter is ok but not summer because hot water makes my room really hot. It’s like few months. I complain every day, they say yes, yes, yes, we will, but they never do anything.”

Figure 17. Repairs



Do you need help with repairs?



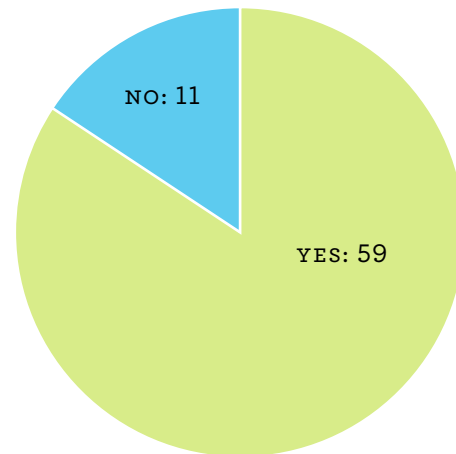
Applying for Government Benefits

The third most stated need was for help with applications for government benefits. Seniors over 65 qualify for general government benefits, including Old Age Security (OAS), Guaranteed Income Supplement (GIS) and Canada Pension Plan (CPP). There are also Allowances for Survivors and Persons with Disabilities (PWD) benefits for specific groups of people. Seniors need to fill out forms to apply for these benefits, and many need help completing the application. Figure 18 shows that 84% (n=59) of seniors surveyed needed help with these types of issues.

In addition to the above benefits, during the pandemic, both the federal and provincial governments issued one-time benefits to BC residents. However, the BC Recovery Benefit must be applied for online, posing a huge challenge to seniors. During the survey, we encountered several seniors who came to the interviewers for help with the online application.

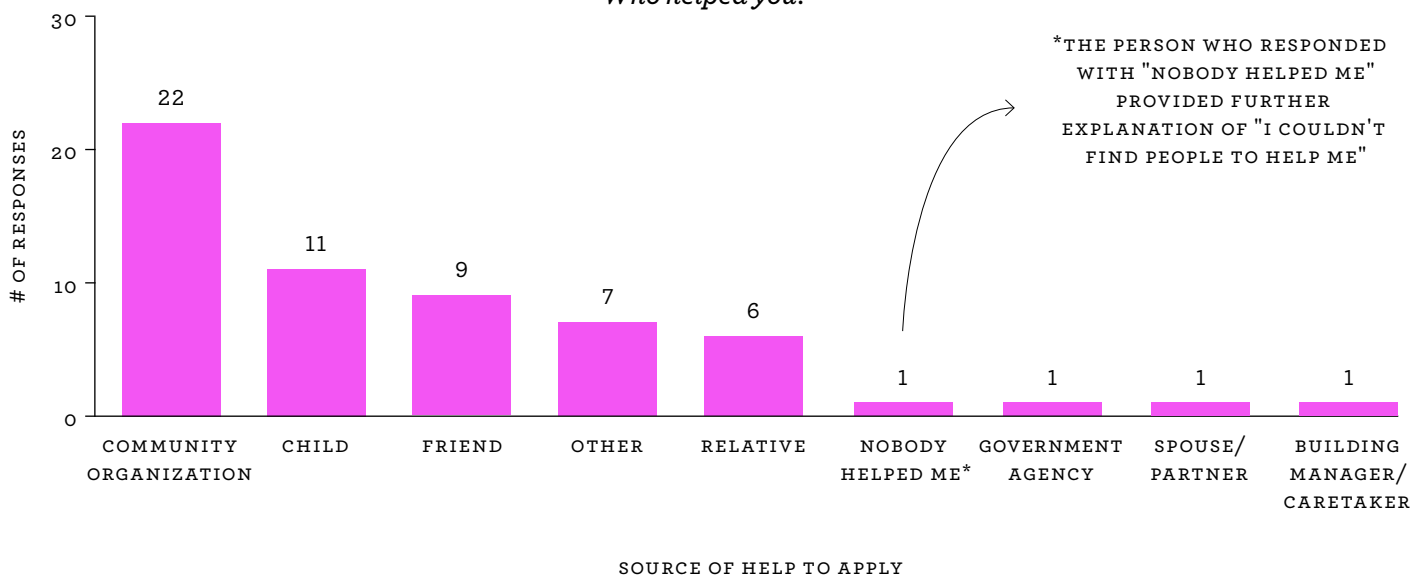
22 seniors indicated that they sometimes asked community organizations for help. 11 reported that they asked their children for help, 9 seniors asked their friends, and 6 asked other relatives for help. One senior complained that he could not find anyone who could help him.

Figure 18. Applying for Government Benefits



Have you applied for government benefits?

Who helped you?



Medical Visits—Seeing Specialists, Lab Work and Medical Exams

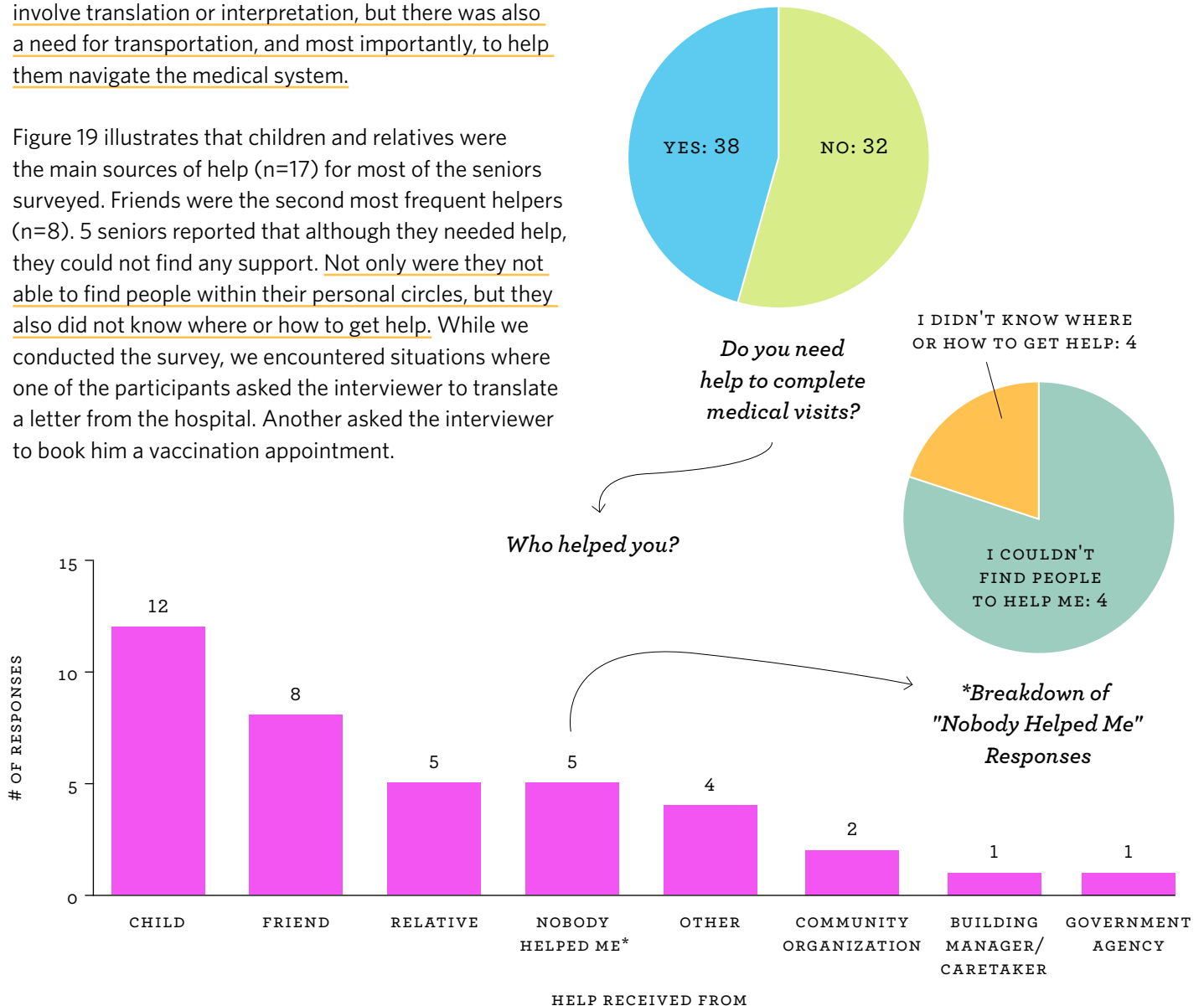
The fourth most frequent need was medical visits, such as seeing specialists, going to laboratories to do testing, or going to the hospital for a medical exam or surgery. 54% of the participant (n=38) seniors reported that they needed help to complete these tasks.

In the survey, we found that most of the seniors had a family doctor, and that most of their doctors' offices were located in the Downtown Eastside of Vancouver. However, huge challenges presented themselves when the seniors were referred to specialists, needed to do testing in a Life Lab, or received other medical testing or procedures such as x-rays, ultrasounds or colonoscopies. Medical visits were a highly complex need since they did not only involve translation or interpretation, but there was also a need for transportation, and most importantly, to help them navigate the medical system.

Figure 19 illustrates that children and relatives were the main sources of help (n=17) for most of the seniors surveyed. Friends were the second most frequent helpers (n=8). 5 seniors reported that although they needed help, they could not find any support. Not only were they not able to find people within their personal circles, but they also did not know where or how to get help. While we conducted the survey, we encountered situations where one of the participants asked the interviewer to translate a letter from the hospital. Another asked the interviewer to book him a vaccination appointment.

We met a senior during the interview who said that he had never seen a medical specialist before. It was not because he had always been healthy, but because he was afraid that he could not communicate with a specialist. Seeing a specialist seemed to be an **overwhelming barrier** for him because of language and transportation issues, as well as not knowing the medical institution, medical terminology or aftercare directions. Based on the complexity of all these issues, he felt it was easier just to take medicine prescribed by his family doctor and rest at home. His strategy was successful, as he was able to get by for many years.

Figure 19. Medical Visits— Seeing Specialist, Lab Work, Medical Exams

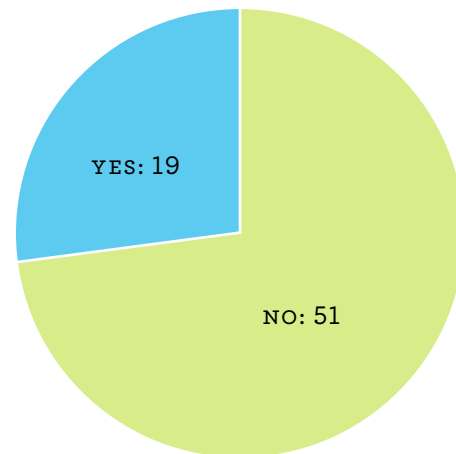


Shopping for Food and Groceries

The fifth most frequently mentioned need was with help shopping for food and groceries. Figure 20 reveals that 19 seniors stated that they needed somebody to deliver food and groceries to them. This was especially true during the pandemic. Some seniors said they received food and supplies from their children or relatives who provide regular deliveries.

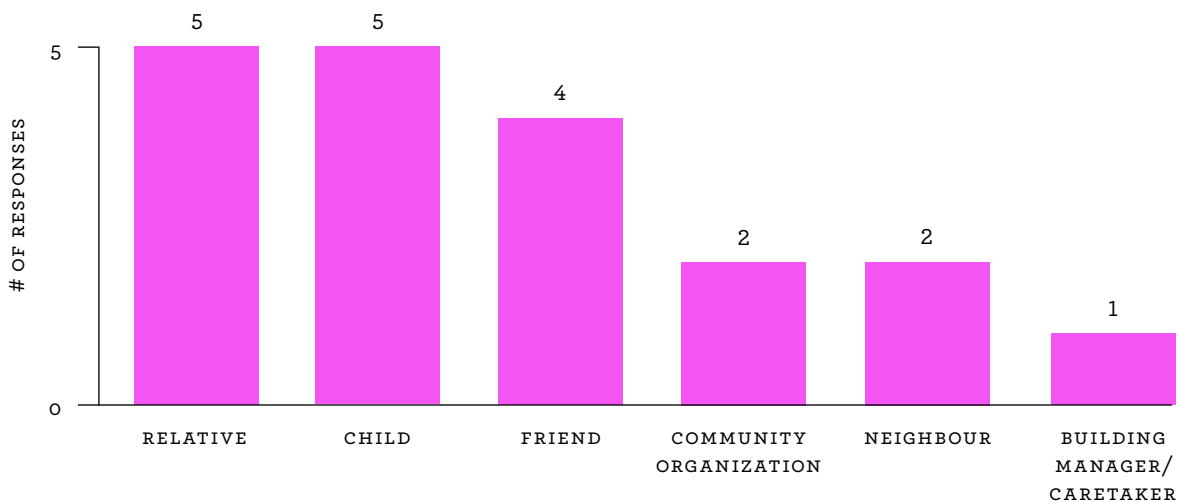
They also mentioned that the government and community agencies had delivered food to them during the pandemic. Although some seniors were very appreciative of these food deliveries, some complained that the frozen food provided was **unsuitable for Asian tastes**. In an interview with a caretaker, we were told that she often noted that food from such deliveries was thrown out. This served as a reminder that services amount to a waste of time and resources if they are inappropriate.

Figure 20. Shopping for Food and Groceries



Have you received help while shopping for food and groceries?

Who helped you?

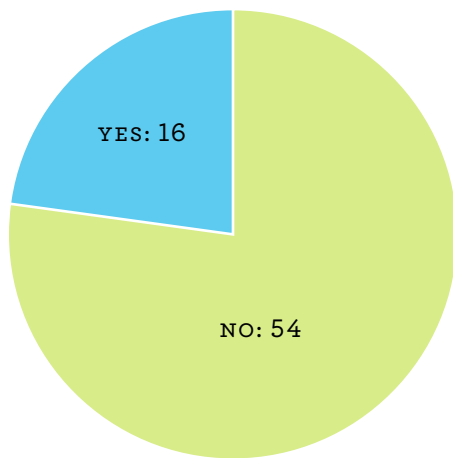


SOURCE OF HELP WITH FOOD SHOPPING

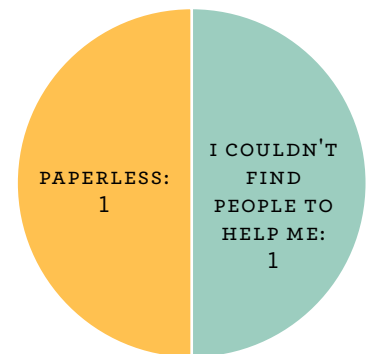
Banking

The sixth most frequently mentioned need was banking. Figure 21 shows that 16 seniors stated they needed help when banking. 10 of them asked their children, spouse, or relatives for help. 1 stated that he could not find any help, and another senior complained that he could not deal with new paperless banking systems. The digital services promoted by banks are convenient to many of their customers. However, they are extremely difficult to navigate for older customers.

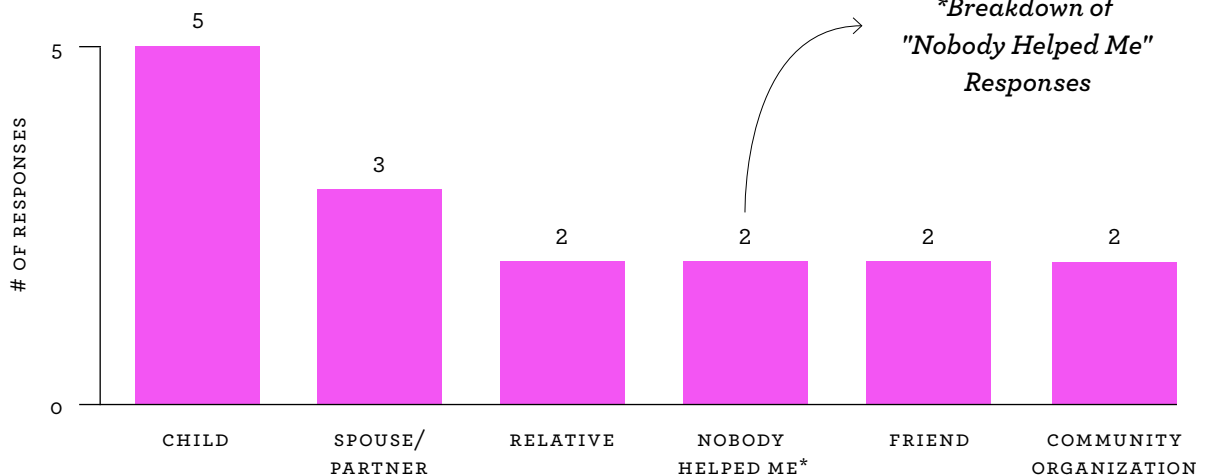
Figure 21. Banking



Have you required help when banking?



Who helped you?



**Breakdown of "Nobody Helped Me" Responses*

SOURCE OF HELP WITH BANKING

Sources of Help to Complete Daily Living Activities

From all the above answers, we drew a roadmap to track the sources of help that participants relied upon in their daily lives. Figure 22 illustrates that help was most frequently solicited from family members, including children, spouses and relatives (n=105). The second most frequent source of help was from building managers or caretakers (n=58), followed by community organizations (n=45) and friends (n=38).

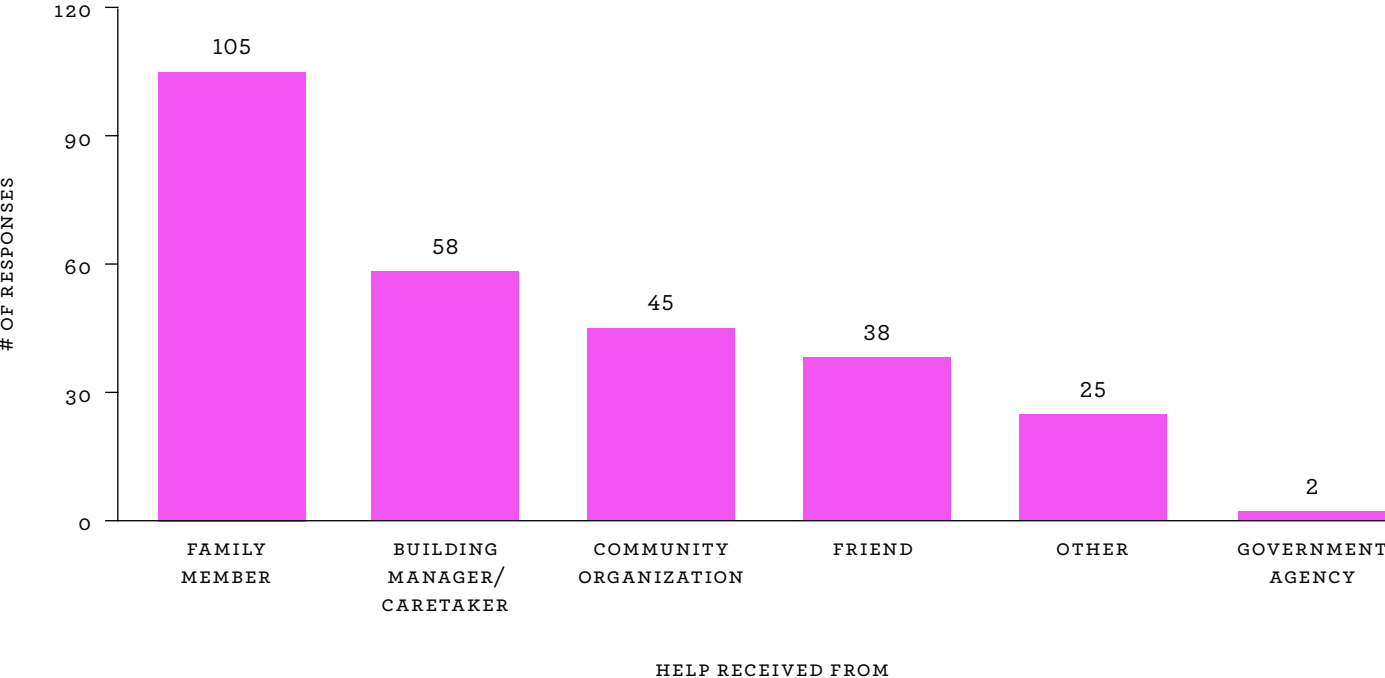
Family Members (Mainly Children) Were the Primary Resources for Support

When the seniors inevitably had to reach out for help, their children and relatives were the primary resources for support. These two groups formed the closest circles within the seniors' networks. In one interview, a senior couple told us they called their son for help even though he lived in a different province.

In the interviews, seniors often stated that their children were too busy to help them, or that their children also did not know how to resolve the issues. For example, the CRA requested one senior to call, but when his son made the phone call, he was denied permission to speak on behalf of his parents until he submitted a representative form. This complicated process left both the parents and their son upset and overwhelmed.

Figure 22. Sources of Help to Meet Basic Activities

Note: This is a question that multiple choices applied.



Building Managers Were Another Resource for Help

Building managers and caretakers were another resource for help for the seniors in this study. They mainly got involved by **completing repairs** for the residents as this was within their scope of work. According to our findings, within the twelve privately-owned SROs, two managers helped the seniors by going beyond their job duties, such as reading and translating correspondence. However, they were only able to assist in limited ways. Other building managers either had no time, no knowledge or no language capacity to help the seniors. A building manager said:

“Sometimes they (seniors) have letters receive from the government. They come to us and then, well, actually we have no time, or just go through. Really simple, oh that’s for the tax, you need to ask someone to explain the whole thing for you. You cannot provide the whole services. So if we have someone that come in every month or something, to help us to interpret those, or every two weeks or just for one hour, that will be helpful too.”

Community Organizations Offering Support for Seniors

The third most frequently mentioned source of help for seniors was community organizations. Within the 45 answers, S.U.C.C.E.S.S. was mentioned 27 times; Carnegie Outreach Service was mentioned 3 times; the Women’s Centre was mentioned 3 times, and Yarrow Intergenerational Society for Justice was mentioned once.

Some seniors stated that they totally relied upon these organizations to deal with issues such as translation, filling out forms, and making phone calls. However, participants also expressed that there were gaps between the services and their expectations. The gaps included charging **fees**, providing very **limited time** for senior services, only allowing one issue to be raised in each session, and that the issues were often left unresolved.

The participants rarely knew about other Chinese-speaking services in the community. And even if they knew about Chinese-speaking services within an organization, it was hard for them to access services because initial business at the front desk, whether through walk-in or over the phone, was usually **conducted in English**, which put up a barrier for the seniors from the outset.

Seeking Random Help

Those who could not rely on children and relatives, and who were also unfamiliar with community services, sought help where they could. They variously paid a private tax service for their CRA issues, asked their employers for translations, found a church through which to get help filing their taxes, or went to their MP’s office for assistance. Many seniors expressed overwhelming difficulties in finding a stable resource to deal with the various problems they encountered.

“We reached here for a try, reach there for a try. We just randomly reach out for help. Sometimes we were lucky, but sometimes we were unlucky.”

“You asked me if it is hard to find help. I can tell you. It is not hard. It is *extremely* hard. It is painful. This is my biggest challenge. I always feel regret coming to Canada. Why should I be suffered like this?”

Private One-on-One Services Emerge in the Community

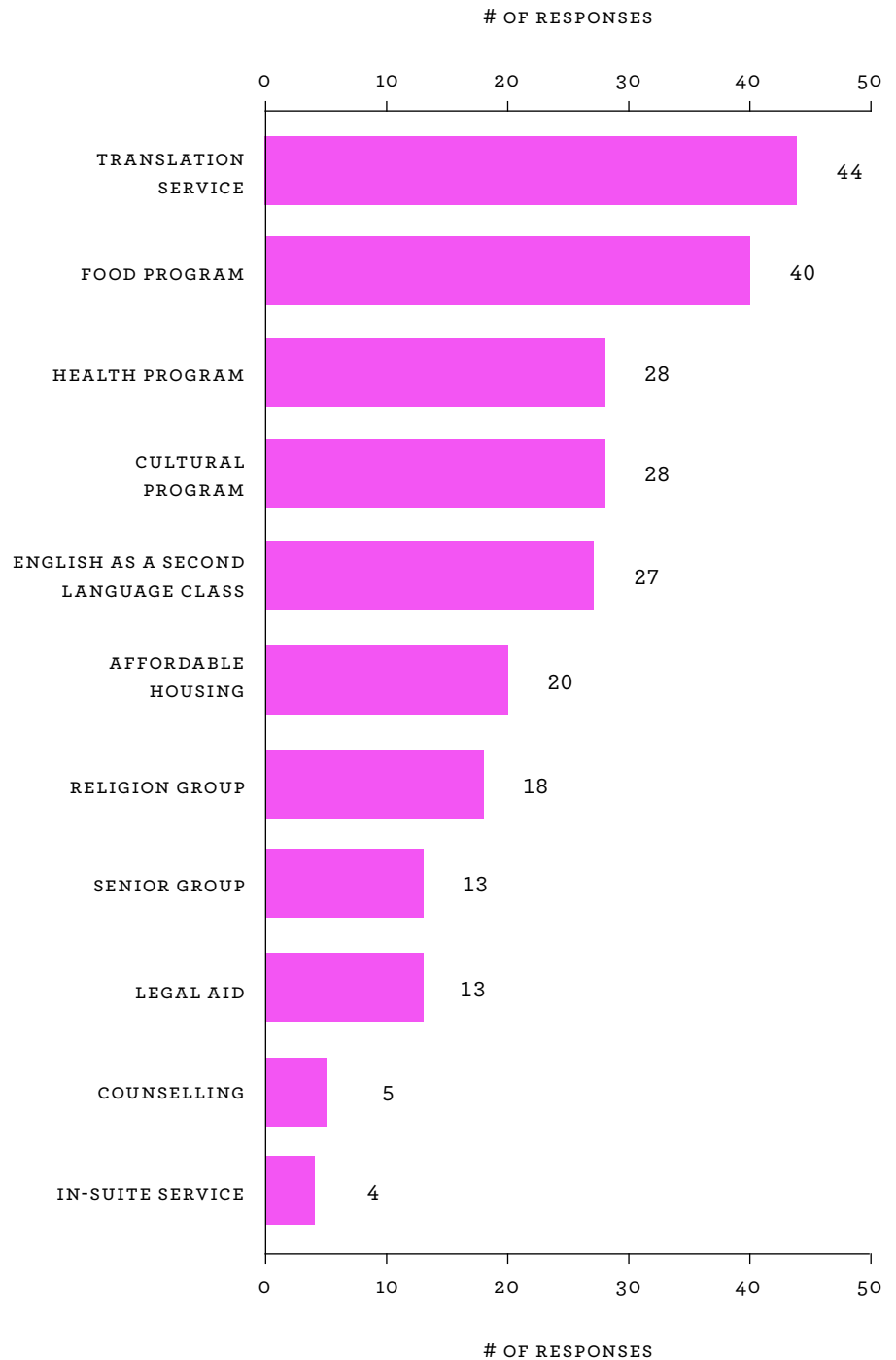
An interesting discovery that was revealed by our survey was that there are two for-profit private services for seniors in the communities studied. They both charged **affordable** fees to deliver one-on-one assistance to Chinese seniors. These businesses covered filling out forms, filing taxes, making phone calls to Service Canada or Canada Revenue Agency, accompanying seniors to medical exams or surgeries, home service, etc.

Use of and Access to Services

To examine how and where Chinese seniors accessed services and information, we asked a series of questions about the participants' use of different types of services. Participants were also asked to indicate how they accessed the services, or why they had not used them, if that was the case.

Figure 23 presents the types of services used by the participants and the frequency of their use. It shows that the Chinese seniors who participated in the survey were not actively involved in many of the services, and only participated marginally within the wider community. Only two types of programs, **translation** and **food programs**, were used by over half of the seniors. All other services had very low rates of participation.

Figure 23. Uses of Services

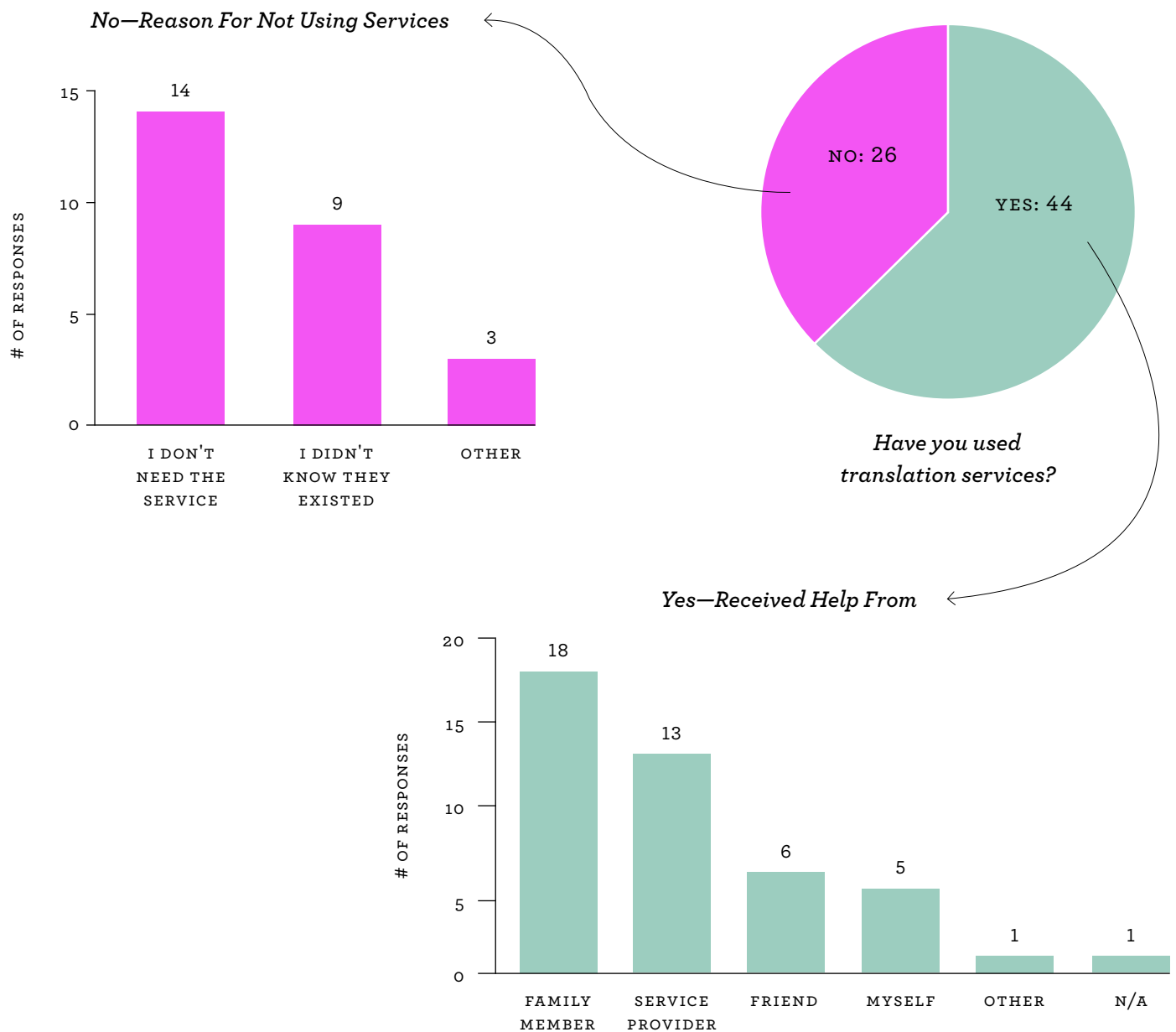


The Most Frequently Used Service Was Translation

63% (n=44) of seniors mentioned that they had used translation services. Among these seniors, 18 used the services of family members for translations. As such, they had either directly asked for help from their family members or found services through the support of family members. 13 of them had gone directly to service providers. 9 did not know they existed. 13 of them had gone directly to service providers.

Among the seniors who had not used translation services, 14 said that they had not needed the assistance. 9 did not know they existed. Other reasons for not having used them included language barriers and lack of transportation.

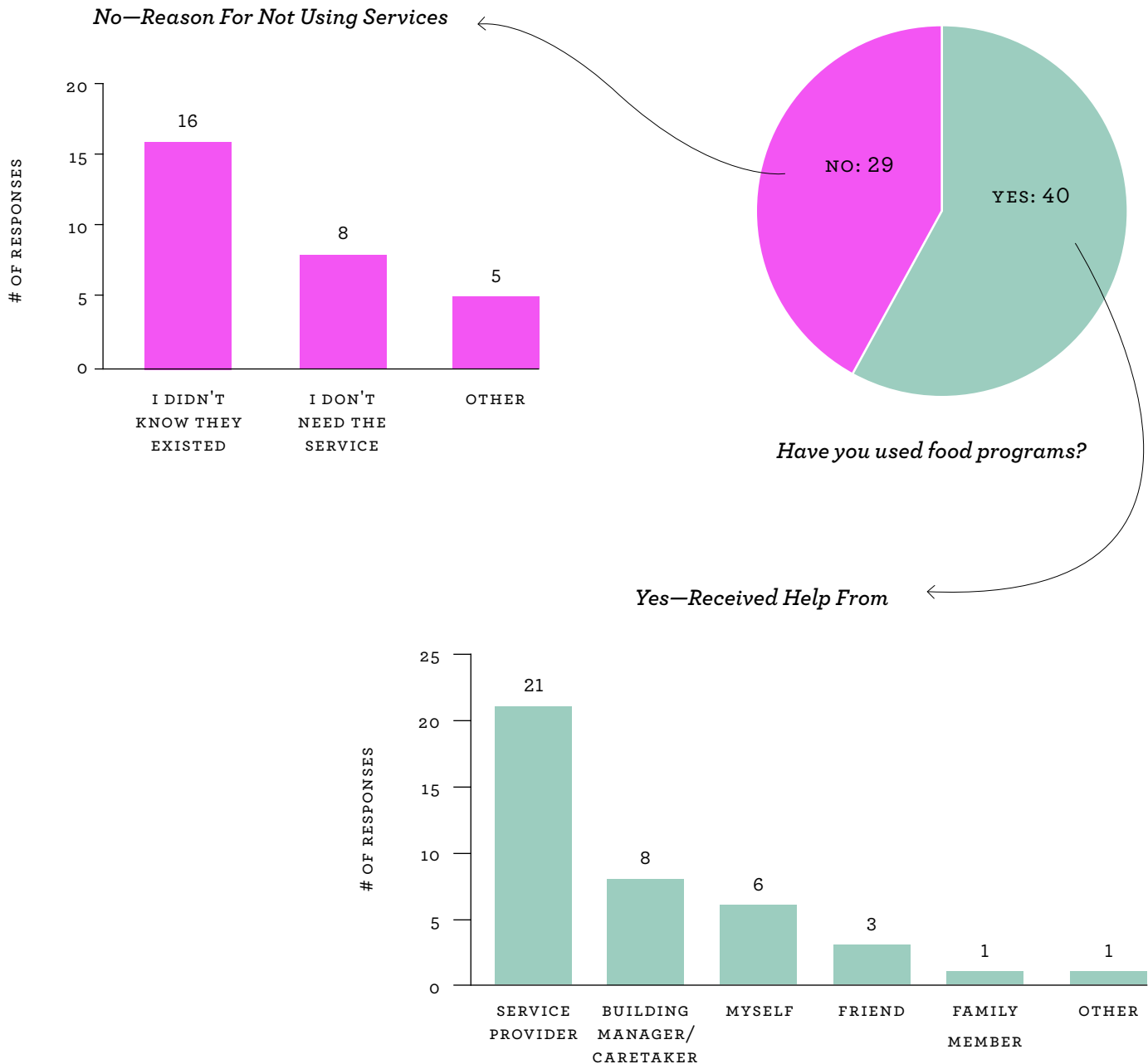
Figure 24. Use of Translation Services



The Second Most Used Service Was Food Programs

57% (n=40) of seniors mentioned that they had used different types of food programs. During the COVID-19 pandemic, many buildings received food delivery from the government and community service organizations. A few seniors (n=16) said they didn't know that any food programs existed in the community.

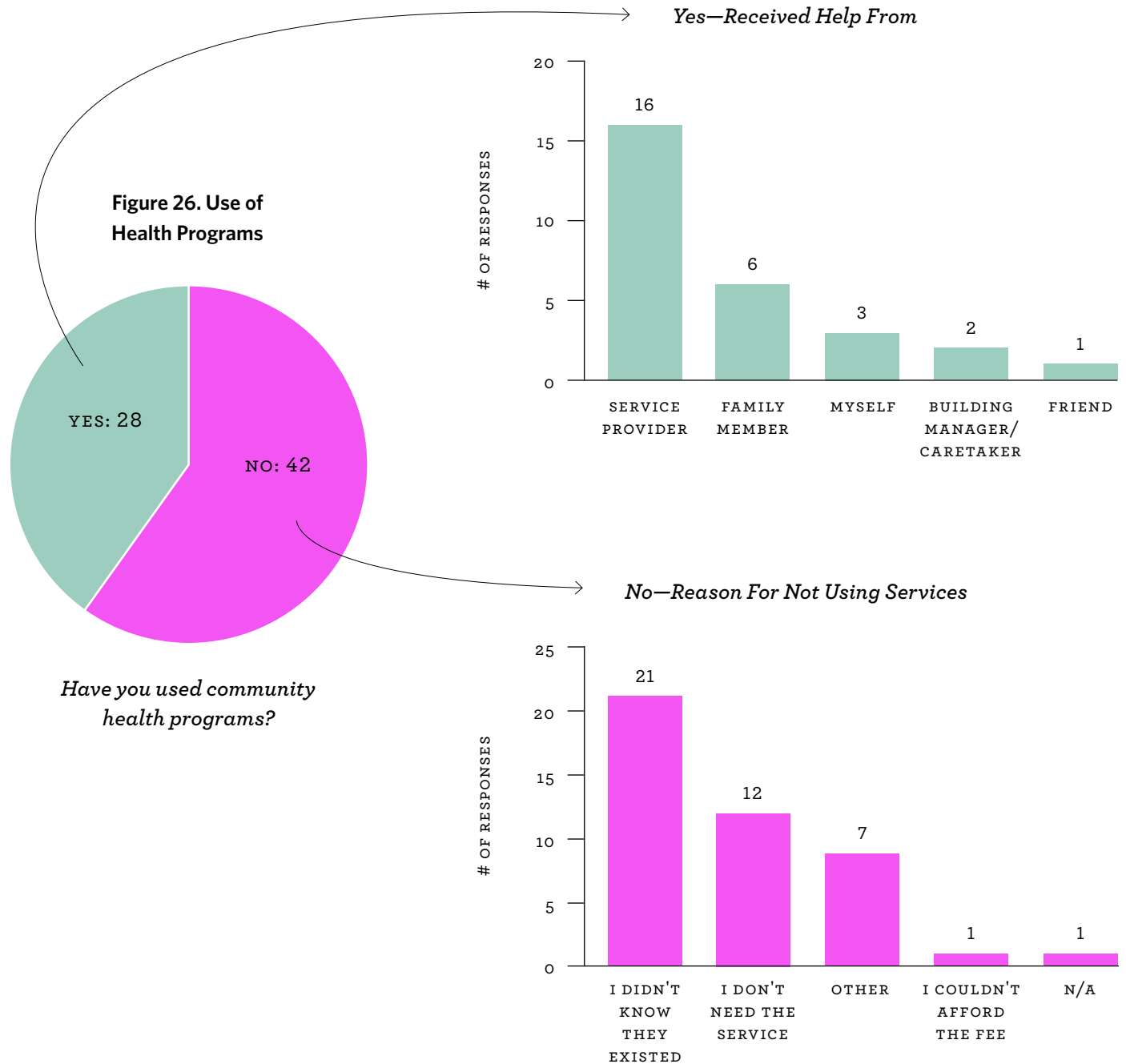
Figure 25. Use of Food Services



Health Programs

Although health programs were the third most mentioned service that the seniors had used, only 40% (n=28) of those surveyed had used them. Some seniors mentioned that they had taken part in some health programs in the community, such as free vaccination clinics. Most seniors received health treatments or consultations from their **family doctors** instead of from community health programs.

60% of the participants (n=42) had never used health programs in the community. 21 seniors stated that they did not know that these programs existed.



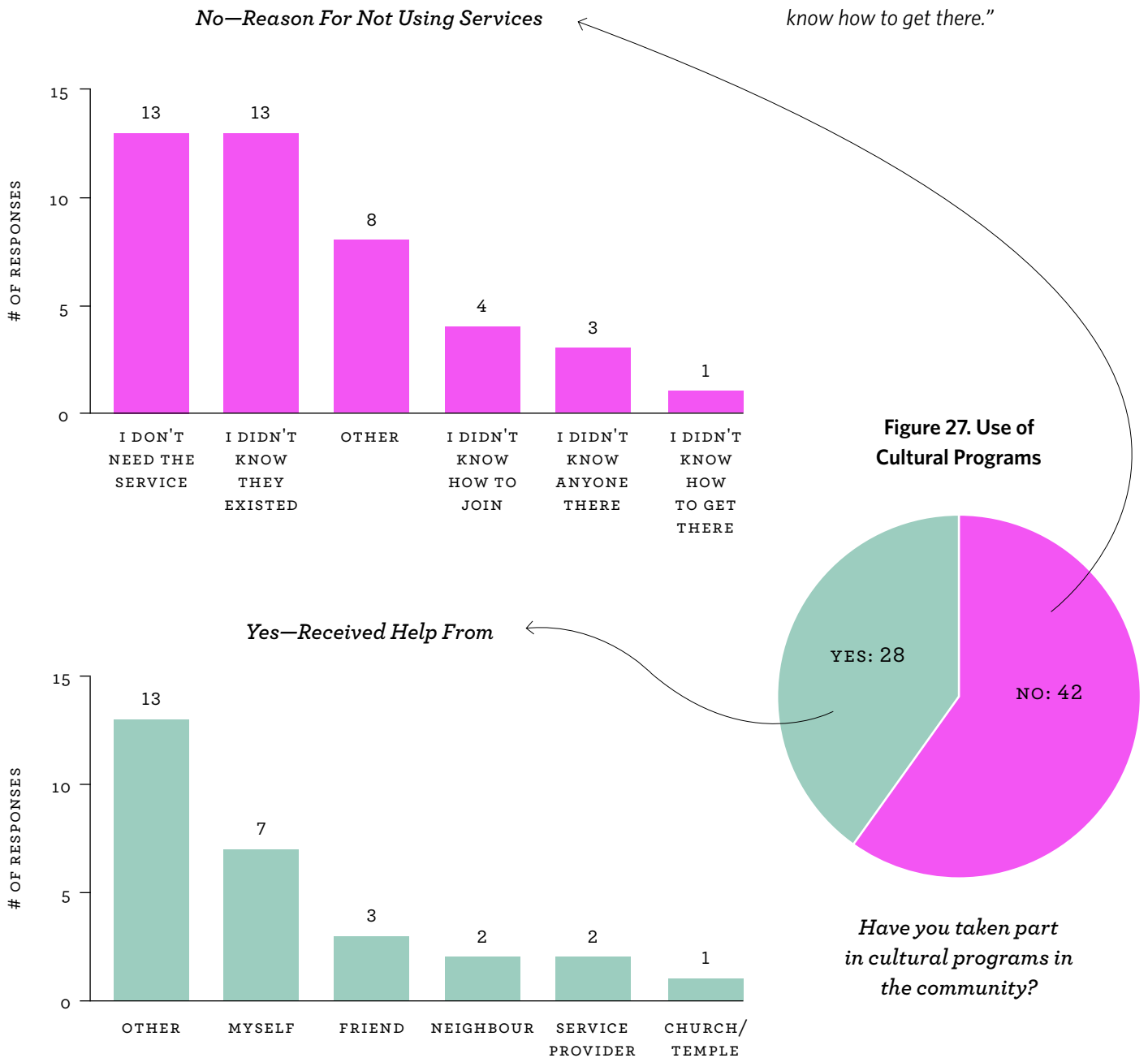
Cultural Programs

As with the health programs, 40% (n=28) seniors had taken part in cultural programs in the community. Seniors who lived in the Society-owned SROs mentioned that they usually participated in the events held by the Chinese Benevolent Societies. For example, almost all of the Societies hold a yearly fund-raising gala. This gala provides a good opportunity for the residents to gather and meet their “**Tongxiang**” (people from the same town or village in China).

Other than these events, most seniors reported that they had never participated in any form of community cultural programs. In the interviews, we found that this group of seniors showed very little interest in joining social activities

outside of their small social circles. They simply stated that “*I don’t need the service.*” Some working seniors mentioned that their jobs drained their energy, and their main focus was on making a living.

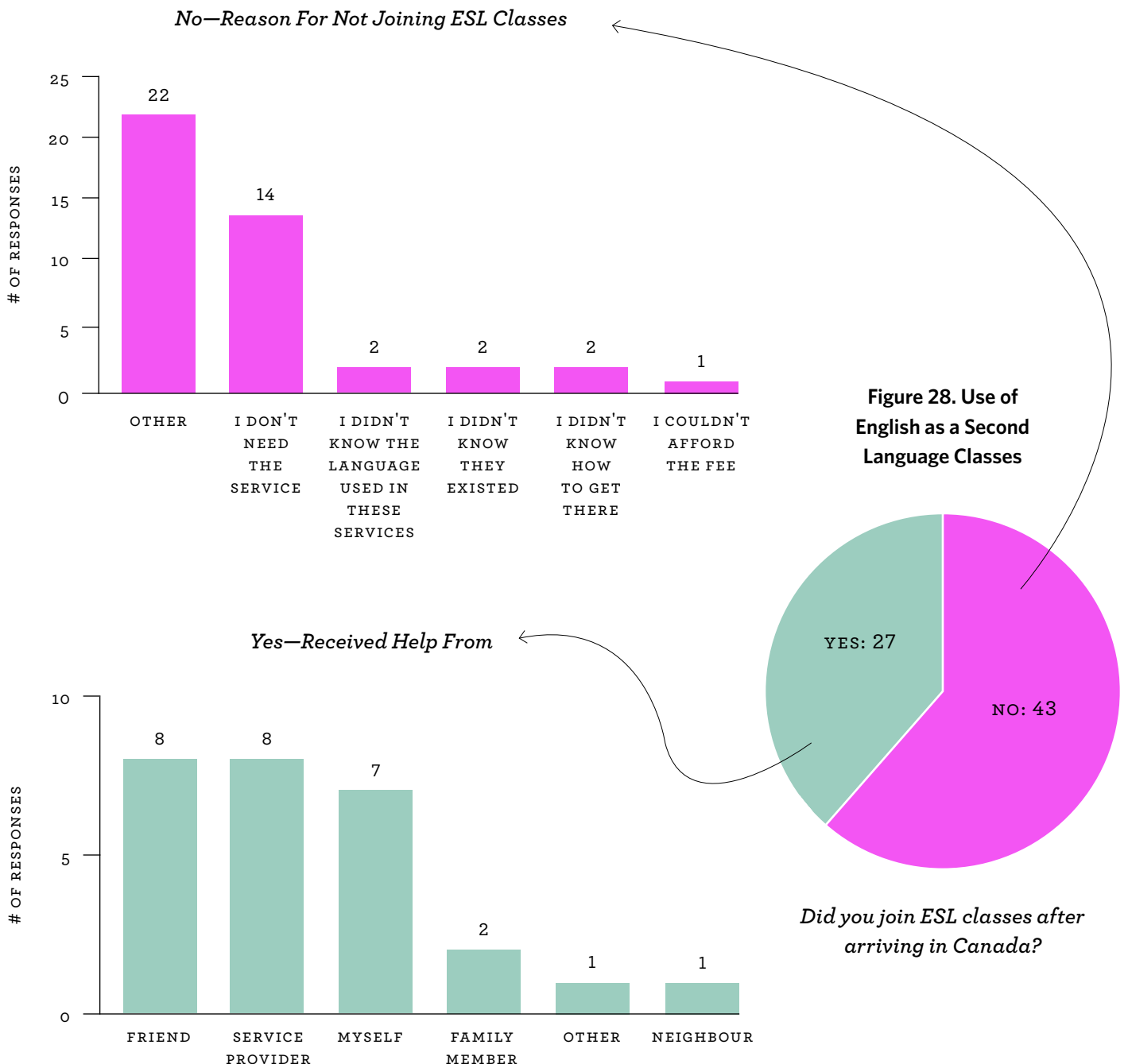
Also, some seniors reported that they had no information about these programs. 13 reported, “*I didn’t know they existed.*” 4 said, “*I didn’t know how to join.*” 3 stated, “*I didn’t know anyone there.*” And 1 said, “*I didn’t know how to get there.*”



English as a Second Language (ESL) Classes

38% (n=27) of seniors stated that they had joined ESL classes after arriving in Canada. The reasons for not having learned English were various. Most people said that they had to make a living immediately after arriving in Canada, and they had no extra time or energy to learn English. The second reason mentioned was that some of the seniors could only speak dialects, and this prevented them from communicating with others. Some also stated that when they arrived, they lived with their children and cared for their grandchildren, leaving them no time to learn English.

Through the interviews, we found that many seniors did not have the opportunity to learn English when they were young. At this point in their lives, they had given up on learning English because they did not believe they could learn the language well enough to communicate with others. As well, many said that living in Chinatown, there was no need for them to speak English.



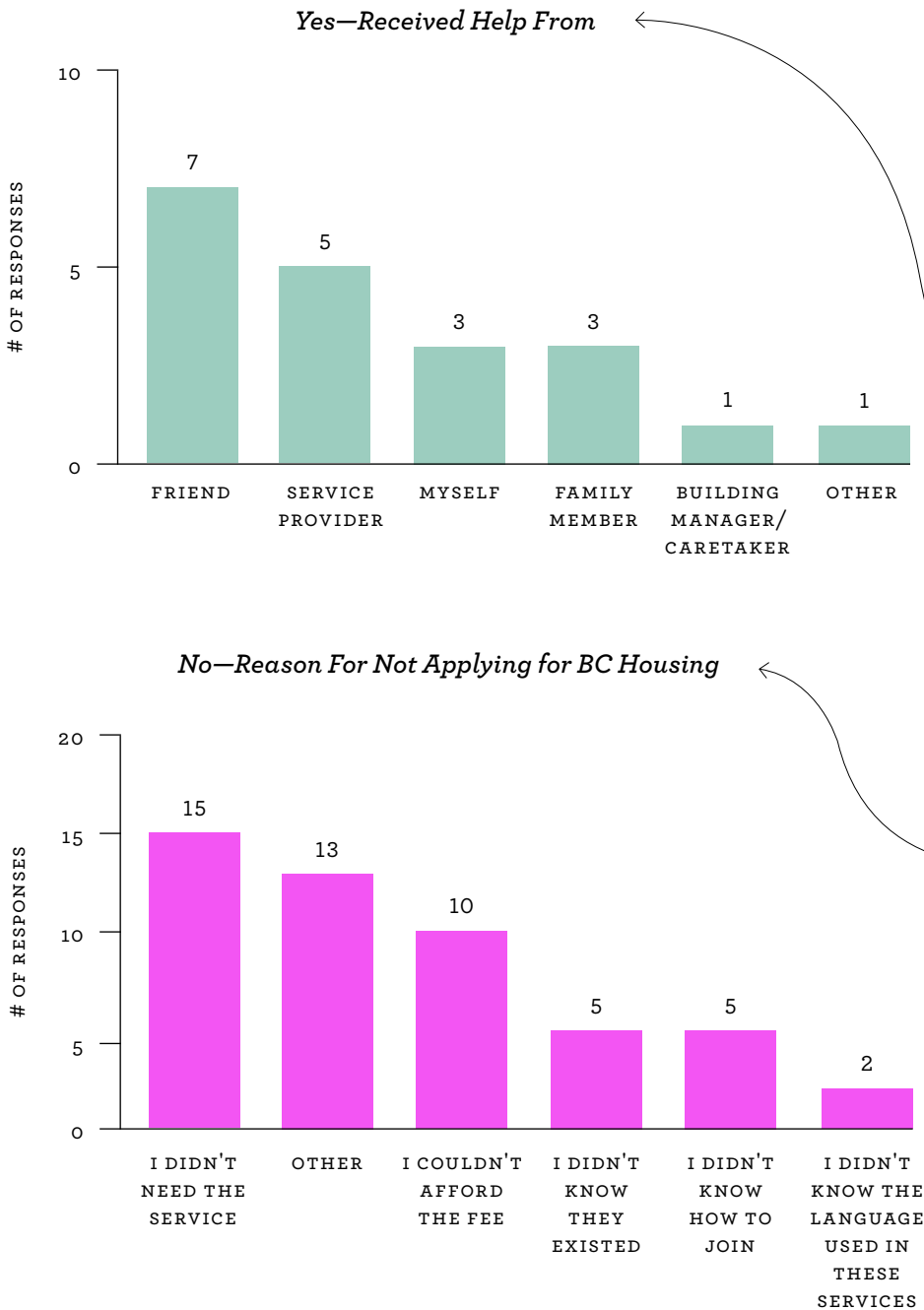
Affordable Housing

In the survey we asked whether the seniors had considered BC Housing's social housing buildings as a housing option. 29% (n=20) of participants confirmed that they had applied for BC Housing. Some were still waiting for responses. Some examples of the reasons for refusal include lack of documentation, incomes that were too high, or not meeting residency requirements.

Among those who had not applied to BC Housing, 10 seniors replied that they could not afford the BC Housing rent because it was higher than the rent they currently paid at the SROs. People also provided various answers regarding why they did not consider BC Housing to be a good option for them. The most

frequently stated reason was they were satisfied with their current living space. The second most frequently mentioned reason was that they were concerned about having to leave Chinatown if they got into a BC Housing building. These seniors preferred to stay in the Chinatown area because of its convenience for their daily lives.

12 seniors stated that they would like to apply for BC Housing but that they were either not familiar with the program, they did not know who to approach to get help completing an application, or they simply could not understand the language on the application forms.



Have you considered applying for BC Housing's social housing buildings?

Reasons for Not Using Services

Figure 30 compiles all the reasons that the participants did not use services. The reasons identified were:

“I didn’t know it existed” (n=105)

“I didn’t know how to join it” (n=17)

“I couldn’t afford the fee” (n=12)

“I didn’t know how to get there” (n=6)

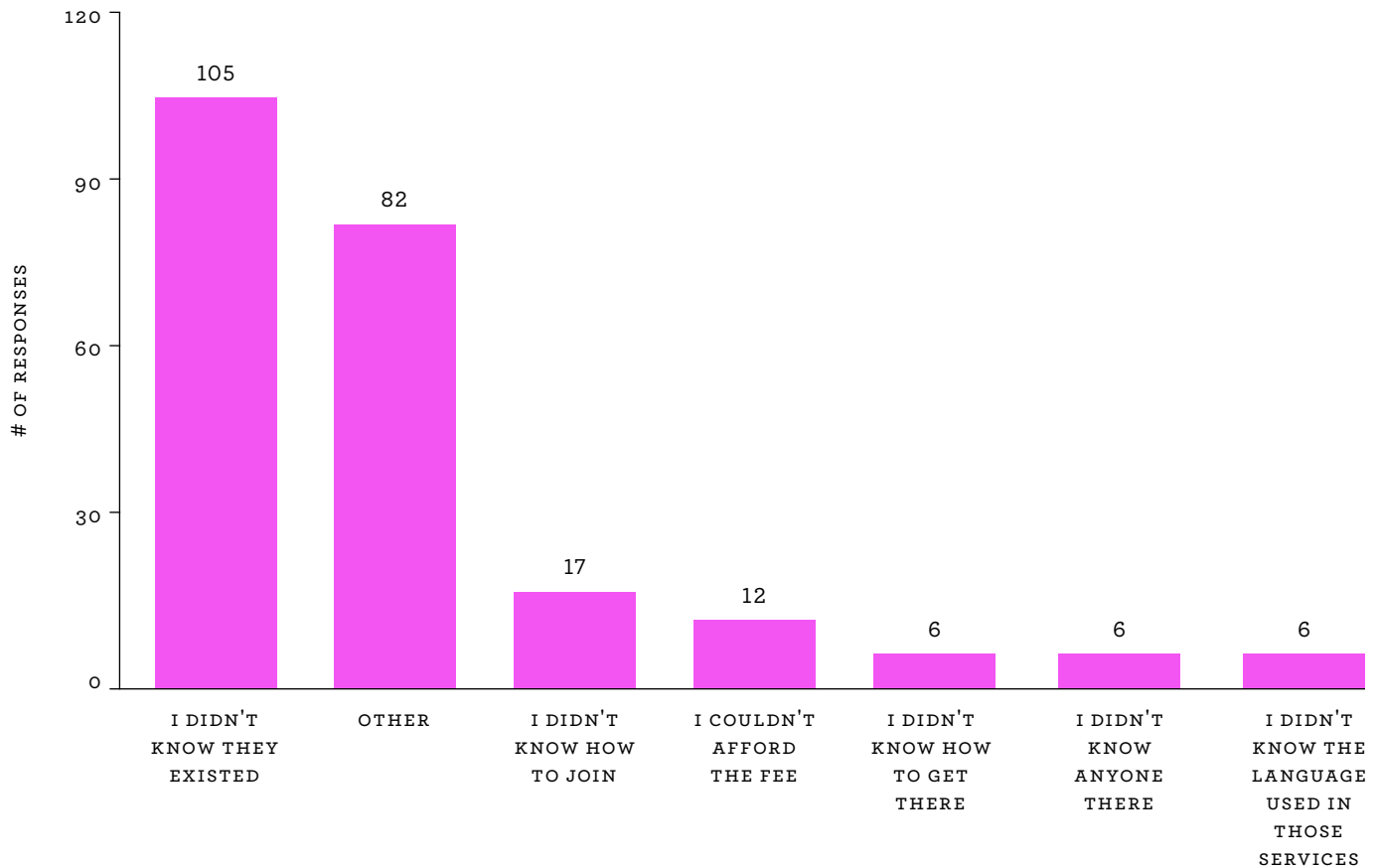
“I didn’t know anyone there” (n=6)

“I don’t know the language used in the program” (n=6)

The seniors’ other reasons for not using the services included long working hours, family responsibilities, and they had their own social circles and so did not feel the need to join community programs.

Figure 30: Reasons for Not Using Services

Note: this is a question that multiple choices applied.



Impacts of the COVID-19 Pandemic

The COVID-19 pandemic has clearly impacted the population of seniors who live in SROs.

Even before the pandemic began, the disinvestment and unmet health needs in the SRO buildings had led to **deteriorating** and **unsafe conditions**, putting senior residents at increased risk when COVID-19 arrived. The shared public areas prevented them from maintaining social distance. The narrow hallways, poor ventilation and limited management in the buildings all contributed to the spread of the virus. The combined risks of the buildings' poor physical condition and the health and safety issues related to the architecture itself compounded the seniors' exposure to the COVID-19 virus.

COVID-19 Outbreaks in the Target SROs

During the interval in which we surveyed the selected SROs, there had been outbreaks in three of the target buildings. We followed up on the situation in one of the buildings and received ongoing updates from a resident in that building. The building had a total of eighteen rooms. People in sixteen rooms had tested positive, and only two units had tested negative. The situation that drew our attention was that the two units in which the residents had tested negative were the only two units in the SROs with self-contained bathrooms and kitchens. The other residents all shared the bathroom and the kitchen in the building.

Following that COVID-19 outbreak, the SRO completed renovations to meet the requirements of the Vancouver Health Authority. The old, unsanitary kitchen cabinets were removed and replaced with new ones. The cabinets were allocated by room, and the room number to which it belonged was marked on each cabinet. The garbage bin and shoe shelves in the public hallways were removed. The caretaker was fired, and the routine cleaning work was assigned to a professional cleaning company.

Given all these renovations and the management work involved, an additional ten-dollar management fee was added to each unit's rent.

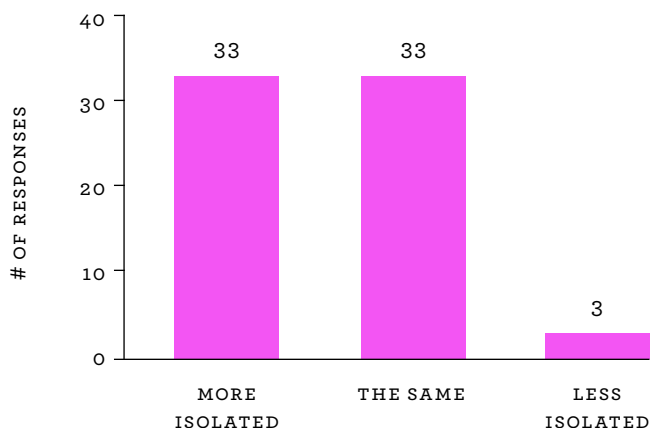
From this case, we can see that the COVID-19 pandemic has been a public health hazard with severe impacts on seniors' health, especially for those who live in SROs. Housing conditions that include shared kitchens and bathrooms are hazards that have helped spread the virus in the buildings and had severe effects on health. To protect the health of senior residents, the privately-owned SROs are significantly in need of renovations.

COVID Isolation

To explore the levels of loneliness that the seniors experienced during the pandemic, we asked: "During the COVID-19 pandemic, do you feel more lonely, less lonely, or the same as before?" Almost half of the participants (47% n=33) reported feeling an increased sense of loneliness due to the pandemic.

Residents stated that it had been much more difficult to cope because the SROs prohibited visitors from entering the building during the pandemic, including immediate family members such as daughters and sons. The separation from their families had negatively impacted the seniors, especially regarding their **mental health**. For those buildings that had positive COVID-19 cases, seniors were directed to stay in their tiny rooms and to use the kitchen only when they were allowed to according to a pre-set schedule.

Figure 31. Loneliness During COVID-19 Pandemic



Challenges in Accessing Services and Support During the Pandemic

Seniors expressed their gratitude for the support they received from government and community service agencies. They particularly mentioned the **food delivery services** from the City of Vancouver, from the Societies and from the SRO-Collaborative. They also mentioned feeling grateful for the increased **OAS benefits** that provided them with helpful support to overcome the difficult times.

However, the challenges caused by the pandemic were huge. First of all, during the pandemic and in compliance with health and safety regulations, almost all community organizations cancelled in-person face-to-face services. This created great **anxiety** among the seniors, especially when they **faced time-sensitive issues**. For example, one senior needed to renew his Permanent Resident card because it had expired. Another senior needed to renew her BC Housing application, or her file would be closed. Another senior needed to go to a specialist appointment but could not find translation support.

Additionally, **lack of digital literacy** prevented the seniors from accessing remote services. The survey revealed that when in-person services were transitioning to online services, many seniors did not have access to devices or the digital literacy that was necessary. They did not know how to apply for the government CERB or CRB benefits online, and they did not know how to book a vaccine appointment online. For those who only owned a corded phone or a non-smart phone, there was no way to access the ZOOM platform to see an educational workshop for vaccine registration and information. The following is a comment from a younger senior who had a basic level of English:

“Both my wife and I asked our son to help apply CERB online. He lives in Toronto, but we had to call him for help. Although I have a computer at home, I seldom touch it because I am not interested in using it. Then I had to apply for the CERB online. All the information online is in English. I can’t handle it with my level three English ability. It is overwhelmed.”

Vaccine Hesitancy

Early on, SRO residents were identified by Vancouver Coastal Health, BC Housing and the City of Vancouver as a group at **higher risk** of COVID-19 transmission as a result of compounding factors, including the inability to physically distance or self-isolate in their own homes.

In the middle of our survey process, the COVID-19 vaccine became available to BC residents, and seniors were prioritized. Due to the concerning living condition of SROs, the Vancouver Health Authority set up vaccination clinics in the area for SRO residents to access vaccines. At that time, we added a question to our survey: “Would you like to get a vaccine if it were available now?” 34 participants answered this question, and 23 said “yes”, 10 said “no” and 1 replied “I need to ask my family doctor.”

We received a variety of answers from those who did not want to get the vaccine:

“I am not confident about the safety of the vaccine.”

“The vaccine was tested on the western population and may not affect on the Asian population.”

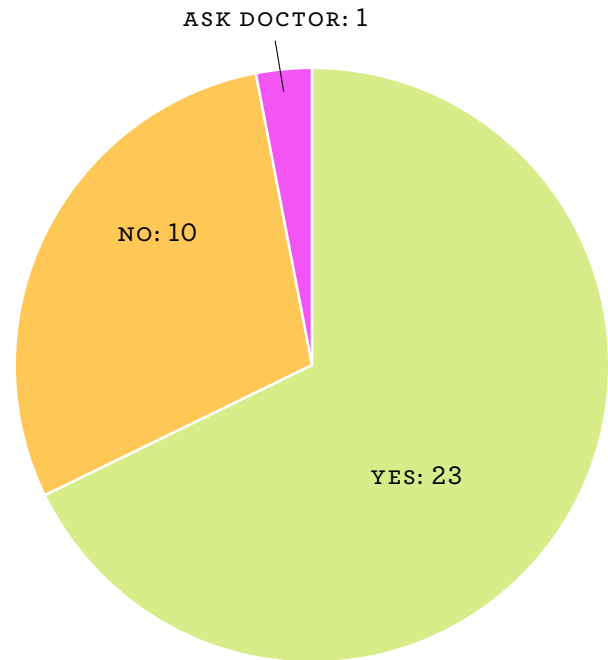
“There was no method to rescue my life if I have serious side effects after the first dose.”

“Most of my friends are not willing to get the vaccine, so I would not too.”

To sum up the answers, there were several factors that caused vaccine hesitancy. Lack of information from the health authority was one of them. Although the information in different languages was provided on the CDC website, these seniors could not access the information online due to low digital literacy.

Secondly, the lack of available and appropriate communication regarding the vaccine prevented the seniors from receiving correct information about it. They mostly received messages by word-of-mouth. Rumours and assumptions created **confusion** among the seniors, and communication between the health authority and the seniors had not been properly set up to answer their questions.

Figure 32. Vaccine Hesitancy



Would you like to get a vaccine if it were available now?

Thirdly, the lack of language support at on-site vaccination clinics was not helpful for the seniors. Several seniors who lived in SROs had gone to a vaccine clinic set up in their area but had been **refused vaccination** because they could not clearly state that they lived in an SRO. There were no translation and interpretation services on-site to assist with communication.

Vaccine hesitancy among Chinese seniors has alerted community organizations and health care providers about the importance of providing multilingual useful, authoritative, up-to-date, and relevant information about COVID, as well as the general approach to take during any future pandemic or emergency. Lessons learned from the vaccine hesitancy include identifying the gaps between the seniors' need for information and supply, who is responsible for communication, how to provide training for seniors about handwashing, wearing a mask, social distancing, how to build trust and mitigate the seniors' vulnerability to misinformation.

Overall Impressions of Chinese Seniors in SROs

When considering the overall impressions of Chinese seniors living in SROs, we need to be aware of the **limitations of our sample**. The seniors in this study were selected from among twelve SROs that are owned, in most part, by the Chinese Benevolent Societies in the Chinatown and Strathcona areas of Vancouver. According to a report released by Housing Vancouver, as of 2015, there were a total of 97 private SRO buildings in the downtown core, and 94% of these were located in the Downtown Eastside. Although the Society-owned SROs are primarily occupied by Chinese seniors, some Chinese seniors live in other privately-owned SROs in the Downtown Eastside, and we were not able to connect with most of them. In addition, we were not able to make a comparison between the living conditions of the Chinese seniors living in privately-owned SROs and those living in BC Housing-owned SROs.

Invisible to Community Services

In comparison with Chinese seniors who participate actively in social and recreation programs within the community, the Chinese seniors who live in the Chinese Benevolent Society-owned and privately-owned SROs were found to be more invisible and isolated.

Frontline community workers corroborated this impression; they had minimal contact with this group of Chinese seniors. When we asked the frontline workers to introduce us to seniors who were qualified to take part in our survey, almost all stated that they were not familiar with this group of seniors. When they described the seniors who took part in their programs, we found that they differed from those we surveyed in the study.

“Chinese seniors who come to our centre are quite active. They know very clear which place has what program at what time. They have a fully filled schedule. However, for the seniors in those SROs, actually, I have less contact. If they don’t come to my office, I have no chance to get to know them. Unless some active seniors refer their friends, who live over there and need help, I seldom meet them.”

Many of the surveyed seniors showed no interest in participating in community programs, and most particularly in social and recreation programs. Those who still worked did not have the time or energy to join programs. When we interviewed them for the survey, we had to schedule nighttime appointments because they worked until very late. Those who did not work said they had their own social circles with people who also spoke the same dialect as they did. Many seniors said they would prefer to stay at home than to join in any programming.

Multiple Barriers in Navigating the Social Support System

It was apparent that the biggest challenge for Chinese seniors in SROs was the language barrier. However, the core issue behind the language barrier was the difficulty in navigating the social support system. The life difficulties faced by the elderly are sometimes one-time issues, and sometimes they consist of a series of problems. A good example is retirement. A senior foresaw his retirement like this:

“I will retire in one or two years. I do want to know what I should do or what I should prepare for retirement. I asked my neighbour who has gone through all the processes of applying OAS and GIS. And he told me, you can’t imagine how many times I have been to the service for the application. They only answer one of your questions each visit. If you have more questions, you have to book another appointment. In fact, I think if there is such a one-stop service in the community, I think it should be better.”

As seniors age and experience physical and psychological vulnerabilities, they tend to shrink their social networks either voluntarily or involuntarily. Neighbourhood and community services become critical in aiding them to maintain their well-being and to avoid isolation. Seniors who live in Society-owned and privately-owned SROs depend more heavily on community resources and services because of their more isolated living situations. Due to the language barrier, it is inevitable that they use a third party to connect them with the social support system, including in their communications with the government and other authorities.

Lack of Support in Seeking Resources

Since current community services do not operate within the SROs, they had little awareness of, and did not engage in advocacy for, isolated seniors.

Due to limited English levels, low Chinese literacy, lack of accurate information from official channels, and lack of digital knowledge, this group of seniors experienced massive challenges in seeking help.

When they faced difficulties in accessing help in the community, these seniors tended to reduce their expectations regarding their quality of life and became tolerant of their needs being ignored. As such, they lived closed and limited lives with minimal living standards.

Heavy Reliance on Family Members

The seniors in our study experienced a variety of challenges related to their daily and essential activities. When seeking help, they would begin by contacting their immediate family members. Many started by asking their children, followed by other relatives. When children or relatives would not or could not help because they were busy or did not have the capacity, it left the seniors desperate and panicked.

Many seniors mentioned **friends** as a resource for help. Single males routinely gathered in public areas within the community to share information and resources they knew about. The food courts in the International Village and at the Chinatown Plaza were two popular areas for gathering.

“We helped each other. When I just came here, my English was very poor. I asked my friends drove me to ICBC for the road test. Then I would help them whenever I could, like pick up furniture or help moving home. Here old people help each other.”

Concerns about the Future, but Without a Plan in Place

Many seniors were worried about the deterioration of their health. They did not know how they would be able to access in-suite services or assisted housing when they would need them.

The majority did not have any plan for the future, including the housing arrangements. The most frequent plan of action regarding a future health crisis was to call 911. As such, they expected that an emergency situation would put them in touch with the healthcare system, which would resolve the issue for them. They felt that there were no other options available to them.

Long-time Residents, but no Advocacy for Themselves

It was clear that some of the seniors were **not satisfied** with the living conditions in their SROs. However, due to their low self-esteem and continued exclusion from community development, they chose to keep silent instead of advocating for themselves. When we asked the seniors for suggestions about how to improve the services in Chinatown, they replied:

“To be honest, I don't have any suggestions because people like me are not qualified to give suggestions. For example, if you ask me whether it is safe to live in Chinatown. I can tell you; I have to live here. I have no other choice. Safety is not my consideration because I can only afford to live here. It is never my turn to discuss the safety issue in Chinatown.”

“I have no power to complain to the building management. We are low-class people, and we have nothing. When we were young, we didn't plan well. Now we are here as losers. So, we have no right to complain to others.”

Not only have the voices of the senior residents in SROs been left out of government policy-making, the opinions of the owners of the SROs, including the Chinese Benevolent Societies and other private owners, have also been ignored with respect to planning for changes in the neighbourhood. An owner told us:

“Regarding the Chinatown development, we have no say to the government. There is a Chinatown business development company that is taking charge of the project. When they have a meeting and make a decision, they will notify us. That's it.”

Facing Hazards in SROs

The disinvestment in privately-owned SROs, coupled with lack of management, lack of responsiveness from the owners, and few to no tenant supports, put the senior residents' health and safety at risk. During the COVID-19 crisis, the unmet health needs in most privately-owned SRO buildings led to deteriorating and unsafe conditions and put the seniors in hazardous situations.

Recommendations

Based on the findings of this study, the recommendations provided below address the uniqueness of the population of Chinese seniors who live in Chinese Society-owned and privately-owned SROs and identify the services that could help improve their living conditions and essential daily activities. We believe that many of these recommendations will be helpful for other Chinese seniors, and even for seniors from other ethnic groups who experience multiple barriers in their daily lives.

RECOMMENDATION 1:

Advocate for funding to address urgent gaps and inequities in housing and services to support seniors to age in place.

Funding for Improving Living Conditions of SROs

The strong negative impact of the COVID-19 pandemic on the privately-owned SROs raises the urgency for government investment in SRO revitalization and replacement. While government partners work to mitigate the effects of COVID-19, it is equally urgent to close the gaps in existing health and social inequities that affect Chinese seniors in SROs.

The Chinese Benevolent Societies in Chinatown are typically member-based, non-profit organizations. Many of them have **limited financial resources** and **little development experience**. Rehabilitating these buildings is a challenge for both the Societies and for private owners. To support the community's effort, in 2008, Council approved the Chinatown Society Buildings Rehabilitation Strategy to support Societies in their heritage conservation planning, implementation and organizational capacity building. However, only a few SROs met eligibility and received funding. Most of the Society-owned SROs were left without financial support from the government. With limited financial budgets, only very basic management and maintenance are taking place in these SROs.

Funding to Attract and Retain Staff with Language Capabilities

Our survey revealed that there was a large gap with respect to community services offered for Chinese seniors living in SROs. Lack of staff in community services was noted, and there was a particular lack of staff who could speak **dialects** within the service community.

In the interviews with current frontline community workers who directly support Chinese seniors, we continually heard concerns about the insufficient funding for their positions.

“To be honest, my workload is overwhelmed. My position is a part-time job, but I need to apply for housing, advocacy, accompany the seniors to the specialists, look for a lawyer, etc. Every year we ask the government for the budget of two positions, but we can only get one. Even the one position is only thirty hours a week.”

“The funder of my position has changed their funding criteria, and we probably won't get funding from them for next year, depends on their change. Then we have to start looking for other funding. If there is no funding, then the positions will be gone. So we will also like try going after some private foundations and some individual funding.”

“The biggest challenge for my job is that I don't know if I could continue doing this work next year. Actually, every year I just wonder if I could continue this job for next year. Although I know this work is essential, and I like this job very much, I have no idea if the job can be saved for next year.”

Funding for a Continuum of Housing Choices to Allow for Aging in Place

Most of the Chinese seniors who live in SROs will age in place until their health conditions no longer allow them to live there. Through conducting the surveys, we realized that many seniors do not have a clear plan for their future housing arrangements, especially as their mobility and capacity for self-care decline. One of the primary reasons for this is that they have little control regarding the deterioration of their health. Another important reason is that they do not have any **housing** options that would be flexible and adjustable according to their needs as they age.

Based on this observation, prioritizing the development of affordable senior housing should be considered as a central revitalization and conservation strategy for Chinatown. It is recommended that a **diverse range** of housing options with a continuum of care for seniors to age be put in place. The housing options could include creating more assisted-living facilities and adult day-centres in the communities. Also, culturally and linguistically appropriate support services for seniors should be considered.

Funding for Building an Age-Friendly Community in Chinatown

Chinatown and its surrounding areas can be considered to be a community in transition. Like many other major cities in North America, Vancouver's Chinatown is undergoing rapid changes. Much of the policy that has been developed in response to the changes has been focused on preventing the loss of SRO rooms, but other aspects of well-being have received less attention. The findings of this study highlight the daily life and help requirements of a group of seniors who are invisible and mostly forgotten in Chinatown that is in the process of changing. The current study will help fill the knowledge gap and demonstrate the importance of building an age-friendly community in this area.

Funding for an age-friendly community should be developed to respond to the needs of Chinese seniors in SROs in light of the challenges shown in this study. Additionally, it is essential to wholistically integrate privately-owned SROs into the strategy. In this study, insights from frontline workers showed that the lack of funding to properly assess the needs of the Chinese senior population, and insufficient positions for staff who can speak dialects, are indeed an issue of structural racism, although these problems are tightly intertwined. Investing more funding into **researching** the issues that the ageing population faces can help prevent marginalized community members from being further harmed as the neighbourhood transforms.

Funding for an age-friendly community should also include the prioritization of building a **safe community for seniors**. As one of the frontline workers stated:

“Even nowadays, from time to time, we still heard from Chinese seniors that they’ve been attacked on the street by random people, and that is caused by discrimination or you know, they walk too slow on the street when they cross the street. So, I think the government can take more of a role on this part, like maybe a campaign or something, that you need to respect seniors, or build an age-friendly community.”

Finally, funding for an age-friendly community should also include support for advocacy to address racism and discrimination. As we conducted the study, we kept hearing that Chinese seniors who were in food program line-ups were being attacked. Unfortunately, there are still no programs that are funded to address this critical issue. Such a program would need to both explore ways to protect the seniors and also educate them to respect Canadian culture and its rules.

RECOMMENDATION 2:

Conduct outreach in languages spoken by the seniors and in a culturally sensitive manner to identify their needs and connect them to services.

Outreach is a fundamental requirement for assisting Chinese seniors in SROs. Because most Chinese seniors in SROs are isolated and lack the support and resources to become more involved in their communities, it is essential that community services make a concerted effort to keep them connected.

The Purpose of Outreach Work

There are two main purposes of outreach. The first is to **identify the needs** of senior residents, including both their emergent needs and their long-term needs. The second purpose is to **connect** them to community services, including bringing them information about community programs and referring the seniors to appropriate services.

When we conducted the interviews, two building managers expressed enthusiastic support for welcoming outside services to help their elderly residents.

“So, some social workers can come in, a couple of month or every month, just talk to them and see what they need. Sometimes the seniors don’t want to talk to us, because kind of we are not family members, but they probably trust social workers. Once I invited my friend, a social worker in Richmond, to help filling some forms. I still would like to ask her to come in.”

The Strategy for Outreach Work

It is important to utilize a hybrid strategy that focuses both on in-office services and outreach strategies for services that focus on assisting this elderly population. Creative outreach strategies may be the most useful for these seniors as they age.

Language sensitivity has to be a consideration when outreach initiatives are put in place. Given that many Chinese seniors in SROs speak dialects, the creation of language-appropriate communication between the service agencies and the seniors would enhance the seniors’ social involvement and decrease their social isolation. As one service provider suggested:

“I think it’s really important for the program developers or the institutions to think about the language needs in all stages when they develop a program. Like when they promote a program, are they going to make the language available in Chinese, or when they run the program, do they have any staff that can speak the language.”

Cultural sensitivity should also be a primary consideration when outreach initiatives are created by outreach workers who want to work with this population of seniors living in SROs. One frontline worker reflected:

“The other thing is the gap between information and services would be a better understanding of cultural differences as well. Like, you know, sometimes, when you develop a program, you think: ‘Great, this is going to be awesome. Seniors are going to love it.’ But, they may or may not, because they come from a different culture. So, I think better understanding culture is very important.”

RECOMMENDATION 3:

Develop new and adjust existing services for seniors to better match their needs, especially addressing gaps in translation and one-on-one services. Explore the feasibility of a one-stop service hub for seniors.

Our survey revealed that there is a discrepancy between the seniors' needs and the services provided in their communities. On the one hand, seniors clearly expressed that they could not find help to deal with various issues that were pertinent to their regular activities. On the other hand, they were reluctant to participate in existing community programs because they lacked interest or were not aware of the programs. Based on the findings of this study, community agencies should either develop new services or adjust the existing services to meet the needs of the Chinese seniors in ways that are culturally, linguistically and socio-economically appropriate.

Balance One-on-One Services and Social/Recreational Services

From the surveys and interviews, we found that although the translation was the most frequently used service by the seniors living in SROs, helping them understand complex issues simply through translation did not ultimately fulfill their needs.

The **follow-up actions** that they needed to take after translation were at the core of the issues. Furthermore, follow-up actions were frequently very time-consuming, and it sometimes was beyond the scope of the community workers' duties. A community worker described the situation as follows:

“So, in the centre we do more recreational based things, like social programs, cultural events. It’s more social-based. However, because I am able to speak Cantonese and there are not very many Cantonese or Mandarin-speaking frontline people working in the Downtown Eastside, as they (Chinese seniors) have gotten to know me over the years, they come to me for other things that are not regarding social activities. So, I help with that as well. So, it’s a little bit outside of my job, but it’s a necessary part. Things like help with housing applications, calling Service Canada, calling CRA, help with taxes, rent reviews, that sort of things.”

Although many community workers tried to include one-on-one services into their existing social or recreational programs, there was still a large gap between the demands and the services. Sometimes seniors could not understand the limitations regarding the job scopes of these workers, and they complained:

“I am very angry at the service. I came to your office was not ask you just to translate the letter. I asked you to help me solve the problem. When I asked her to make a phone call, she said, ‘Oh, sorry, I can’t call on behalf of you because I don’t have the representative authority,’ blahblahblah. I came to you, and you told me you can’t do this, can’t do that. What else can you do? You just don’t want to help me.”

From the interviews we conducted, we learned a trend among community workers of blending activity-oriented service and one-on-one services in their communities. Based on these findings, we suggest that more one-on-one services should be developed within the community services. This would be especially true for the seniors living in SROs since they are very isolated and excluded from community services.

Specifically, in order to help seniors who are over 65 years old and are still working, **flexible service times** are recommended. From the study we learned that many of the seniors we interviewed work long hours for minimal wages. When they needed help, there was no way that they could go to services during regular work hours. Even when we conducted our survey, we had to schedule late-night appointments to meet them. As such, flexible service times, or a **Chinese-speaking hotline** that they could reach to talk about their difficulties would be most helpful for this group.

Balance of Services to Meet Different Levels of Needs

There is a general belief that plenty of free food and low-cost commodities are available in the Downtown Eastside area. There is also a stereotype that Chinese seniors always line up for free meals. However, in our study we found that food was not among the top priorities regarding the daily needs that seniors in SROs asked for help with. While it is true that most of the seniors were appreciative of the free food that they received from a variety of agencies, they also had complaints about it. Some of the single males in the SROs said that they seldom cooked at home and did not know how to prepare meals from store-bought ingredients. As such, there was a waste of resources when community organizations delivered inappropriate food to the residents without knowing their needs.

Food delivery is a good example of the importance of service providers conducting research before developing service programs. Some frontline workers have noticed a lack of balance in the community between the seniors’ needs and the existing services. For example, it was noted that there are gaps between the programs that meet seniors’ basic needs and those that support their deeper needs.

“But from my observation, I found that most assisting services for Chinese seniors are focused on basic needs only, like giving free meals and free stuff for Chinese seniors, which is great because everybody has basic needs. But at the same time, I think there is a gap, like, if there can be more resources, we should also look at the deeper needs of the Chinese seniors. As I said, what about mental health? They live alone; they don’t know how to use computers; they don’t even know how to text messages. And then, during COVID, how are their mental health doing? Is there a mental health program available for Chinese seniors? I haven’t seen it somewhere in the community, or maybe there are one or two assists, but I’m just not aware of.”

Establish a One-Stop Service Hub in Downtown Eastside Area

The idea of creating a one-stop service hub for Chinese seniors has been put forth by both the seniors and the frontline workers. Seniors suggested:

“I hope there could be an information centre here, to solve the unique problems that the seniors are facing, like ask a piece of information, apply OAS, deal with Bus Pass, translate letters from the government. We usually go to one organization for help, but maybe because of the heavy workload, it is very slow.”

“For example, I am going to retire in 1–2 years. I have no idea of what I should prepare for retirement. When I go to the organization, they won’t tell you all the processes at one time. They only do one thing for each visit. Actually, I think it is better if there is a consulting centre in the community.”

Frontline workers also presented an image of a possible service hub:

“The way in my mind is that an organization that combines us with several positions like my position and other positions. Everyone contributes his expertise in one organization. So, there are several different positions that can help the needs of different elders.”

“It might be easier to have one hub, just like a tourist centre. You have brochures telling people what the services are and what languages are available. And you have one or two staff there that can speak Chinese. The person can guide the Chinese seniors to the different resources. I think the Chinese seniors’ hub is a great idea. I don’t know why it didn’t happen, but I know people have been talking about it for at least two, three years.”

“It could be a virtual hub or a physical hub. A virtual hub would be more like a hotline, like 211, but all in Chinese so the Chinese seniors can easily access a person who speaks their own languages. A physical hub is like face-to-face. A physical hub is helpful.”

In summary, a service hub should include the following functions:

LANGUAGE SUPPORT: The hub would provide language-appropriate services to Chinese seniors. Given that many seniors in SROs only speak dialects, there should be staff or volunteers who speak various dialects available on-site or over the phone. It may encourage the isolated seniors who can only speak dialects to venture out of their homes and make connections within their larger communities.

INFORMATION DISSEMINATION: According to the findings of this study, the number one reason that Chinese seniors in SROs did not participate in the community programs was that they were not aware of their existence, as they had not received information about them. They mentioned that most of the information they received was not in their language. They suggested that information, including maps, should be in their own language and available at different locations such as shopping malls, community centres, churches, and in the mass media.

When discussing gaps in information dissemination, the most mentioned solution was creating a **brochure** that would provide an **inventory of services** available for the Chinese population. The brochure design should be age-friendly to work with the reading habits and abilities of these seniors. It should be written in plain language, with large font, and with one or two focused topics per page. In addition, the brochure should list the specific information that is most crucial to seniors' basic needs, such as food, translation services, housing, mobility, health, income supports and community activities.

A service/program **calendar** was also recommended by both the seniors and frontline workers. The calendar should be updated regularly to allow the seniors to receive up-to-date information regarding events and services available in their communities.

RECOMMENDATION 4:

Involve government, Chinese Benevolent Societies, service agencies and community partners to develop a coordinated seniors service strategy.

It is crucial to develop a **coalition of partners** that would include all levels of government, the Chinese Benevolent Societies and non-profit partners to support and implement a Chinatown senior service strategy in order to strengthen the Chinatown and Strathcona areas as age-friendly communities.

Establish a Dedicated Group or Entity to Lead the Coordination and Partnership Building

It is necessary to establish an entity to build up the hub, coordinate partnerships, manage funding, support development and advocate for Chinese seniors. The entity could be a public agency or a community organization, or it could be a new organization or a new arm of an existing organization. The functions of the entity could also be undertaken by several different agencies.

Create a Platform to Coordinate Services for the Chinese Population

Given that Chinese seniors in SROs were not familiar with the existing services in the communities and faced challenges in navigating the social support system, building up a more effective service structure in the Downtown Eastside is essential. It would be necessary to **coordinate referral services** between the service providers in the area.

At present, the networking between the agencies is only limited to the individual level. Community workers who serve similar Chinese seniors refer clients, share information and support each other. One frontline worker stated:

“Actually, we're trying to network. Right now, there is no network of non-profits in this community. It's basically our own effort that we network with other agencies who are providing services in Chinese. Through our own effort to network together, we will be able to refer seniors back and forth. In terms of public services, we are really at lost, like where we're going to be accessing what to who. So, I don't know whether the city will be able to help us to have this kind of network. So either public or non-profit services, we get to know each other, and then we know how to tap into different resources. We can share resources rather than overlapping resources.”

Strengthen Connection between Service Providers and Chinese Benevolent Societies

To increase the well-being of the Chinese seniors living in SROs, the Chinese Benevolent Societies, as the owners and operators of the

SRO buildings, should be in close connection with service providers and policymakers. Since the Societies do not have the capacity to address the socio-economic needs of their senior tenants, they welcome the community agencies to provide outreach services to the seniors to help reduce the strain between the organizations and tenants.

One possible and practical approach in coordinating with the Chinese Benevolent Societies would be to provide training to their building managers. As reported in the findings, in some SROs, the managers or caretakers became the bridge between the Chinese seniors and community services. Because some of the seniors require a great deal of support, certain building managers had gone above and beyond their job duties to assist seniors, such as reading letters, referring the seniors to services outside the buildings, and facilitating food delivery from different organizations. Some of the managers regularly check up on the seniors to assess their physical and mental health status in order to prepare for any emergent issues. If the managers received basic training from outreach workers, they could more efficiently connect the isolated seniors to the outside community.

RECOMMENDATION 5:

Empower seniors and strengthen their social and family networks.

Empower Younger Seniors to Work with Older Ones

The survey revealed that the word “senior” is very vague and is used to describe a population with huge variances in terms of strength, mobility, and ability. In many circumstances, the assets of those referred to as “seniors” are devalued because of the stereotype that comes to mind. Viewing the seniors as an **asset** and understanding their **strengths** would be helpful when it comes to complementing and supplementing service gaps when strategizing a plan of action.

There are two ways to empower younger seniors. One involves creating employment opportunities for younger seniors to support older seniors. In our survey, we found that many younger seniors were still working and relied on employment income. Some of them worked as family caretakers in the Downtown Eastside or other areas. Developing a home caregiver career program for the younger seniors would allow the community to be **self-supporting** in terms of senior services. In this way, both the younger and the older seniors could be able to function and work within a local and familiar community, and with supports continually in place.

Another way to empower younger seniors is through volunteering in the community. Currently, many Chinese seniors volunteer with social and recreation programs in the community. Unfortunately, very few seniors who live in privately-owned SROs volunteer or are found in leadership positions. Given

Another way to empower younger seniors is through volunteering in the community. Currently, many Chinese seniors volunteer with social and recreation programs in the community. Unfortunately, very few seniors who live in privately-owned SROs volunteer or are found in leadership positions. Given the broken connection between the senior residents in SROs and local services, community-based agencies should be encouraged to involve the younger seniors living in SROs in volunteer activities. This is particularly true for those who speak dialects. These seniors should be encouraged to work as **liaisons** and **advocate** for themselves and the more vulnerable older seniors by using their unique language skills and valuable **cultural knowledge**.

Enhance Seniors' Digital Literacy

Recognizing that there is a **digital divide**, and that not every senior has access to technology, or wants to access services via technology, capacity-building for seniors would be necessary. This would include tutoring seniors to access wi-fi on their personal devices, teaching them to use translation apps to translate and interpret for themselves when they are not accompanied by family members or support staff.

Mentor Seniors' Family Members in Recognizing Their Responsibilities

We found in the survey that many seniors were **distressed** due to not receiving enough support from their children, although they were still under their sponsorship. Many

seniors regarded the sponsorship agreement as a condition for the government to allow them to enter Canada, but not as a mandatory responsibility of the adult children in their sponsorship of their parents' immigration.

Since the sponsorship agreement is an official contract that is signed between the sponsoring adult children, their sponsored parents, and the government, community services should be involved in mentoring the seniors' family members to help the sponsors take responsibility for their parents. Agencies serving seniors should facilitate family members' **access to information** about older adults' social, emotional and health needs. Such information would increase families' knowledge and sensitivity to the unique needs of their senior parents.

Research Limitations

This study explored the needs of Chinese seniors living in SROs. It should be mentioned that the Downtown Eastside Chinese seniors community is complex, with a diverse landscape of services and resources. The frontline workers and organizations that supported this research project highlighted that the precarity of funding and staff who are already engaging in this work makes it nearly impossible to have the time or job stability to develop effective systems of coordination. Furthermore, current known funders and funding mandates do not support this coordination or outreach activities for the Chinese senior population. Frontline workers consulted during this research reported not having the time nor the resources to effectively support Chinese seniors living in SROs. They had **high caseloads** and were already operating at maximum capacity. More research is needed to examine these issues and their interactions with the findings and recommendations of this research project.

Conclusion

The sample in this study represented a unique group of seniors who live in 12 Chinese Society-owned and privately-owned SROs in the Chinatown and the Strathcona areas. The findings of this study indicate that their everyday needs and the barriers to accessing services and support that they experience are due to a gap in the scope of community services and government policies and strategies in health, urban development, and social and cultural development.

It is urged that community service agencies, city planners, and policymakers take the marginalized groups' needs into consideration in **meaningful** and **relevant** ways. The findings of this study reveal that when the voices of vulnerable populations are left out of plans, serious consequences, such as those that took place during the COVID-19 crisis, occur.

Overall, there is an urgent need for developing a holistic approach that would support housing, health, and wellness for Chinese seniors in Chinatown and the surrounding areas. Such an approach would ultimately enable those Chinese seniors who currently live in SROs to age healthfully and retain a sense of belonging in the community.

Appendix 1: Questionnaire

Identifying the Needs and Support for Chinese Seniors in DTES

CHINESE SENIOR TENANT SURVEY

Dear participant:

This survey is a part of a research project that aims to investigate how Chinese seniors living in Vancouver's Downtown Eastside access and use the services and support resources in the community. By examining seniors' basic needs and help requirements, this study aims to increase all stakeholders' awareness of the resources available to the Chinese seniors and the gaps in services. This study also aims to enable the Chinese seniors to voice the need to improve seniors' services within the community.

All data you share with us will be secured in locked filing cabinets and analyzed on password-protected computers. Data may be used in its anonymized form by the project to inform further discussion of needs and improved services. It may also be used for educational purposes or shared with other researchers. Your privacy will be maintained in any data sharing.

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study at any point. If you decide to take part, you may choose to withdraw from the study at any time without giving a reason and without any negative impact on your access to services.

By answering the questions below, you give consent to the project to use your data in a confidential manner.

Date:

Volunteer:

Survey ID:

Section 1: Background Information

1. Building name: _____ Building address: _____
2. Gender: ① male ② female
3. Age: ① 55-59 ② 60-69 ③ 70-79 ④ 80 and up
4. Where did you originate from?
① Mainland China ② Hong Kong ③ Taiwan ④ Other country (specify) _____

5. How long have you been living in Canada? _____year(s)
6. What language do you usually speak at home?
- ① Cantonese ② Mandarin ③ Other (specify)_____
7. How would you rate your ability to speak English?
- ① None ② Low ③ Fair ④ Good ⑤ Excellent
- 7a. Are you still working now?
- ① Yes ② No

Section 2: Current Living Conditions and Health Status

8. How long have you been living in this building: _____ year(s)
- 8a. Do you live alone or live with your spouse?
- ① Live alone ② Live with spouse
9. What do you think about the conditions of your room or apartment?
- ① Excellent ② Good ③ Average ④ Below Average ⑤ Poor
10. How would you describe your state of health?
- ① Excellent ② Good ③ Fair ④ Poor ⑤ Don't know/Can't say
11. Do you use physical aid?
- ① None ② Cane ③ Walker ④ Wheelchair ⑤ Others_____
12. Do you have any illness that prohibits you from doing daily activities:
- ① No ② Yes (specify)_____
13. What method(s) of transportation do you usually use? Check all that apply.
- ① Walk ② Bus/Skytrain ③ Drive ④ Taxi ⑤ Handydart ⑥ Someone drives (specify)_____

Section 3: Basic Activities and Help Requirements

14. Think about your basic activities, has anybody helped you to meet your needs? If yes, who helped you? If no, why not?

Basic Activities	Do you need help?		Who has helped you?										Why haven't you received help?						
	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Shopping Food and Groceries	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Medical Visits (e.g. Lab, X-Ray)	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Household Cleaning	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Cooking	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Banking	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Self Care (e.g. Bath, Hygiene)	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Medical Care (e.g. Buy medicine)	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Seeing Friends or Family	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Exercise	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Repairs	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Apply government benefits	Yes	No	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7
Communicating with Government	Yes	No	1	1	3	4	5	6	7	8	9	10	1	1	3	4	5	6	7

15. If there are services you have used, who helped you find them? If there are services you need but have not used, why?

Services	Have you used the service?		Who helped you find it?								Why haven't you used the service?							
	Yes	No	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
Food Program	Yes	No																
Health Program	Yes	No																
Senior Group	Yes	No																
Translation Service	Yes	No																
In-suite service	Yes	No																
Cultural Program	Yes	No																
Religion Group	Yes	No																
ESL Class	Yes	No																
Counselling	Yes	No																
Legal Aid	Yes	No																
Affordable Housing	Yes	No																
Other (specify)	Yes	No																

Question 16 was eliminated after the test pilot survey was completed.

Section 4: Social Contact & Involvement

17. Before COVID-19, how often have you been in contact with...

Contact	Daily	At least once a week	2-3 times a month	2 or 3 times a year	No contact	Not Applicable
Immediate family members in Metro Vancouver	1	2	3	4	5	6
Immediate family members not in Canada	1	2	3	4	5	6
Relatives in Metro Vancouver	1	2	3	4	5	6
Relatives not in Canada	1	2	3	4	5	6
Friends in Metro Vancouver	1	2	3	4	5	6
Friends not in Canada	1	2	3	4	5	6
Neighbours	1	2	3	4	5	6
Other (specify)	1	2	3	4	5	6

18. During COVID-19, do you have enough support to meet your daily needs from

	No Support	Some Support	Strong Support
Family Members	1	2	3
Friends	1	2	3
Neighbours	1	2	3
Building Manager	1	2	3
Church/Temple	1	2	3
Community Services	1	2	3
Government	1	2	3
Other (specify)	1	2	3

19. In general (before COVID), to what extent do you feel lonely?
- ① Not at all lonely ② Not lonely ③ Somewhat lonely ④ Very lonely ⑤ Completely isolated
20. During COVID, do you feel more isolated than before?
- ① More isolated ② The same ③ Less isolated
21. What are your sources of income? Check all that apply.
- ① Employment Income ② Government Pension ③ Saving/Investment ④ Support from children
- ⑤ Program honorarium/subsidy ⑥ Other (specify)_____ ⑦ I don't want to answer
22. Do you feel the amount of the rent is affordable or not affordable?
- ① Affordable ② Not affordable ③ I don't want to answer
23. What is your main concern at present? How do you plan to solve it?
24. What is your worry about your future life? Why?
25. Do you feel safe living in Chinatown? Why?
26. Do you have any suggestions about the services in Chinatown and surrounding areas?
27. If it is available now, would you like to get the vaccine? Why?

Thank you very much for your participation!

If we want to invite you for an interview, would you be interested?

- ① Yes (Please leave your phone number_____)
- ② No

Appendix 2: Interview Guide for Service Providers

Thank you for taking the time to assist in this research study carried out by DTES Neighbourhood House and funded by the Chinatown Legacy Stewardship Group. The study aims to learn how and where Chinese seniors go for support and services to deal with their daily needs, and identify any special difficulties Chinese seniors encounter in accessing support and services in the community. This information will help the government and stakeholders to improve the delivery of age-friendly and culturally appropriate services to older Chinese residents in DTES. The data will be compiled into a final report and made available to you upon request.

You are free to withdraw from the study at any time without any explanation. If you find any of the questions uncomfortable or difficult to answer, you may refuse to answer the questions, or you may request to discontinue the interview. If you decide to withdraw from the study after the interview, your information will be removed from the study. No anticipated or foreseeable risks or discomforts result from participating in this study.

The information you give will be kept in a locked filing cabinet at the DTES Neighbourhood House. All the information shared publicly will be anonymous, and comments made in the interviews will not be attributable to any individuals. Your privacy will be maintained in any data sharing.

Consent Form

I acknowledge that the research procedures described above have been explained to me and any questions that I have asked have been answered to my satisfaction. I understand that the answers to the questions will be recorded and that I may withdraw from the study at any time. My decision to either participate or not to participate will not affect my agency or myself in any way. I also understand there are no personal benefits to myself or my agency in joining the research study.

1. What is your position?
2. How long have you been in this present position?
3. How long have you been in this organization?
4. What kind of service(s) do you provide in this program?
5. How many participants are in your program? How many Chinese seniors?
6. How do Chinese seniors find out about your services?

7. What are the significant needs or problems of the Chinese seniors who visit your program?
8. What do you feel are the unique difficulties Chinese seniors encounter that are different from clients in other age groups?
9. How do you understand the living condition of Chinese seniors who live in SROs in DTES, and how does this affect their ability to access support and services?
10. During the COVID-19 pandemic, do you see any emerging difficulties that Chinese seniors are encountering? Have you found any additional service that can help them get through this challenging time?
11. What are the significant challenges of your program in providing services to Chinese seniors?
12. How do you assess your workload of helping Chinese seniors in your program? Do you find you've had enough time to respond to requests for help from the seniors?
13. What kind of support would you like to receive in the community or from the government?
14. Who funds your position? Does this impact how you perform your role? In what ways?
15. What do you think about the existing service provisions in DTES in terms of helping Chinese seniors to live in the neighbourhood?
16. Can you identify any gaps in information and services that would better assist Chinese seniors in meeting their daily needs?
17. How do you evaluate the referral and follow-up process within your agency or among different service providers? What are the best and most effective ways of assisting Chinese seniors in accessing services?
18. Which organization(s) do you collaborate the most with, and how did it go? What kind of collaboration may maximize social resources in helping Chinese seniors to live better within their community?
19. What is the government's role in helping seniors in this area? What are their contributions? What are their limitations? How can they better perform this role?
20. Do you have any additional comments related to this study that you would like to share with me?

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