



SENIORS SERVICE AND HOUSING NEEDS ASSESSMENT FOR CHINESE CANADIAN SENIORS IN VICTORIA

December 21, 2015

*Prepared by M. Thomson Consulting in collaboration with
the Needs Assessment Working Group*

Executive Summary

This Executive Summary provides an overview of the findings of the *Seniors Services and Housing Needs Assessment for Chinese Canadian Seniors in Victoria*. M. Thomson Consulting undertook this external analysis between September and December of 2015. The primary goal of this research project was to conduct a needs assessment identifying the service and housing needs of Chinese Canadian seniors in Victoria, BC.

PURPOSE: The findings may be used by community leaders (including the Needs Assessment Working Group, partners of the CCBA and the Victoria Chinatown Care Foundation and Victoria Chinatown Care Society), as well as the community at large as a tool to support the next steps and strategic directions that they choose to pursue in considering issues of culturally-appropriate senior services, services for Chinese Canadian seniors and the development of new culturally-appropriate housing for seniors. The demographic profile and needs assessment provide necessary supportive evidence required by BC Housing and other funders for project development to proceed.

WHAT WE HEARD FROM THE COMMUNITY: We heard that there is a need for health services that meet the needs of Chinese Canadian seniors. The theme that generated the most discussion in our stakeholder consultations and community engagement process was the desire for more culturally-appropriate seniors services in the form of an expansion of the Victoria Chinatown Care Centre. Secondary desires expressed were to improve seniors day-care support services, to improve culturally appropriate seniors home care support and to create more community gathering spaces for seniors' recreational opportunities. The consultation process is summarized in *Volume 1*.

WHAT THE DEMOGRAPHIC AND HOUSING ANALYSIS SAID: Based on our demographic analysis, which was conducted separately from the stakeholder consultations and community engagement, the needs are not quite as clear. Based on an external analysis of demographic indicators for the Chinese Canadian population in *Volume 2*, the need for culturally and linguistically appropriate support services for seniors exists and will persist for the foreseeable future for roughly 1,135-1,295 Chinese Canadians in the Greater Victoria area, with a subset of this population likely to require subsidized senior housing options. Based on an affordable housing needs and demands assessment in *Volume 3* we found that while housing affordability is a concern for a range of household types across the city and region, it is the most significant concern for senior renters, with 34.5% of households in this group (about 950 households) in core housing need in the Greater Victoria Area. Seniors are the largest group waiting for social/affordable housing through BC Housing's Registry.

IMPLICATIONS: Victoria's Chinese Canadian community is caught in a double bind. There is a relatively small population of Chinese Canadians in the area, few services tailored specifically to Chinese Canadians, and also limited options where mainstream services adequately meet culturally and linguistically specific needs. In spite of this small population, the services that currently exist (primarily through the Victoria Chinatown Care Centre and the Intercultural Association of Greater Victoria) are not enough to meet the needs of the Chinese Canadian seniors population. The Victoria Chinatown Care Centre is the only known facility in the Greater Victoria area that provides culturally sensitive and linguistically appropriate complex care. Going forward, it will be important for community leaders to explore partnerships and opportunities to work collaboratively with other community organizations and institutional partners to meet existing needs.

SUGGESTED NEXT STEPS: The feasibility of an expansion of the Victoria Chinatown Care Centre should be further explored. This should be done in a manner that addresses the need for more health and recreational services for Chinese Canadian seniors, and is also inclusive to the broader seniors population. In order to move forward, project development should be undertaken, looking at the current site of the Victoria Chinatown Care

Centre, as well as the lot adjacent to it. Next steps must include partnership development and the preparation of a business case or feasibility study.

Considerations for Further Work:

1. Level of care in need:

- a. This study did not explore which senior housing option is most needed by Chinese Canadian seniors. If the feasibility of an expansion of the existing facility is pursued, it should consider the full range of housing/care models for seniors: from supportive housing to complex care.

2. Utilize existing resources and experience

- a. Moving forward, any proposed expansion should build on what resources can be realistically brought to bear on this type of development. Significant work has been done in the past by the Victoria Care Centre Society regarding an expanded facility. Future work should build on these efforts.
- b. The Victoria Chinatown Care Foundation holds assets that could be leveraged to access additional provincial, regional, and municipal resources. The Victoria Chinatown Care Centre located at 555 Herald Street is leased from the City of Victoria, while the land adjacent to the existing facility at 1750 Government Street is owned by the Victoria Chinatown Care Foundation.

3. Develop a flexible and inclusive model of culturally-appropriate care

- a. Given the small population of Chinese Canadian seniors, an expanded facility should be open and accessible to all seniors, with a particular mandate to provide care that meets the needs of Chinese Canadians in a culturally competent way (language, food, etc.).
- b. Next steps should build upon the Victoria Chinatown Care Centre facility, approach and experience. An expanded facility provides an opportunity to expand existing programs and add new programs that address other identified needs. This future model of culturally-appropriate seniors housing (supportive housing, assisted living or residential care) could include expanded daycare services, as well as community gathering spaces for seniors activities and cultural, recreational, and educational functions (e.g. a Victoria Chinatown Historical Museum). Such is dependent upon the availability of operational funding and resources.

4. Develop partnerships with a cross-section of health- and housing agencies:

- a. CMHC provides seed funding for needs assessments and financial feasibility/business plans of up to \$10,000 in grants, with an additional \$10,000 of forgivable loan.
- b. CMHC and BC Housing provide proposal development funding for eligible projects. BC Housing can also provide favourable financing rates for both construction and mortgage financing.
- c. The City of Victoria provides funding for affordable housing projects that meet their criteria.
- d. The CRD's Regional Affordable Housing Trust Fund could be accessed for capital funds.
- e. City of Victoria: Other resources could be brought to bear (e.g. seed funding, heritage funds, planning and development support from staff, etc.).

HOW TO READ THE RESULTS

The three volumes of findings can be read independently or as a package.

Volume 1: Stakeholder Consultation and Community Engagement Summary

- This volume provides background information and highlights needs and gaps in seniors services and housing, as identified through the stakeholder and community engagement process. The purpose of the Stakeholder Consultation and Community Engagement Process was to inform and consult key stakeholders in order to contextualize the work done for Volumes 2 and 3. It was undertaken between September and November of 2015.

Volume 2: A Profile of Chinese Canadian Seniors in Greater Victoria

- This volume highlights key demographic indicators based on National Household Survey (NHS) and Census data, and illustrates the need for culturally appropriate subsidized seniors housing.

Volume 3: A Housing Needs and Demands Assessment for the City of Victoria

- This volume provides a community-wide seniors housing needs assessment for the City of Victoria, highlighting affordable housing needs and demands, using the *BC Housing Needs and Demands Assessment Template*.

RESEARCH CONTEXT

The Chinese Historical Wrongs Consultation Context

The impetus to conduct a needs assessment emerged from recommendations of the BC Government's 2014 *Chinese Historical Wrongs Consultation*, under the patronage of Minister Teresa Wat, Minister of International Trade and Minister Responsible for the Asia Pacific Strategy and Multiculturalism. The Chinese Historical Wrongs Consultation process led to a formal apology delivered on behalf of all members of the B.C. legislative assembly to Chinese Canadians for historical wrongs committed by past provincial governments, and also provided recommendations for legacy projects recognizing the contributions of Chinese Canadians. One of these recommendations was to initiate a project to recognize the significance of the role of clan and society associations, which historically served to address the social, political and physical needs of Chinese Canadians. This project addresses this recommendation, by conducting a needs assessment to identify options in regard to affordable housing and seniors' services in Victoria's historic Chinatown neighbourhood.

Limitations

This process was limited in that it was conducted over a short time frame, between September and November of 2015. It is important to be clear that the findings are primarily descriptive rather than action-oriented: it does not set out a plan for how the community should go forward. Further data limitations are outlined in Volume 2 and Volume 3 of this report.

The Needs Assessment Working Group

The primary organizational partners in this research were the Chinese Consolidated Benevolent Association (CCBA) and the Victoria Chinatown Care Centre Foundation and Society. The Needs Assessment Working Group was comprised of representatives of the Legacy Initiatives Advisory Committee (LIAC) Clan Association Housing Working Group, the Chinese Consolidated Benevolent Association (CCBA), the Victoria Chinatown Care Centre Foundation, the Victoria Chinatown Care Society, and the Chinese-Canadian National Cultural Centre. The role of

the working group was to ensure that the research was grounded in community perspectives, and connected to Victoria Chinatown's clan and society associations and to the Victoria Chinatown Care Centre. The working group played an advisory role, assisted with translation, logistics and outreach for the focus groups and open house, distribution of the questionnaire, and reviewing drafts of materials and the final report.

Considerations and Scope

Originally the project was intended to be a housing needs assessment for Victoria's Chinatown with a focus on seniors. Several adjustments were made over the course of the project based on four key observations:

- 1) Victoria's Chinatown, and the Chinese Canadian community of Victoria (and Greater Victoria) cannot be separated from each other. Chinatown's needs must be understood within the broader context of the Chinese Canadian community's needs. Thus, while the scope was primarily rooted in, and oriented towards, the Chinatown-based clan and society organizations, it includes the broader Chinese Canadian community of the Victoria area, nested within considerations of the general seniors population.
- 2) A demographic analysis shows that the Chinese Canadian population in Victoria's Chinatown is very small, even as cultural and community services for Chinese Canadian seniors remain concentrated there.
- 3) The BC Housing Needs and Demands Assessment Template explores broad housing needs in a community. Volume 3 of this research fulfills the technical requirements of the Housing Needs and Demands template for the City of Victoria. The BC Housing Needs Assessment Template is not designed to determine culturally appropriate service needs. To incorporate cultural considerations raised by stakeholders and the Needs Assessment Working Group, the project was expanded to include Volume 2: A Profile of Chinese Canadian Seniors in Greater Victoria. Additionally, Volume 1: Stakeholder Consultation and Community Engagement Summary explores models used by other communities to deliver culturally-appropriate care to seniors.
- 4) The theme that generated the most discussion, and that we heard the most often in the questionnaire results, focus groups, and open house comment sheets, was the need for an expansion of the Victoria Chinatown Care Centre that is culturally appropriate.

**VOLUME 1:
SENIORS SERVICE AND HOUSING NEEDS ASSESSMENT
FOR CHINESE CANADIAN SENIORS IN VICTORIA**

Stakeholder Consultation and Community Engagement Summary

December 21, 2015

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OVERVIEW OF VOLUME 1

The following is a summary of the Stakeholder Consultation and Community Engagement process undertaken by M. Thomson Consulting in parallel to the quantitative needs assessment for the Seniors Affordable Housing and Services Needs Assessment. The approach was developed in dialogue with the Needs Assessment Working Group.

This process was conducted between September and November of 2015. The purpose was to **inform** and **consult** key stakeholders and the general public in order to contextualize the quantitative needs assessment, share the findings with a broader audience and receive feedback, and document the diversity of issues, needs and ideas expressed by a representative number of community voices.

The theme that generated the most discussion in our stakeholder consultations and community engagement process was the need for an expansion of the Victoria Chinatown Care Centre. Through interviews, a questionnaire, focus groups, and an open house, we heard that beyond a need for seniors housing, there is a strong need for seniors health services that meet the needs of Chinese Canadian seniors. The primary desire expressed was to see more culturally-appropriate seniors services in the form of an expansion of the Victoria Chinatown Care Centre. Secondary desires expressed were to improve seniors day-care support services, to improve culturally appropriate seniors home care support and to create more community gathering spaces for seniors' recreational opportunities. A diversity of other issues, needs and ideas were identified. These also merit further exploration.

This research documents a suite of interests, ideas, and possibilities shared by key stakeholders. While stakeholders from the Victoria Chinatown and Chinese Canadian Community were consulted in the process, it is important to be clear that these needs were not arrived at by consensus, nor was it the intention of this research to develop an action plan for how the community should go forward. Next steps, under consideration of the raised concerns and need, must be taken by community leaders and partners.

ACKNOWLEDGMENTS

This work would not have been possible without the guidance, input, and volunteer energy of the Needs Assessment Working Group members:

- Amanda Mills, Victoria Chinatown Care Foundation, President
- Bob VanGenne, Victoria Chinatown Care Society and Foundation
- Gilbert Cheung, Chinese Consolidated Benevolent Association (CCBA)
- John Cheung
- Peter Yeung, Victoria Chinatown Care Society
- Sinclair Mar, Chinese-Canadian National Culture Centre
- Stephen Cheung, Victoria Chinatown Care Society, President
- Thomas Chan, Legacy Initiatives Advisory Council (LIAC) and LIAC's Clan Association Housing Working Group, Chinese Consolidated Benevolent Association (CCBA)

Thank you to Lynne Tang and Nicole Dailly from the Ministry of International Trade for assisting with the focus groups and open house. Thank to you to the CCBA, Chinese Public School, and Kileasa Wong for helping coordinate a venue for the focus groups.

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Disclaimer: The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of British Columbia.

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1 INTRODUCTION

1.1 Background

1.1.1 *The Context: Chinese Historical Wrongs Report*

The *Seniors Services and Housing Needs Assessment for Chinese Canadian Seniors in Victoria* emerged from recommendations of the BC Government's *2014 Chinese Historical Wrongs Consultation Final Report and Recommendations*. The report concluded an extensive consultation phase under the patronage of Minister Teresa Wat, Minister of International Trade and Minister Responsible for the Asia Pacific Strategy and Multiculturalism. It led not only to a formal apology delivered on behalf of all members of the B.C. legislative assembly to Chinese Canadians for historical wrongs committed by past provincial governments, but also provided recommendations for other legacy projects.

One of these recommendations was to initiate a research project to recognize the significance of the role of clan and society associations, which, primarily centred around Victoria's Chinatown neighbourhood, historically addressed the social, political and physical needs of Chinese Canadians, and continue to be community anchors today to some extent. Within this context, and with a steadily aging population across BC and in Victoria, a needs assessment for affordable housing and seniors' services in Victoria's historic Chinatown neighbourhood was initiated.

The research project's goal is to determine the housing and service needs of seniors in Victoria, with special consideration to the needs of Chinese Canadian seniors, both in terms of seniors housing and culturally and linguistically appropriate services. The project will thereby honour the legacy of the clan and society associations and identify emerging and housing and service gaps and needs.

1.1.2 *Clan and Society Associations, Then and Now*

Wherever Chinese diaspora communities settled, they established clan and society associations, centred on Chinatowns. These associations form the underlying traditional community structure of Chinese diaspora society.¹ Historically, and in a lesser, but continued manner today, clan and society associations serve the social, political and physical needs of Chinese Canadians. These vary from the formal to informal, from providing spaces for social activities such as mahjong or singing, to providing leadership, to cultural and educational activities such as language classes and martial arts, to providing housing, or facilitating health services.

There are a considerable range of Chinese voluntary associations, called "tongs". Types of tongs include: county associations, clan associations, dialect associations, political parties, recreation clubs, religious groups, and other organizations such as merchants' associations, alumni organizations, veterans' associations, and charity societies. For example, in Victoria the Consolidated Chinese Benevolent Association (CCBA) has a legacy of providing essential services to the Chinese community including political advocacy, administering a Chinese hospital, a Chinese school, and a Chinese cemetery.²

¹ Lai (1991): 59.

² Lai (1991): 58.

1.2 Overview of Purpose and Methods

1.2.1 Purpose

The purpose of the *Stakeholder Consultation and Community Engagement* process was to **inform** and **consult** key stakeholders and the general public in order to:

- Contextualize the needs assessment, and understand public perceptions and ideas about the housing need and demand, particularly for seniors, in the historic Chinatown neighbourhood of Victoria and throughout the city and region.
- Gain insight into seniors' health-related service needs.
- Identify options in regard to affordable housing and seniors' services in the historic Chinatown neighbourhood, and collect input towards:
 - Supporting the development of affordable housing projects and/or seniors' services (assisted living, care and community space).
 - Understanding what characteristics and location for affordable housing and seniors' services (assisted living, care and community space) support liveability and sustainability within the historic Chinatown neighbourhood of Victoria.

1.2.2. Scope

This process was limited in that it was conducted over a short time frame, between September and November of 2015. Over the course of the engagement, we learned that Victoria's Chinatown, and the Chinese Canadian community of Victoria and the Greater Victoria area cannot be separated from each other. Thus, while the purpose for the stakeholder consultation and community engagement was still primarily rooted in, and oriented towards, the Chinatown-based clan and society organizations, it was expanded to include the broader Chinese Canadian community of the Greater Victoria Area.

Hence, while the initial scope of the needs assessment was focused on Victoria's Historic Chinatown Neighbourhood, it quickly became clear that Chinatown is an important hub for services for the broader Chinese Canadian community, beyond those who reside in the neighbourhood. With respect to seniors care, Chinatown is an important hub because the Victoria Chinatown Care Centre is located there, and is the only facility that provides complex care and day care with Chinese language and cultural components (Chinese-speaking staff, and Chinese food).

1.2.3 The Needs Assessment Working Group

The primary organizational partners in this research were the Chinese Consolidated Benevolent Association and the Victoria Chinatown Care Foundation and Victoria Chinatown Care Society.

The Needs Assessment Working Group was comprised of representatives of the Legacy Initiatives Advisory Committee's Clan Association Housing Working Group, the Chinese Consolidated Benevolent Association (CCBA), and the Chinatown Care Centre Foundation and Chinatown Care Centre Society. The CCBA is an umbrella organization that includes representatives from 29 member organization.

The rationale for this working group was to ensure that the research was grounded in recognizing the significance of Victoria Chinatown's clan and society associations. It was also the intention to take leadership from the precedent of work previously and currently done by the Victoria Chinatown Care Centre.

1.2.4 Methods and Stakeholders

Throughout the stakeholder and community consultation the following methods were used:

1. One questionnaire to CCBA members (47 respondents)
2. Key stakeholder interviews (8 interviewees)
3. Two focus groups with key stakeholders (approximately 55 attendees in total)
4. One open house (approximately 200 attendees)

Stakeholders are organizations, community groups, and more formal associations that are representative of the wider community and have related interests. The community engagement process included discussions with key stakeholders, including:

- The Needs Assessment Working Group;
- Local government and municipal government planners and officials (including the City of Victoria and the Capital Regional District);
- Government, non-profit and for profit funders of affordable housing projects and seniors' services (including the Vancouver Island Health Authority);
- Organizations and individuals identified by the Needs Assessment Working Group.

1.3 Definitions

Supportive Seniors Housing³ provides modified rental homes with support services including 24-hour response, light housekeeping, meals and social and recreational activities. BC Housing subsidizes low-income supportive housing for seniors.

Assisted Living units are for seniors and people with disabilities who require some support, but do not need 24-hour institutional care. Subsidized assisted living offers a middle option to bridge the gap between home care and residential care by providing accommodation, hospitality services such as meals, housekeeping and 24-hour response and personal care services such as assistance with grooming, mobility and medications.

Complex/Long-Term Residential Care provides 24-hour supervision for seniors with complex care needs who cannot be cared for at home or in an assisted living residence. In addition to the supports provided in assisted living, complex care provides the development and maintenance of a care plan, clinical support and the associated medical and specialized supports as needed by the client.

Culturally Appropriate Seniors Care meets particular cultural and linguistic needs. Often, this refers to being able to receive care in one's first language, eat familiar foods, receive care from someone who understands one's cultural norms, and participate in familiar social and recreational activities. In the case of Chinese Canadian seniors, food and language needs are the main priorities for seniors care.

³ See Senior Services Society (2007) for more information.

1.4 Principles of Community Engagement and Public Participation Goals

The public participation goals of the stakeholder consultation and community engagement were to **inform** and **consult**, as outlined by the International Association for Public Participation's IAP2 Spectrum of Public Participation. The spectrum can be found in *Appendix 2* for reference.

The following constitute M. Thomson's principles for engagement with the Chinese Canadian Community in Victoria.

1.4.1 Commitment

- We carry out this work as visitors in the traditional, ancestral and unceded territory of the Lekwungen People, the Songhees and Esquimalt Nations, and within the first Chinatown in Canada. We proceed with respect, striving to understand how our work sits within a context of colonialism, as well as past and present wrongs and relationships.
- This work sits within a context of understanding the impact of historical wrongs and racial discrimination, and honouring the contributions of Chinese Canadians.
- This work recognizes the significance of the role of clan and society associations in addressing the social, political and physical needs of Chinese Canadians.
- We are committed to hearing from Chinese Canadians, and especially the less powerful voices.

1.4.2 Sincerity

- The process is driven by stakeholders and should reflect their perspectives.
- Community engagement should be, and should be seen to be, a core activity.
- We will be open to what feedback is given, and flexible in response.

1.4.3 Respect

- We will practice cross-cultural understanding and respect for the diverse cultural needs, values and knowledge of all involved.
- We will demonstrate respect for past, present and future.
- We will demonstrate respect for elders.

1.4.4 Transparency

- We will be clear about roles.
- We will be clear about the limitations of the research and consultation processes.
- We will explain why certain recommendations are chosen over others.
- We will be specific, and agree early on about how the input of individuals and communities will be used.

1.4.5 Inclusiveness

- We will emphasize a people-centred approach.
- We will be open, accessible and approachable.
- We will maximize opportunities for participation by the community
- We will consider the most appropriate location and time for each engagement activity.

2 SUMMARY OF KEY ISSUES AND NEXT STEPS

The strongest, clearest demand expressed, based on the questionnaire, focus groups, and open house, was for an expansion of the Victoria Chinatown Care Centre. A diversity of other issues, needs and ideas were identified. These also merit further exploration.

2.1 Overview of Key Needs Identified

<i>Immediate Need</i>	<ul style="list-style-type: none"> • Expand the Victoria Chinatown Care Centre
<i>Ongoing Needs</i>	<ul style="list-style-type: none"> • Improve day-care support services • Culturally appropriate home care support • More community gathering spaces
<i>Broader Needs Shared with the General Seniors Population</i>	<ul style="list-style-type: none"> • Affordable housing • Dementia-friendly services and knowledge translation • Addressing social isolation • Transportation • Economic security • Food security • Respite care for family caregivers

2.2 The Underlying Theme: Culturally Appropriate Care for All

The underlying theme we heard from discussions with service providers, policy-makers and community members is that it is important to enable culturally and linguistically appropriate care for seniors. Seniors services, included assisted living, complex care, homecare, community programming and spaces, and daytime services should meet the particular cultural and linguistic needs of Chinese Canadians, and also be inclusive and accessible to people of all cultural backgrounds.

From the Chinese Canadian community's perspective, we heard that people are concerned that their elders will not have access to relevant or appropriate care. Linguistic and cultural differences can be barriers for seniors when accessing healthcare, housing and other services.

From a service provider and policy maker's perspective, we heard that when it comes to seniors health and housing services, universal policies and programs do not adequately address the needs of culturally- or linguistic minority populations, including Chinese Canadian seniors. It was also said that mainstream seniors services are under-accessed by non-white, non-English-speaking populations. These seniors are often "invisible" to mainstream organizations and services. Service barriers include: language differences, income and poverty, access to services being linked to immigration status, different cultural norms (when interacting with staff and service providers), different attitudes towards aging, and cultural stigma around accessing support services and varied food preferences.

From a literature review we learned that, for Chinese Canadian seniors, aging can mean a loss of their community and the cultural ties that come with it. As seniors start to need help in their daily practice or are admitted to a care facility, unfamiliar cultural practices, such as the exposure of one's body while bathing or having care providers of the opposite gender may lead to an experience of stress and lead to cultural conflicts.⁴ Evidence supports strong links between social connectedness and health/wellbeing in seniors.⁵ However, when there are barriers for seniors accessing mainstream services that often support social connectedness for seniors, some seniors can fall through the cracks.

Culturally and linguistically appropriate services for Chinese Canadians, and other cultural and linguistic minorities, are therefore important to ensure that seniors are able to access and receive the care they need, whether it is social, personal or health-related. The community and advocates and service providers agreed that culturally-appropriate services should be the norm across all levels and sectors of care. Culturally appropriate care is a lens that integrates with mainstream support services. While it can and should be considered in a myriad of ways, the priorities discussed below emerged for the Chinese Canadian Community in the Greater Victoria Area within that theme.

2.3 Community Needs in Depth: What We Heard

Through short, informal interviews with several stakeholder, a questionnaire to CCBA member organizations, and focus groups and an open house, we heard of immediate, as well as ongoing needs.

2.3.1 Immediate Need: Expand the Victoria Chinatown Care Centre

About the Victoria Chinatown Care Centre

Since 1982, the Victoria Chinatown Care Society has operated the Victoria Chinatown Care Centre, at 555 Herald Street, on the former site of the Chinese hospital. It was designed to serve the unique language and cultural needs of Victoria's Chinese Canadian community. The Victoria Chinatown Care Centre has 31 complex care beds. The Victoria Chinatown Care Centre is valued by the Chinese Canadian community because it provides seniors supports in a culturally sensitive way. Key elements include having staff who speak Chinese languages and Chinese food. Additionally, having some culturally relevant programming, and being located within the Chinatown neighbourhood, all contribute to the Victoria Chinatown Care Centre being a supportive environment. The Victoria Chinatown Care Centre is the region's only seniors care facility with Chinese language and cultural services.

Why an Expansion is Desired

An expanded complex care home and/or assisted living facility is considered to be the most important need for Chinese Canadian seniors. Culturally appropriate care, delivered by culturally competent staff, is also an important priority for Chinese Canadian seniors. It was said that an expanded Victoria Chinatown Care Centre could meet many existing needs if designed and programmed appropriately. Significant design and site planning work has already been conducted to expand the facility to 80 beds, however thus far, these efforts have been unsuccessful and require more support.

Anecdotally, Chinese Canadian seniors are currently reluctant to go into a care home or supportive housing situation because of language barriers, unfamiliar food and cultural differences. A facility that provides seniors supports in a culturally-sensitive way could help ease this transition. Linguistically and

⁴Adapted from Choo (2015)

⁵ Gilmour (2012)

culturally appropriate services follow a person-centered care model. Considerable key elements include having staff who speak Chinese languages and who understand Chinese cultural, spiritual and health norms; Chinese meals, providing language support and community, as well as culturally relevant programming are important.

We heard that a complex care home and/or assisted living facility is the most important need for Chinese Canadian seniors. Further discussion revealed that Chinese seniors in need of care support tend to be older than the general population since seniors tend to stay with their families until they need more advanced care. Therefore, affordable supportive housing and assisted living may be less of an issue for this community. Culturally sensitive care seems to be the most important priority on the spectrum of care for the Chinese Canadian Community. It was also said that a facility could have the capacity to allow seniors who are less frail but cannot stay at home to have access to (a) culturally appropriate home care services or (b) assisted living or supportive housing options. If the facility in Chinatown had more housing units with lower levels of supports, seniors who live with family but need moderate levels of support would have an option for culturally appropriate housing before moving into complex care.

2.3.2 Ongoing Needs

An expanded health care facility can meet many existing needs if designed and programmed appropriately. However, there was also considerable discussion of service provision that goes beyond a 'live in' facility (i.e. supportive housing/assisted living/complex care) such as home care support, daytime support services and cultural/community gathering spaces.

Focus group participants emphasized that Chinese Canadians may prefer to rely on family or friends, not on paid staff or services and Chinese Canadian families are hesitant to put their family members in the care system. However, it is unclear if this is because of personal preference, or if because there is a lack of culturally appropriate services. There was discussion of reducing these access barriers by improving cultural competency of staff providing seniors care. These considerations demand an emphasis on support services that allow seniors to get the care they need in the familiarity or proximity of their homes.

A. Improve Culturally Appropriate Home Care Support:

In the Chinese cultural context seniors prefer to live at home, with family members. Often younger generations become the care takers for their elders. Having access to home care support (both medical care and light housekeeping, transportation to appointments, groceries, etc.) provided by staff who are Chinese-speaking and/or trained in cultural competency would ensure proper care and thereby allow seniors to age in place, as well as relieve family care givers. For seniors, being able to interact with homecare support workers who speak the same language makes them feel safer and more comfortable to trust them with their needs.

B. Improve Day Care Support Services:

Day-centre services can be accessed at a care centre during the day. Ideally, this would be centres where Chinese-speaking staff are present. An example of the need for day centre support services is the need for a community bathing program. The Victoria Chinatown Care Centre currently has 12 spaces for day support services. Expanded day-centre services could be located in Chinatown. Chinatown remains an important social and cultural hub, although it is not necessarily where a large number of Chinese Canadians live. Gordon Head was also noted as a key neighbourhood, where a large proportion of the Chinese

Canadian population lives. More analysis should be done to determine the most appropriate locations where services need to be delivered, as well as what as well as what the volume required is for the most needed services.

C. Provide More Community Amenities and Gathering Spaces:

The need for community spaces and recreational programming was mentioned throughout the process. A lack of non-denominational community spaces for cultural/seniors activities was mentioned in the focus groups. The physical (in)accessibility of existing older Chinatown community infrastructure, such as steep stairs and no elevators, are a barrier for some seniors. Informal spaces, such as the Hillside Mall, which are accessed by seniors may also constitute community spaces, but it was said that these cannot substitute formal programming space that is targeted to specific needs. There was interest in seeing the development of a community gathering space that could accommodate a range of programming, both for seniors and the broader Chinese Canadian community. This could involve programming, recreational, or cultural spaces (e.g. a Chinese Canadian cultural centre or museum).

D. Other Needs Shared with the General Seniors Population

- **Affordable housing** was mentioned as a structural problem that needs to be addressed in order for all seniors to age where they desire to do so. When discussing specific needs that can be addressed through targeted intervention, affordable housing was said to be less of a need than supportive housing for seniors.
- **Dementia-friendly services and knowledge translation** should be pursued for the general public as these cases will increase over time. Service providers said that a dementia unit has to be located within any future (extended) care facility to tend to the rising number of dementia cases.
- **Social isolation of seniors** was identified as a general trend in the elderly population that could well be an issue for Chinese seniors. It is a concern even for seniors who have the financial means, and are relatively healthy. It was said that “people feel isolated in a beautiful city”.
- **Transportation services** were mentioned as a need for an age-friendly city. Inadequate transportation services can be a barrier for seniors to access adult day programs.
- **Economic needs and food security** are concerns for some seniors who may live in poverty. Chinese-speaking seniors, including recent immigrants do access food banks in the Greater Victoria area; food banks are responding by translating relevant materials (e.g. menus of available food).
- **Respite care** as a way of allowing for temporary institutionalization of seniors can help family caregivers get relief.

2.4 Existing Models of Care

An expanded Victoria Chinatown Care Centre could include a variety of cultural and recreational spaces that serve the Chinese Canadian community beyond housing. It was suggested that a cultural education component, (such as a Chinatown Victoria Historical Museum) could be included and particularly that various daycare services should be integrated into a seniors supportive housing facility, including community gathering spaces for seniors activities. The examples below illustrate how organizations that operate housing (independent living, supportive housing and assisted living), also provide a range of culturally-appropriate seniors services that meet the needs of multicultural populations.

2.4.1 Yee Hong Centre for Geriatric Care, Mississauga

In addition to providing supportive housing and assisted living beds for seniors, the Yee Hong Centre for Geriatric Care in Mississauga, Ontario also operates a number of culturally appropriate senior-oriented programs. It serves as a model of seniors care that provides a range of services all under one roof, including:

- *Adult Day Program:* Structured, supervised activities for frail seniors to prevent social isolation.
- *Congregate Dining Program:* A dining program for seniors over 55 designed to reduce social isolation, and combined with social and recreational activities.
- *Transportation Service:* A service that enables seniors to participate in all programming offered through the Yee Hong Centre for Geriatric Care.
- *Friendly Visiting:* A service in which a volunteers calls or visits a frail or isolated senior to ensure the health and wellbeing of that senior.
- *Caregiver Support Service:* A program designed to support individuals who provide care and assistance to an elderly relative or family member.
- *Client Intervention and Assistance:* A case management service that assists seniors in coping with independent living, providing counselling, service referral and practical assistance (e.g. filling out forms).
- *Active Senior and Outreach Program:* A broad social and recreational activity program for seniors and non-seniors.
- *Chronic Disease Self-Management Program:* A support program for individuals with Chronic diseases to help manage these conditions.
- *Seniors Computer Lab:* A program designed to help seniors acquire new skills and stay informed.

The services described above are operated in conjunction with supportive housing and assisted living, ensuring that a continuum of culturally-appropriate care is available to seniors in Mississauga, Markham and Scarborough Ontario.

2.4.2 Nikkei Place, Burnaby

Nikkei Place is a non-profit conglomerate comprised of three connected non-profit organizations located in Burnaby, B.C.: the Nikkei Seniors Health Care and Housing Society, the Nikkei National Museum and Cultural Centre and the Nikkei Place Foundation. The Nikkei National Museum and Cultural Centre houses a Japanese Canadian cultural centre, the Nikkei National Museum, a community centre serving the neighbourhood, and a Japanese Canadian garden. Nikkei Place Seniors, the seniors arm of the organization, is a non-profit charitable organization, dedicated to providing supportive housing for Japanese seniors. It operates two residential facilities: Nikkei Home, a Supportive Housing and Assisted Living residence, and New Sakura-so, a housing complex for independent seniors aged 55 and over. In addition to seniors housing, the organization operates or participates in:

- *Nikkei Seniors Alliance*: An ad hoc alliance of Japanese Canadian community organizations interested in meeting the needs of seniors in the community.
- *KuiDoRaku*: A health and wellness program for seniors, which includes a health check, exercise, lunch and a lecture.
- *IKI IKI*: A social connection program focusing on wellness, communication, companionship and engagement in a social environment.
- *Health Clinic*: Educates and supports seniors living with chronic illness, including group discussion and peer-to-peer dialogue.
- *Nikkei Helping Hands*: Trained staff who provide companionship, house cleaning, cooking, meeting a senior at the mall, etc.

2.4.3 Peace Tower, Winnipeg

The Peace Tower Housing Complex is a 48-unit affordable housing complex, designed to provide primarily for recently arrived immigrants to Manitoba. It is a non-profit rental housing complex, sponsored by the Peace Tower Housing Corporation. This housing complex is a \$14.7-million, seven-storey apartment complex built in the heart of Winnipeg's Chinatown at Princess Street and Logan Avenue. The units are fully accessible residential units with balconies. It has 6 one-bedroom units, 30 two-bedroom units and 12 three-bedroom units. The three-bedroom units will include an additional half-bathroom to accommodate the needs of larger families. The main floor has a 2,000 sq. ft. multi-purpose room for organized events and an adjoining patio for recreational use. The corporation is also considering using a geothermal heating and cooling system on site, pending the results of an economic feasibility study. The construction of the Peace Tower is supported by all three levels of governments. The project was co-ordinated through the Winnipeg Homelessness and Housing Initiative. Peace Tower Housing Corp. will co-ordinate tenant placement with the Manitoba Interfaith Immigration Council and the Immigrant and Refugee Community Organization of Manitoba.

2.4.4 SUCCESS, Vancouver

SUCCESS is a Vancouver based service and housing provider. In addition to operating several assisted living facilities and a care home, through the SUCCESS Multi-Level Care Society, SUCCESS also operates a range of immigrant and settlement services and services for the community at large. These include: seniors services, services for women, immigrant and settlement services, affordable housing, and seniors housing and multi-level care.

2.4.5 Other Models For Consideration

- Jesken Aerie, M'akola Housing Corporation (and other developments), Vancouver Island.
- Selkirk Place, Victoria.
- Villa Carital, Vancouver. A residential, complex care facility serving the Italian community and also open to all ethnic groups.
- Edmonton Chinatown Care Centre, Edmonton. It provides home care, lodge, designated assisted living and continuing care to Chinese seniors with culturally appropriate services.

2.5 Moving Forward

As a concrete legacy to the contributions of Victoria's Chinese Canadian clan and society associations, there should be some form of expansion using both the current site of the Victoria Chinatown Care Centre as well as the land adjacent to it. There is a strong desire to see this happen from the Victoria Chinatown/Chinese Canadian community, as well as support from members of the general public. As a next step, the feasibility of this expansion should be further explored. This should be done in a manner that addresses the need for more seniors' health and recreational services for Chinese Canadian seniors, and is also inclusive to the broader seniors population. In order to move forward, project development should be undertaken, looking at the current site of the Victoria Chinatown Care Centre, as well as the lot adjacent to it. Next steps must include partnership development and the preparation of a business case or feasibility study.

2.6 Considerations for Further Work

1. Level of care in need:

- a. This study did not explore which senior housing option is most needed by Chinese Canadian Seniors. If the feasibility of an expansion of the existing facility is pursued, it should consider the full range of housing/care models for seniors: from supportive housing to complex care.

2. Utilize existing resources and experience

- a. Moving forward, any proposed expansion should build on what resources can be realistically brought to bear on this type of development. Significant work has been done in the past regarding an expanded facility. Future work should build on these efforts.
- b. The Victoria Chinatown Care Foundation holds assets that could be leveraged to access additional provincial, regional, and municipal resources. The Victoria Chinatown Care Centre located at 555 Herald Street is leased from the City of Victoria, while the land adjacent to the existing facility at 1750 Government Street is owned by the Victoria Chinatown Care Foundation.

3. Develop a flexible and inclusive model of culturally-appropriate care

- a. Given the small population of Chinese Canadian seniors, an expanded facility should be open and accessible to all seniors with a particular mandate to provide care that meets the needs of Chinese Canadians in a culturally competent way (language, food, etc.).
- b. A future model of culturally-appropriate seniors housing (supportive housing, assisted living or residential care) should build on the Victoria Chinatown Care Centre model and experience. An expanded facility provides an opportunity to expand existing programs and add new programs that address other identified needs. While such is dependent upon the availability of operational funding and resources, these could include a community space with a cultural education component, (such as a Victoria Chinatown Historical Museum), various daycare services or/and community gathering spaces for seniors activities.

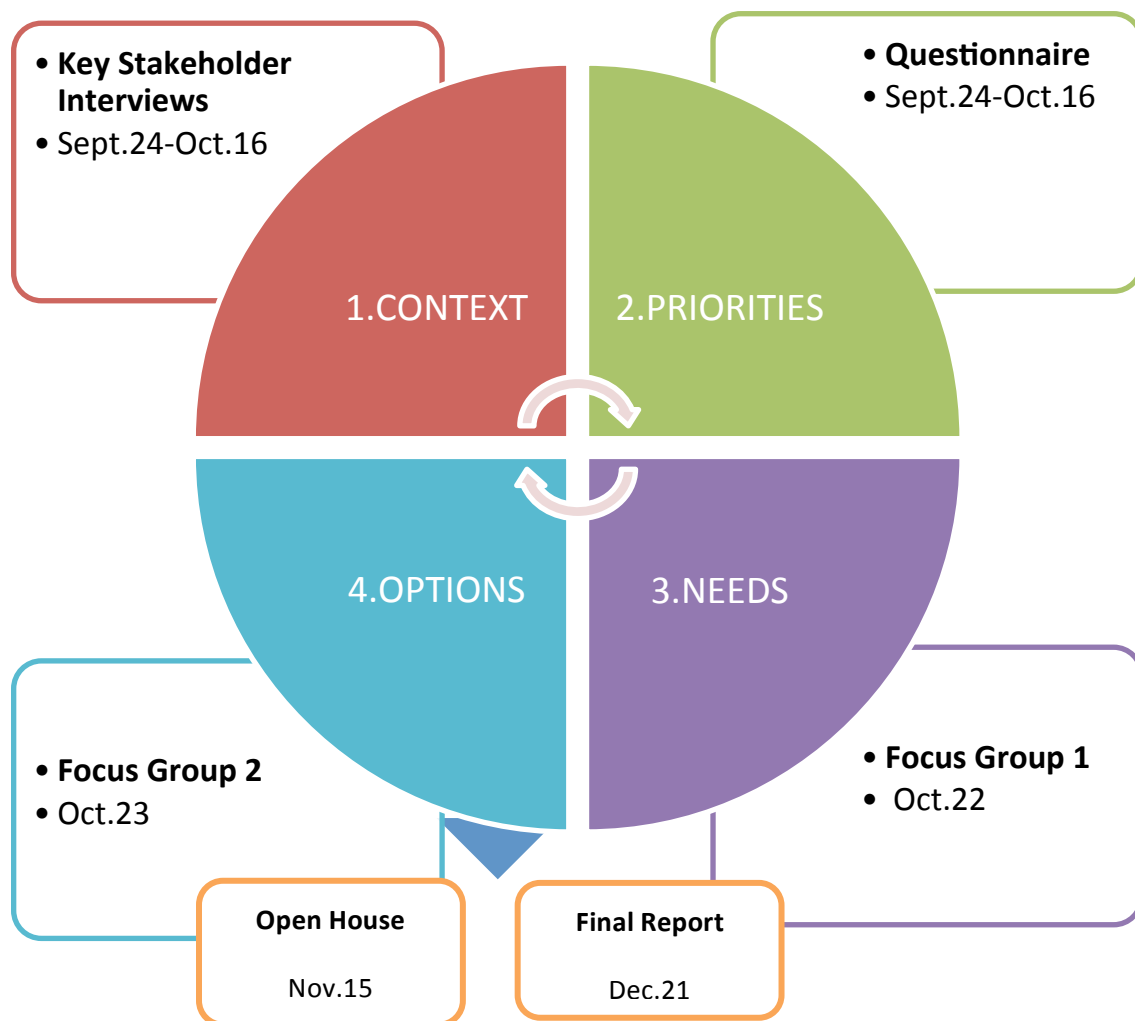
4. Develop partnerships with a cross-section of health- and housing agencies. Examples to of agencies to approach include:

- a. CMHC provides seed funding for needs assessments and financial feasibility/business plans of up to \$10,000 in grants, with an additional \$10,000 of forgivable loan.
- b. CMHC and BC Housing provide proposal development funding for eligible projects. BC Housing can also provide favourable financing rates for both construction and mortgage financing.
- c. The City of Victoria provides funding for affordable housing projects that meet their criteria. Other municipal resources could be brought to bear (e.g. seed funding, heritage funds, planning and development support from staff, etc.).
- d. The CRD's Regional Affordable Housing Trust Fund could be accessed for capital funds.

3 THE ENGAGEMENT PROCESS

The following section includes a description of the various engagement methods used, and the results. Through the stakeholder consultation and community engagement process we gathered input around:

1. **Context:** What are the needs of seniors (social, political and physical)?
2. **Priorities:** How does the CCBA identify priorities for seniors housing and services?
3. **Needs:** What do key stakeholders perceive to be the priority needs around seniors housing and services?
4. **Options:** What are opportunities to better provide housing and seniors services in Victoria's Historic Chinatown?



3.1 Key Stakeholder Interviews

3.1.1 Purpose of Interviews

As part of a general environmental scan, M.Thomson Consulting conducted several preliminary 'snowball interviews' with key stakeholders. The interviews provided context and key themes surrounding seniors services and housing needs, both for the general population and for Chinese Canadian seniors, that helped to shape the focus groups and open house. The interviews also helped the consultants to identify the players and key organizations to involve in subsequent engagement, including: who to distribute the questionnaire to, who to involve in the focus groups. Additionally, the interviews were a way to initiate word-of-mouth outreach about the needs assessment's final open house.

The consultant began by establishing contact with the Needs Assessment Working Group, and worked with the group to develop and confirm a list of interviewees. 15-30 minute semi-structured phone interviews were conducted between September 24 and November 7, 2015. Interviews loosely followed the set of interview questions, attached in *Appendix 5*. A total of eight key stakeholders, including service providers and community advocates were interviewed. A full list can be found in *Appendix 4*. Interviewees were invited to attend the Open House on November 15, 2015, as well as asked to disseminate invitations.

3.1.2 Results

Seniors Needs

Broadly, the interviews provided anecdotal knowledge about the universal needs and challenges encountered by seniors in general. These include: housing needs, social needs, cultural needs, healthcare needs, informational needs, and aging in place. Interviewees shared that there is a gap in supportive housing and assisted living for seniors. There is a high percentage of seniors applying to supportive housing who are not able to get in. The number of social housing and assisted living units are not sufficient to meet the need. Social isolation can be a challenge for seniors. Some of the social determinants of health that relate to social isolation are: proximity to services, housing, transportation and knowledge of services. There is a need for care that is community-based that considers models of aging in place so that seniors can transition in facilities and do not have to move as they age. Seniors' diverse cultural and linguistic needs are also important. This can include integrating spiritual and cultural practices in care and ensuring that there is cultural competency training for service providers. As seniors age, and if they have experienced trauma, they may default to their first (non-English) languages. Other less frequently discussed seniors needs include: mental health, depression, addictions, dementia, elder abuse and caregiver burnout.

Specifically, the interviews painted a picture of the challenges faced by Chinese Canadian and other visible minority seniors living in the Greater Victoria Area. To some degree, they are "invisible" to mainstream seniors services, which for various reasons tend to be under-accessed by non-white, non-English speaking seniors. For organizations that do serve these seniors, it can be difficult to overcome institutional barriers to get funding for programs that specifically address the needs of for immigrant seniors. The needs of Chinese Canadian seniors are not so different in general, but Canadians send elders into care earlier, while Chinese Canadian families tend to delay seniors' entry into the care system, keeping elders living at home as long as possible. It was perceived that many Chinese Canadian families see it as a duty of children to take care of parents, and out of respect for elders and pride,

Another reason for this could be that families do not feel confident that their elders will be well cared for in seniors institutions that do not have Chinese-speaking staff, Chinese food or culturally relevant programming. Thus, Chinese Canadian seniors may rely more on family or friends to provide care rather than formal seniors services. It was noted that there are different groups of Chinese Canadian seniors. There are those who primarily speak Cantonese, Mandarin, or other Chinese languages (such as Toi San), and there are those who primarily function in English. There are those who are long-time Victoria residents, and there are those who are newcomers, who may have immigrated recently with or without family members.

There are particular challenges encountered by seniors who have recently immigrated. They may have been isolated from family from a long time, and may be moving into family home where relatives may not speak Mandarin or Cantonese as fluently, leading to communication problems. They may be feeling financial pressure, or face employment barriers (for young seniors, people who are 55 + and still would like to offer something to the world of work). Language learning is more difficult for seniors, and thus they may feel a sense of language isolation and social isolation. They may not have many opportunities for connecting with peers and building relationships. They may have few social contacts and little financial independence, and thus be in a vulnerable situation.

Caring for Chinese Canadian Seniors

As solutions, many expressed that there is an urgent need for expanded care facility services that meet the needs of Chinese Canadian seniors. Currently, the main organizations that are able to meet these needs are the Victoria Chinatown Care Centre and the Inter-Cultural Association of Greater Victoria (ICA).

The ICA provides services to a broad range of new immigrant populations, primarily to permanent residents, but also Canadian citizens. It provides some seniors social and recreational community programming, for example: community gardening projects and employment services. The biggest proportion of new immigrants accessing ICA's services are of Mandarin-speaking, ethnic Chinese backgrounds, and mostly first generation immigrants, primarily from China, but also from Singapore, South America, and Hong Kong.

Since 1982, the Victoria Chinatown Care Society has operated the Victoria Chinatown Care Centre, at 555 Herald Street, designed to serve the unique language and cultural needs of Victoria's Chinese Canadian community. The Victoria Chinatown Care Centre has 31 complex care beds. The Victoria Chinatown Care Centre is valued by the Chinese Canadian community because it provides seniors' supports in a culturally sensitive way. Key elements include having staff who speak Chinese languages and Chinese food. Additionally, having some culturally relevant programming, and being located within the Chinatown neighbourhood, all contribute to the Victoria Chinatown Care Centre being a supportive environment. The Victoria Chinatown Care Centre is the region's only seniors care facility with Chinese language and cultural services.

Interviewees relayed a need to expand the Victoria Chinatown Care Centre. It is seen as provided crucial cultural components to seniors care: culturally sensitive programming and Chinese-speaking staff and Chinese food. For Chinese Canadian seniors, pride and cultural perceptions around aging make it difficult for both individuals and families to ask for help. Generally speaking, VIHA works with its staff to train them on cultural appropriateness but no specific framework is in place. Thus, the Victoria Chinatown Care Centre serves a unique and vital role.

The Victoria Chinatown Care Centre only has 31 beds, and the wait time is at least 2 years to get in. The discussion of expanding the care centre has come and gone over the years, and there continues to be a great deal of support for its expansion, both with regards to extended care and/or independent living. There is a need to expand residential and day programs, be able to hire more staff, and acquire more funding. There is also a need to ensure there are more opportunities for couples to live together and age in place. The Chinatown Care Centre is seen as an anomaly in the field of complex care provision. The facility does not have altered-admission criteria from the provincial first appropriate bed policy, which speaks to the absence of an explicit cultural lens.

There is also a need to improve home care that is catered to Chinese-speaking seniors. Beacon Community Services is the Vancouver Island Health Authority's sole provider of home support services for southern Vancouver Island.

Other needs mentioned included:

- Day programs for seniors, as a way to support family care givers. For example, Jubile Centre provides day care services for seniors.
- Respite care, as a way to take stress of family care givers, for example: so they can leave a family member in care while they are away on holiday.
- Recreational and community programs.

Challenges to Addressing These Needs

Some of the challenges identified were institutional. Generally, there is insufficient funding for seniors programming, but government funding is more difficult to get for immigrant seniors social and recreational programs. Funding that does exist may be restricted in who it applies to, for example, an organization may only be able to use funding to serve immigrant seniors who permanent residents, and not those who have citizenship status but still face language barriers. Government funding for immigrant programs also tends to be focused on those entering the work force, so programs for seniors who are considered to be near the end of their working lives are not well funded. Universal policies do not necessarily address the needs of marginalized populations, such as Chinese Canadian seniors, and targeted efforts are needed.

Some of the challenges identified were informational. In terms of understanding immigrant seniors, Statistics Canada has stopped collecting data on new waves of migration, making it difficult to know how many new immigrants are seniors. In terms of waitlists, some suggested that VIHA waitlists be analyzed. Others expressed that waitlists are not a good indicator. Thus, no clear direction was obtained on how to approach a waitlist analysis.

Other challenges identified were limited support from Vancouver Island Health Authority (VIHA). At this point in time and for the foreseeable future, VIHA will not be looking at expanding its complex care capacity in the south island. VIHA assesses the demand for complex care beds by looking at the Island as a whole. On a per capita basis the southern tip of the island has significantly more care beds than other areas that are currently underserved. VIHA has no need for increased assisted living in the south island at this time. It is challenging to acquire funding for any project with care beds.

Opportunities

The site of the Victoria Chinatown Care Centre at 555 Herald Street site is currently leased from the City of Victoria, while the land adjacent to the existing facility at 1750 Government Street is owned by the Victoria Chinatown Care Foundation. Significant design and site planning work has already been

conducted, however previous efforts to expand the existing facility to 80 beds have been unsuccessful. One suggestion identified through the interviews was that in order to develop an expansion of the Chinatown Care Centre, interim solutions could be considered until enough capital is raised. For example: beds could be phased in. Another suggestion was that an expansion project involve buildings that are purpose-built in many ways, such as to build shared all-purpose community space, in partnership with the Chinese Canadian community. As an interim-use, until resources for providing care beds become available, the space could be enjoyed by the community. However, it may be difficult to convert units built for supportive housing or assisted living to complex care, as the design requirements vary substantially. It is important not to set the site so big that it is impossible to get resources. This was a challenge of previous processes. It is also important to create a proposal that the community can rally around.

3.2 CCBA Membership Questionnaire

3.2.1 Purpose of Questionnaire

Based on the suggestion of Needs Assessment Working Group members, M.Thomson Consulting developed a questionnaire drawing upon possible needs identified in the key stakeholder interviews, and input from working group members. The purpose of the questionnaire was to allow the Victoria Chinese Consolidated Benevolent Association (CCBA) membership to identify their priorities for housing and service needs of Chinese Canadian seniors in Victoria. See *Appendix 6* for the full questionnaire. Needs Assessment Working Group members distributed the questionnaire at the October 11, 2015 meeting of the CCBA.

3.2.2 Results

50 questionnaires were distributed and 43 questionnaires were completed. Results were tabulated and analyzed by M. Thomson Consulting. The results were used to feed into the discussions at the subsequent focus groups and open house.

Needs

When asked to rank 5 seniors needs in order of priority, the majority of CCBA members ranked a *Seniors care home /assisted living facility* as the most important. 88% of members ranked this as their first choice. The second most important need was *home care Support*. *Affordable housing*, as well as *social/cultural* needs ranked lowest.

1	Seniors care home/assisted living facility
2	Home care support
3	Day care support
4	Affordable Housing
5	Social/cultural needs

Table 1: Senior needs ranked in order of importance (n=43)

Support Mechanisms

When asked in an open-ended format what is missing in Victoria to support these needs, the most common themes named by respondents were (1) *funding*, (2) *land, facilities and beds* and (3) *Chinese speaking care support* (in relation to health and daily services). Additional suggestions included: **education, transportation, and a community centre/community space.**

1	Funding
2	Land, facilities and beds
3	Chinese speaking care support

Table 2: Top three support mechanisms needed to meet identified needs as share of total remarks (n=32)

Barriers

When asked to rank 5 barriers to meeting seniors needs - in order of importance - the majority of CCBA members ranked *lack of services* (81%), followed by *language barriers* (50%). Barriers ranked with lesser importance were the *lack of knowledge and understanding of existing services* and *different cultural beliefs/norms/practices*. Additional barriers identified included: institutional coordination and lack of political support for the Chinese Canadian community.

1	Lack of services
2	Language barriers
3	Lack of knowledge and understanding of existing services
4	Different cultural beliefs/norms/practices
5	Intake assessment of VIHA

Table 3: Main barriers ranked in order of importance (n=43)

3.3 Focus Groups

3.3.1 Purpose of Focus Groups

Two focus groups were organized. Representatives of the Needs Assessment Working Group participated in both in order to link the discussions. The invited stakeholders included: service providers, community leaders, and policy-makers who were familiar with the needs of seniors, the technicalities of service provision, and institutional opportunities related to health and housing. The purpose of the focus groups was to hear from representatives of the community about their understanding of existing needs and where the barriers to overcome these lie. Additionally, they provided an opportunity to share preliminary research findings with key stakeholders, and engage in constructive discussions around needs, capacities and options/opportunities.

Preliminary research to date informed the discussion at both focus groups. We reviewed quantitative data on the senior population in the City of Victoria and the Chinese Canadian Population in the Greater Victoria Area (see *Volumes 2 and 3*). Based on the information gathered, infographics were prepared to communicate information to the audience. These infographics, *Seniors Housing Needs in the City of Victoria* and *Chinese Canadians in Greater Victoria*, can be seen in the accompanying file. Participants were asked to critically review and discuss the data and share their own experience and perceptions of need in the context of priorities identified by the CCBA Survey.

3.3.2 Focus Group Process

Focus Group 1: A Focus Group Discussion for Chinatown Stakeholders

The first focus group was held on Thursday October 22, 2015 from 10am-12pm at the Chinese Public School. Participants discussed needs from the perspective of the Chinese Canadian Community. Needs and key themes heard through the quantitative data analysis, interviews and questionnaire were discussed in order to obtain community feedback, confirm, reflect and adjust the scope. More than 40 community members participated at the meeting. Invitations were distributed via the Victoria Chinese Consolidated Benevolent Association (CCBA) to Members of Clan and Society Associations, CCBA, organizations representing Mandarin-speaking community, and other key Chinatown stakeholders. The CCBA includes 29 member organizations. The clan association working group ensured that representatives of Chinese groups who are not directly represented by the CCBA were also invited. Five associations who represent more recent immigrants were present at the meeting.

Focus Group 2: A Focus Group Discussion for Seniors Housing and Service Providers

The second focus group was held on Friday October 23 from 10am-12pm at the Chinese Public School. The second focus group focused on sharing the broad needs and capacities discussed in Focus Group 1 with stakeholders in policy-making positions in order to identify potential alignments with opportunities and resources. Representatives from a broader group of stakeholders were present, including the Capital Regional District, BC Housing, Legacy Initiatives Advisory Council (LIAC) and others (see *Appendix 9* for a complete list of attendees).

The following framing questions were asked at the Focus Groups:

1. **Both Focus Groups:** What are the broad housing and service NEEDS of seniors in Victoria, and what are needs of Chinatown and Chinese Canadian seniors?
2. **Focus Group 1 only:** What OPPORTUNITIES exist for affordable housing and seniors' services in Victoria's historic Chinatown neighbourhood?

3. **Focus Group 2 only:** Given the capacities that currently exist, and given the context of the historical wrongs, Chinese Canadian legacies, and leadership of Clan and Society Associations, what OPPORTUNITIES exist for affordable housing and seniors' services in Victoria's historic Chinatown neighbourhood?
4. **Focus Group 2 only:** Questions targeting specific barriers and opportunities by need.

3.3.3 Results

The following is an overview of the discussion of needs identified as immediate or ongoing needs. Other needs discussed can be found in *Appendix 8*. This section summarizes the discussion in relationship to identified priority needs. It further summarizes identified barriers from both focus groups and relates them to the opportunities discussed by participants from the second focus group whom we asked:

- 1) What **existing resources** can help address this need?
- 2) What **barriers** prohibit addressing this need further?
- 3) What emerging **opportunities** can help address the needs and overcome the barriers (new developments, new funding, etc.)?
- 4) Who needs to **coordinate and collaborate** to achieve this?
- 5) **Where** should these services be located?
- 6) Who else needs to be involved?

3.3.3.1 Immediate Need: Expansion of the Chinatown Care Facility

The expansion of the existing Victoria Chinatown Care Centre was the main focus of discussion and is the highest priority need emerging from the first focus group in particular. Participants said that an “all under one roof” facility that includes complex care and/or assisted living and supportive housing, a community space and daycare support, and possibly a cultural centre is the most important need for Chinese Canadian seniors. Members of the working group present at the meeting voiced their perspective that this need remains the highest priority for CCBA member organizations, and should be a primary focus of resources.

Further discussion revealed that Chinese Canadian seniors looking for care support tend to be older than the general population since seniors tend to stay with their families until they need more advanced care. Therefore, affordable supportive housing and assisted living may be less of an issue for this community. However, home care support may be an additional important need (see below) and culturally sensitive complex care seems to be the most important priority on the spectrum of care.

However, it was also said that a facility should have the capacity to allow seniors who are less frail but cannot stay at home and therefore have to seek assisted living be given that option. This would allow these seniors to subsequently transition into longer-term care at the same location. If the facility in Chinatown had more housing units with some supports, seniors who live with family but need moderate to high levels of support would have an option for culturally appropriate housing before needing complex care.

In any case, seniors are currently reluctant to go into a care home because of language barriers, unfamiliar food and cultural differences. If the transition becomes unavoidable it can be a very traumatic experience. A facility that provides seniors supports in a culturally-sensitive environment could help to prevent this trauma, while also providing Chinese Canadian seniors familiar language and meal support.

Participants described an “all under one roof” facility as the ideal scenario. Such a facility could include assisted living and/or complex care beds, a community centre, day care support, a meeting and activity

space, and possibly a component that includes some form of cultural education (e.g. museum). Such a space would allow the seniors to continue to be part of the larger community.

The Victoria Chinatown Care Society currently operates 31 residential care beds at the Victoria Chinatown Care Centre. This number was described as inadequate to delivering the services that are actually needed for Chinese Canadian Seniors. A proposal for an expanded 80 bed facility (50 additional beds), including the current site at 555 Herald Street and the adjacent lot at 1750 Government Street was discussed in the past, but funding was not approved by the Vancouver Island Health Authority (VIHA). The design for 80 units foresaw the accommodation of couples (not currently accommodated in the existing Chinatown Care Centre) through flexible design, included a primary medical care facility (not just for seniors) and a community space on the second floor. It was “meant to serve whole community, not just Chinese folks.”

The ideal location of any future facility was said to be in Chinatown as the historic area continues to be a place of cultural significance and a place for families to visit. Certainly, the location for the existing care facility was chosen in the understanding that the family members of elders would also come to Chinatown to eat and to shop and the facility would thereby provide a natural conduit to the Chinese community. It was said that a new development should not focus only on Chinese seniors as target population, but rather incorporate a broad component of culturally competent care. It should be culturally sensitive, but not restrictive to other language, ethnic or cultural groups. This is important to consider in light of changing demands and needs in general and ongoing demographic changes within the Chinese population in particular. A majority of recent immigrants who may be accessing culturally appropriate services in the future are from Taiwan and Mainland China and speak Mandarin, not Cantonese. Additionally, the demand for culturally appropriate foods and cultural practices may be changing with the presence of other ethnic populations (e.g. South Asian, Filipino).

In planning an expanded facility, consideration should be given to how it can become a hub of activity and ensure that it flexibly meets all physical accessibility requirements that may be needed in the future. By designing it thoughtfully from the beginning, costs can be saved.

Barriers and Opportunities

<i>Seniors Care Home/Assisted Living Facility</i>	
Barriers Expressed by Participants	Opportunities Suggested by Participants
<ul style="list-style-type: none"> • Victoria Chinatown Care Foundation owns land adjacent to the Victoria Chinatown Care Centre. • A proposal to expand the existing facility from 31 to 80 beds was discussed in the past. At the time VIHA did not provide the operational funding needed to subsidize the construction of 50 new units because it did not agree that a need was given. 	<ul style="list-style-type: none"> • The Capital Regional District’s (CRD) Regional Housing Trust Fund is a relevant partner, particularly if an assisted living facility is needed. • Work with BC Housing around financing construction and mortgage for the expanded facility. • Partnerships with churches (and other non-profit organizations) that are land-rich, but cash poor should be explored. • A discussion with stakeholders who can facilitate new construction must include VIHA. A preliminary discussion with VIHA

	must be initiated to explore whether the authority is entertaining the idea to allocate beds to the Chinatown Care Centre.
<ul style="list-style-type: none"> Data gathered prior to the expansion proposal being put forward showed a different trend than that projected by VIHA at the time. The lack of analysis around whether Chinese Canadians are accessing or, seeking to access long term care facilities was identified as barrier to the creation of an expanded care facility. 	<ul style="list-style-type: none"> This needs assessment can provide more clarity whether or not the existing data supports the creation of additional care beds. The needs assessment identifies a clear need for seniors housing in the City of Victoria, with an aging population, as well as Chinese Canadian seniors in Greater Victoria.
<ul style="list-style-type: none"> Some attendees at the first focus group voiced serious frustration with the previous process and said that despite the readiness and commitment of the Chinese community, as well as the availability of land, “nothing but road blocks had been put in their way”. 	<ul style="list-style-type: none"> The proposed expansion needs to build on what is possible with existing resources. This means revising the focus from a complex or extended care facility, into a seniors development that provides a blend of supportive housing and assisted living with a strong cultural component of care. This facility would be open to all seniors, but have a particular mandate to provide care in a culturally competent way (language, food, etc.). Integrated into this facility would be a space that could initially be used for multi-purpose community programs, but would be designed in order to be able to accommodate future complex care beds if and when VIHA funding becomes available.
<ul style="list-style-type: none"> At present, there is no political champion is advocating to work towards building an expanded health care facility. 	<ul style="list-style-type: none"> A shift in priorities to a more graduated care seniors facility (from supportive housing, to assisted living) would mean that the Victoria Chinatown Care Society and Foundation could champion this process in partnership with BC Housing, CRD and CCBA, and bring in VIHA at a later date if and when it is appropriate.

3.3.3.2 Ongoing Needs

Improved access to culturally-appropriate support services was the second most important focus of discussion. Culturally and linguistically appropriate services for Chinese Canadians was said to be important to ensure that seniors in need are able to access and receive the care they need. It was said that services that meet the linguistic, cultural-dietary needs of individuals should be the norm across all levels and sectors of care. Herein, the discussion highlighted that the following needs have to be considered: (a) improved home care support, because Chinese seniors prefer to stay home, and are reluctant to enter facilities because of language barriers and unfamiliar food; (b) a day care service centre in neighbourhoods, in addition to Chinatown, where Chinese Canadians are located;

a. Improved Home Care Support

In the Chinese cultural context seniors like to live at home in proximity to the immediate family. Often younger generations may become the care-takers for their elders. Having access to Chinese-speaking and culturally-sensitive home care support will ensure proper care and thereby allow seniors to stay home longer and relief family members. For seniors, being able to interact with homecare support workers who speak the same language, makes seniors feel safer and more comfortable to trust a worker with their needs. It was said that seniors served today are often Cantonese-speaking. When developing home care services we have to consider that Chinese home care workers will more likely speak mandarin, not Cantonese.

b. Day Care Services

The Chinatown Care Centre currently operates 12 spaces of day support services. This is not enough to serve the population of Chinese speaking seniors. There is a need for expanded seniors day care services at a central location provided by Chinese speaking staff and culturally specific aspects. Participants noted that while Chinatown remains an important hub, the majority of Chinese Canadians live beyond this core. Therefore, such a centre could be located in the Gordon Head neighbourhood, where a majority of the Chinese population lives. It was said that more analysis should be done to determine the most appropriate locations where services need to be delivered.

Barriers and Opportunities

<i>Improved Access to Culturally-Appropriate Support Services</i>	
Barrier Expressed by Participants	Opportunities Suggested by Participants
<ul style="list-style-type: none"> The main barrier to culturally-appropriate care described was the absence of appropriate policy at the provincial level and within the local health authority. 	<ul style="list-style-type: none"> Recognition by the provincial government through the redress/historical wrongs process of the significance of language and cultural differences with regards to seniors services can help establish better policies and programs at the provincial level. A program could be initiated in partnership with VIHA to increase the cultural capacity within senior services, particularly in home care support. Additionally it was suggested to initiate a program that provides training and workshops on cultural competency for providers of care and includes the

	general public (to raise awareness).
<ul style="list-style-type: none"> It was said that VIHA places individuals by need and does not necessarily consider the cultural or linguistic components of care. 	
<ul style="list-style-type: none"> There is a perceived lack of trained care providers. 	<ul style="list-style-type: none"> To expand pool of Chinese-speaking care providers, the Chinese community could provide scholarships to Cantonese and Mandarin-speaking students in care-giving/health professions.

3.4 Open House

3.4.1 Purpose

The purpose of the Open House was to

- **Inform** the Chinatown community and broader public of the research findings.
- **Reflect** what we heard from stakeholder consultation.
- **Stimulate** dialogue.
- **Create space** for convening community members, offering an opportunity to encourage/catalyze community-based next steps, led by community champions.
- Invite participants to ask clarifying questions, and share focused feedback.

3.4.2 Process

The open house took place on Sunday November 15, 2015 from 3-5pm at the Ambrosia Conference Centre. The session was opened with an oral presentation summarizing the findings of the needs assessment and engagement process. The presentation was delivered in English, and translated into Cantonese and Mandarin. Participants were then invited to circulate between four stations. Each station was comprised of one large poster, and was staffed by at least one member of M. Thomson Consulting or the Needs Assessment Working Group who discussed findings and answered questions in Cantonese and English. There were several floating additional Mandarin-speaking and Cantonese-speaking volunteer translators to provide language assistance. A one-page comment sheet (in English and Chinese) was provided for participants to fill out.

The target audience for the open house was the broader Chinese Canadian community and the broader public. It was promoted largely via the efforts of the Needs Assessment Working Group, through posters, email and word of mouth. Over 200 people attended the open house, the majority of whom were seniors whose primary languages are Cantonese or Mandarin. 154 comment sheets were filled out. 120 were filled out in Chinese, and 34 in English. Comments were translated by Needs Assessment Working Group members. A summary of key themes, and sample of quotes from the comment forms follows below.

3.4.3 Results

3.4.3.1 Support for the Expansion of the Chinatown Care Centre

Overwhelmingly, comments expressed support for expanding the Chinatown Care Centre.

These comments ranged from suggesting that the number of beds is inadequate, to renovating the current facility to include seismic upgrades and improved air quality, to reducing wait list times.

"I am 88 years old this year, I have applied for a bed within the Chinese health care centre 5 years ago but as of now no bed is available. Wishing the Government to increase number of beds for the welfare of the Chinese elders".

"Need to make the Chinese care centre better. Need to look after the elders who has low income. Need to offer the elders low cost housing services".

"The current senior care centre at Herald St. in Victoria is acutely inadequate for senior housing needs and seismic requirements. A new up-to-standard facility is urgently needed, meeting general seniors' needs and providing culturally appropriate services in the middle of Victoria's Chinatown. I support funding for the development of business case and financial feasibility for this project leading to the financial package development between all public and private partners".

"Today's open house show that government of BC is serious look after the Chinese community. I think the main problem is to expand the Chinese Care Centre so it can accept more seniors for the future."

3.4.3.2 The Need for General Seniors Services

A variety of other comments were made. These include the need for community spaces and affordable transportation (including BC Ferries).

"A) Large scale multicultural gatherings and a larger building, B) Increase the total square footages of Health care centre and offer indoor activities for the elders. It also serve a meeting places for the seniors".

"My mother has to stay in Vancouver as she can't find a place for Chinese senior. We are separated! Please provide more opportunity for my parents, they need the Chinese services! I can find there are plenty of spot for western senior but very very limited spot for Chinese seniors! It doesn't work as the government promise to have service different here. Chinese senior deserves to have their fair treat[ment]".

"Good to attend the open house today. We need to have more beds in the senior care centre. Also, it would help if we have more funding to the home care and day care centre".

"The open house provided some general information for the seniors services and housing. According to the presentation, it develops a sense that seniors, especially Chinese seniors do need an expansion in not only just housing but also day care services. But as we can see, there are currently a small amount of space for seniors. As young people move out from family. Seniors need caring in Victoria. Furthermore, as we compare other similar facility in other cities, we also notice the entertaining facility for seniors needs to improve as well. We'd like to see more consultation and promotion in the city!"

"Thank you CCBA and M. Thomson Consultant Co. for the concern of Chinese seniors, suggest BC Ferries resume the free ride for seniors".

3.4.4 Research Process Comments

Several comments were received about the open house and research process itself. Several people commented that poster content should have been translated into Chinese, and that the posters were not the best format for sharing findings. Other people commented that the information provided was detailed, and were happy with the format. There was a comment that the research process was too short (only 3 months) and that the oral presentation at the open house was too short and should have been accompanied by a slide show. Others were happy with the level of detail provided.

4 CONCLUSION

As three consultants from M. Thomson Consulting who worked on the Victoria Chinatown Seniors Affordable Housing and Services Needs Assessment, we carried out this work as visitors in the traditional, ancestral and unceded territory of the Lekwungen People, the Songhees and Esquimalt Nations, and within the first Chinatown in Canada.

Although it is small in area, the oldest Chinatown in Canada, continues to be a social and cultural hub for Victoria's Chinese Canadian population. If you walk its streets, you might shadow grandfathers crossing the street with slow, steady steps. You might watch grandmothers in floral print jackets lean over their walkers to rifle through gai-lan, siu choy, lo bok at a produce stand. Some of them are on their way to and from the Victoria Chinatown Care Centre, where they access day-time seniors services. Pass by the beautifully maintained Chinese Public School, built in 1909, in the early evening and you'll hear children reciting Chinese lessons. When their parents pick them up, some of the families stop by the Victoria Chinatown Care Centre to visit grandparents.

The Victoria Chinatown Care Centre, located on the corner of Herald and Government streets, was built on the former site of the Chinese Hospital, in 1982. With 31 complex care beds, and 12 spots in its daytime programs, it is the only facility of its kind with staff that speak Chinese languages who can provide culturally sensitive care and programming for Victoria's Chinese Canadians seniors. In the course of our research, we heard that the needs of Chinese Canadian seniors are largely invisible to mainstream institutions and organizations that provide seniors services. At the same time, the capacity of organizations that have Chinese-speaking, or culturally-sensitive staff, is not necessarily enough to meet the needs of the Chinese Canadian population. The population of Chinese Canadians as a whole is not large. And yet, there are Chinese Canadian seniors whose needs are not being met. Some are on wait lists to get into the Victoria Chinatown Care Centre. Some are unable to, or uncomfortable with communicating their health needs to professionals who do not speak Cantonese or Mandarin. Some feel that there are not enough community spaces for gathering, socializing, participating in cultural and recreational activities.

Given the task of conducting a needs assessment for seniors affordable housing and services in Victoria's historic Chinatown neighbourhood, the Victoria Chinatown Care Centre was the first site we visited. This project emerged from a recommendation of the 2014 Chinese Historical Wrongs Consultation and the Legacy Initiatives Advisory Council that a "project be initiated to recognize the significance of the role of clan and society associations, which were founded in the spirit of kinship, and served historically to address the social, political and financial needs of Chinese Canadians in communities across British Columbia". Given that we had been hired as planning consultants to conduct a seemingly limited piece of work we grappled with the question: did it matter that our work was preceded by a political intention to address historical wrongs and honour Chinese Canadian contributions, or was it best to focus on the straightforward, technical parameters of creating a standard affordable housing needs assessment, in accordance with BC Housing's Needs and Demand template?

We were asked to use the widely accepted BC Housing Needs and Demand Template as a guiding framework. Generally speaking, this template provides information to funders of projects about where the most pressing community needs lie. However, the template considers data - but not usually culture or language. Numbers alone will never tell the whole story and only direct conversations revealed much of what had to be said.

In October, we facilitated two focus groups in the main hall of the Chinese Public School. Surrounded by bright coloured lion heads, red lanterns, an ornate altar, and photos of past members of the Chinese Consolidated Benevolent Association, we discussed the needs of Chinese Canadian seniors. The first discussion was a gathering of 40 some representatives of Victoria's Chinese Canadian community organizations. The second was a culturally and professionally mixed collection of individuals: on one side of the tables sat Chinatown and Chinese Canadian community leaders, administrators and directors of the Chinatown Care Centre, and members of the Legacy Initiatives Advisory Council. Facing them sat provincial and regional housing and wellness policy-makers.

This project was a great experience in intercultural dialogue, and represented an opportunity to facilitate a conversation between the Chinese Canadian community and a broader set of stakeholders in Victoria. From scoping to logistical planning to implementation, the community was central to the success of a research project such as this, and to that end we extend a sincere thanks for all the contributions of local partners: the Chinese Consolidated Benevolent Association and the Victoria Chinatown Care Society and Foundation.

On a Sunday afternoon in November 2015, over 200 people crowded into the Ambrosia Centre, for our open house. They spilled in, off Fisgard Street, conversing in Mandarin and Cantonese. So many came to share their thoughts about seniors services and housing needs in Victoria's Chinatown that we had to search the wings for more chairs. The majority were seniors. What did we hear? People care about their elders. They are distressed about the uncertainty of how to care for aging family members and community members. When asked to comment on the research findings, resoundingly, they said: please expand the Victoria Chinatown Care Centre to include more beds. They also said: we need more day services. We need more community gathering spaces for recreational, cultural and social activities. Chinese speaking care services. We want to see leadership from all levels, and a commitment from the provincial government that it will help us. We want a Chinese Canadian museum and cultural centre, to honour Victoria's status as the oldest Chinatown in Canada.

Going forward, is it possible to recognize the historical significance of clan and society associations, the spirit of kinship and serving the unmet needs of Chinese Canadians, and translate that forward to today? Is the BC Provincial Government truly willing to take these lessons from the past to heart, and act in a manner of "never again", and ensure that future wrongs will not be committed against other cultural and linguistic minority communities? A great place to start is by ensuring that all of our elders have the opportunity to be cared for in their mother tongue languages, and that policy-makers and decision-makers truly take the cultural and linguistic diversity of their constituents into account.

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Appendix 1: Engagement Timeline

Task	Date	Details
Establish Needs Assessment Working Group	Sept.24	<ul style="list-style-type: none"> • Introductions • Review/get consensus on principles of engagement
PREPARE FOR CONSULTATION, UNDERTAKE QUESTIONNAIRE AND INTERVIEWS		
Finalize Questionnaire	By Sept. 24	<ul style="list-style-type: none"> • Share with MIT and Working Group for review and translation
Compile List of Snowball Interviewees	By Sept. 25	<ul style="list-style-type: none"> • Share with MIT and Working Group
Confirm venue, date and times for focus groups and open house	By Sept. 24	<ul style="list-style-type: none"> • Coordinate with MIT and Working Group
Finalize List of Focus Group Participants	By Sept 25	<ul style="list-style-type: none"> • Review with Working Group
Confirm and Invite Focus Groups Participants	Sept. 25-Oct.3	<ul style="list-style-type: none"> • Confirm location, dates and logistics of focus groups
Distribute Questionnaire	<ul style="list-style-type: none"> • Sept.24-Oct.16 • Sept.24, 6pm – Care Society Family Meeting • Oct.11 – CCBA Meeting 	<ul style="list-style-type: none"> • Distribute to others identified through Working Group contacts and interviews, as necessary
Conduct Snowball Interviews	Sept. 28-Oct. 16	<ul style="list-style-type: none"> • 8-10 Key Stakeholders • Phone Interviews
Send out Invitations to Open House	By Oct. 12	<ul style="list-style-type: none"> • Through Working Group networks
FOCUS GROUPS		
Focus Group 1	Oct. 22	<ul style="list-style-type: none"> • 10-15 people • Working Group • Residents of Chinatown • Clients of seniors and housing services in Chinatown, • Key community champions (including the Chinese Canadian Services Society)
Focus Group 2	Oct. 23	<ul style="list-style-type: none"> • 10-15 people • Working Group • Technical, government side, service provision
Analyze findings and prepare materials for Open House	Oct. 26 – Nov. 8	<ol style="list-style-type: none"> 1. Review with MIT and Working Group
REPORTING BACK: OPEN HOUSE AND DATA ANALYSIS		
Open House	Nov. 15	<ul style="list-style-type: none"> • 30-50 people • Broader Public • Verify findings
Prepare and Present Findings in Draft Needs Assessment Report	Dec. 7	
Final Report	Dec. 21	

Appendix 2: IAP2 Spectrum of Public Participation

Based on International Association for Public Participation (2007)

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influence the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
EXAMPLE TECHNIQUES	Fact sheets Websites Open houses	Public comment Focus groups Surveys Public meetings	Workshops Deliberative polling	Citizen advisory committees Consensus-building Participatory decision-making	Citizen juries Ballots Delegated decision-making

Appendix 3: Interview Backgrounder

Why do we want to interview you?

The purpose of this interview is to help determine the housing and service needs of seniors in Victoria, with special consideration to the needs of Chinese Canadian seniors, and how clan and society associations can respond to these needs, both in terms of seniors housing and culturally and linguistically appropriate services.

What is involved?

We will undertake a 15-20 Minute Phone interview. We will ask you questions about your work or organization and the needs of (Chinese Canadian) Seniors in Victoria.

Who is doing the interview?

Kathryn Gwun-Yeen Lennon, Matt Thomson and Peer-Daniel Krause are working with the Ministry of International Trade and the Clan Association Housing Working Group, to carry out the *2015 Affordable Housing And Seniors' Services Needs Assessment For The Historic Chinatown Neighbourhood Of Victoria*, in order to identify options for affordable housing and seniors' services in Victoria's historic Chinatown neighbourhood where clan and society associations continue to serve the social, physical and political needs of Chinese Canadians.

Why are we undertaking interviews?

The initiative to undertake a needs assessment emerged from recommendations of the BC Government's **2013 Chinese Historical Wrongs Consultation Final Report**. In May 2014, the BC legislative assembly issued a formal apology to Chinese Canadians for historical wrongs committed by past provincial governments. One of the report's recommendations was to initiate a project to recognize the significance of the role of clan and society associations, which historically served to address the social, political and physical needs of Chinese Canadians.

In this context, and with a steadily aging population across BC and in Victoria, a needs assessment to identify options in regard to affordable housing and seniors' services in Victoria's historic Chinatown neighbourhood was initiated. Thereby the project will honour the legacy of these associations and identify emerging and housing and service gaps and needs.

Find more about the *2013 Chinese Historical Wrongs Consultation Final Report* on the

Embrace BC Website: <http://www.embracebc.ca/>

Please contact

Kathryn Gwun-Yeen Lennon – kathrynlennon@gmail.com - +1-604-616-0662 with any questions or concerns.

Appendix 4: Interview Participants

1. Shannon Clarke, Health & Capital Planning Strategies, Capital Regional District
2. Michele McIsaac, Regional Assisted Living Manager, M'akola Housing Society
3. John Cheung, former BC Government employee, developed a Multicultural Health Strategy
4. Tracey Ditty, Administrator and Director of Care, Victoria Chinatown Care Centre
5. Jean McCrae, Inter-Cultural Association of Greater Victoria (ICA) Carol James, MLA Beacon Hill
6. Tim Orr, Vancouver Island Health Authority (VIHA)
7. Andrea Hudson, City of Victoria
8. Carole James, MLA, Beacon Hill

Appendix 5: Interview Questions

About the Organization

- What is your role within the organization?
- What populations do you serve (senior specific? Chinese-Canadian specific? immigrants?)
- Which type of program(s) and service(s) does your organization offer?
 - Do you provide senior-specific services? If yes, what kinds of programs and services?
- I want to get a better sense of your organization.
 - What is the (#beds, #staff, #volunteers, #service recipients, #total number of clients/seniors served, operating budget/p.A) ?
 - Do you track any of these client/member use rates(e.g. total number of clients served, number of seniors served, etc.)? If so, would you be able to share these statistics?
 - How long have you been in operation?

Needs

- What are your clients' needs (*or senior-specific*) that your organization meets? What gaps and challenges does your organization face in delivering housing and services? What are some other clients' needs (*or senior-specific*) which are not met by your organization at this time?
- What is your organization's capacity to meet these unmet needs at this time? (*What could you do additionally (within your organization) to meet these needs?*)
- What kind of help or support would you need to meet these unmet needs?
- What opportunities do you see to meet the needs otherwise (external from your organization)?
- What other needs and gaps in services for seniors do you see in Victoria? Who are the most vulnerable seniors?

Needs of Chinese Canadian Seniors (if applicable)

- Are there any particular challenges that Chinese-Canadian seniors in Victoria face (e.g. language barriers, cultural barriers in accessing services, lack of services, etc.)?
- What seniors services (in terms of health, housing, and more) exist in the Victoria Chinatown neighbourhood, both formally and informally?
- What resource or opportunities are you aware of, for improving affordable housing options and seniors services (assisted living, care and community space) in Chinatown, or Victoria more broadly?
- Are there any particular characteristics that these services should incorporate, particularly with regards to culturally-appropriate service provision?
- Are there any particular locations that would be good for affordable housing and seniors' services?

Conclusion

- Who else should we talk to?
- Is any information provided by you confidential and should not be shared externally?
- Please come to our open house November 15, 2015. More details to be confirmed by email.

Appendix 6: Questionnaire for CCBA Members Meeting

October 11, 2015

Housing and Service Needs of Chinese Canadian Seniors in Victoria

問卷調查: 長者居屋及日常服務之需求

Please check (☑) 請從以下兩項中選擇一項 (☑):

<input type="checkbox"/>	Yes , you may anonymously quote my answers. 是, 用不記名摘引我的答案。
<input type="checkbox"/>	No , please do not quote my answers. 否, 不可摘引我的答案。

How This Information Will Be Used 所收集之資料用途如下 :

Your identity will remain confidential. This information will be used by the CCBA and M. Thomson Consulting to understand the housing and service needs of Chinese Canadian seniors in Victoria. M. Thomson Consulting is conducting a needs assessment of seniors' affordable housing and services for Victoria's Chinatown, on behalf of the Province of BC's Ministry Responsible for Asia Pacific Strategy and Multiculturalism and in connection with the Legacy Initiative Advisory Council's Clan Association Housing Working Group and the Chinese Consolidated Benevolent Association of Victoria. Some of the information will be shared at focus groups with key stakeholders and at a public open house on November 15, 2015. Finally, a summary of findings will be shared in a public report, to be completed by December 31, 2015.

你的個人資料是絕對保密。此資料將作為中華會館及M. Thomson顧問公司,了解華裔長者在域多利唐人埠房屋及服務之需求。研究計畫乃受託於BC省亞太策略及多元文化廳,聯同傳承計劃諮詢小組及中華會館。部份資料將在小組委員會及主要持份者,在十一月十五日之公聽會議上傳閱及討論。最後,調查撮要將於公開報告中公佈,完成日期為二零一五年十二月三十一日。

- What are the most important needs of seniors? Please rank in order of priority.

甚麼是長者最需要的? 請排列優先次序 1 -5 : 1是最重要 5是最不重要

Seniors Care Home/Assisted living Facility	
療養中心	
Affordable Housing	
可負擔房屋	
Home Care Support	
長者家居護理	
Day Care Support	
日間照顧	
Social/Cultural Needs	
社區、文娛	
Other*	

*What other needs are important? 有沒有其他服務是需要的?

- What is missing in Victoria, to support these needs? 在域多利缺乏了甚麼令致那些服務不能提供?

- What are the main barriers to meeting these needs? Please rank in order of priority. 那些障礙令致不能得到服務提供? 請排列優先次序 1-5: 1是最重要 5是最不重要

Lack of services	缺乏服務提供	
Lack of knowledge and understanding of existing services.	缺乏認知現時服務	
Different cultural beliefs/norms/practices.	不同文化習俗	
Language barriers.	語言障礙	
Intake assessment process of VIHA.	VIHA 入住評估	
Other*		

*What other barriers exist? 還有那些障礙呢?

Please return questionnaires by **October 16, 2015** to Gilbert Cheung. Thank you for your cooperation!
請在二零一五年十月十六日前遞交問卷予張國雄, 多謝各位合作!

Gilbert Cheung張國雄
Needs Assessment Working Group

If you have any questions or comments about the process, please contact:

Kathryn Gwun-Yeen Lennon姚君妍
Engagement Coordinator, M. Thomson Consulting

Sign by 簽署

_____ Date 日期 _____

Appendix 7: Other needs raised in Focus Group Discussions

Need	Discussion, including barriers and opportunities
Community gathering spaces for activities	<p>There is a lack of non-denominational community spaces for cultural/seniors activities. Seniors' needs for socializing are often met by churches, leaving other faith groups without gathering spaces.</p> <p>The physical (in)accessibility of existing Chinatown infrastructure, such as the stairs at the Chinese Public School are a barrier for some seniors to attend community events.</p> <p>Informal spaces, such as the Hillside Mall which are accessed by seniors may also constitute important community spaces. It was said, however, that these can not substitute formal programming space that is targeted to specific needs.</p>
Affordable housing	Not as much need for affordable housing, but rather supportive housing for seniors is needed.
Social and Cultural Needs	
Daytime care services	Gardening was mentioned, Need help with daily routines, e.g. bathroom

In addition to the previously identified needs in the main summary, attendees raised the following themes:

1. **Dementia-related services and information**
 - a. Dementia-friendly services and knowledge translation should be undertaken for the general public as these cases will increase over time
 - b. Additional research with a particular focus on dementia has to be undertaken
 - c. A dementia unit has to be located within any future care facility to tend to the rising number of dementia cases
2. **Social isolation**
 - a. Social isolation of seniors is a general trend in the elderly population that could well be an issue for Chinese seniors. It is a concern even for seniors who have the financial means, and are relatively healthy. It was said that "people feel isolated in a beautiful city".
3. **Transportation for elderly**
 - a. Transportation is a barrier for accessing adult day programs as people don't have means of transportation to get to the location
4. **Economic needs and access to food**
 - a. Some seniors are on the edge of poverty
 - b. *Our Place* and the *Food Bank* didn't used to see Chinese seniors; they are more common now and some of them are more recent immigrants; Food banks are working to responding by having translation support for clients.
5. **Respite care**
 - a. Allowing for temporary institutionalization can help care takers get relief;
6. Needs are ideally addressed in a campus of care

Appendix 8: Focus Group 1 Ranking Exercise

Each participant was given 3 dots (3 votes) and asked to place them on the following 6 options. Option 7 was added by a participant. Another participant suggested that options 4 and 5 be merged, as they are similar.

Option	Rating	Comments
“All under one roof”: Expanded Care Facility , in Chinatown	(39 dots)	<ul style="list-style-type: none"> ○ “all under one roof” ○ could include (as in previously created proposal for expansion): assisted living, community centre, day care support, meeting space, activity space ○ in Chinatown, Chinatown is a place to visit ○ Chinatown was originally a ghetto, revamped Care Centre had the intention of bringing people back into Chinatown ○ New Taiwanese, Mainland Chinese immigrants
Satellite Service Centre	(8 dots)	<ul style="list-style-type: none"> ○ Could include beds, daycare support ○ Could be located in Gordon Head, where majority of Chinese population lives ○ Could include a drop-in centre with culturally specific aspects
Dedicated Community Space for Seniors	(6 dots)	<ul style="list-style-type: none"> ○ Chinatown Seniors groups exist that do activities such as: knitting, singing, socializing
Working with VIHA to increase cultural capacity of services.	(3 dots)	
“Help Seniors Stay Home”: Improving home care	(6 dots)	
Affordable housing – supportive housing, non medical (meals, housekeeping).	(2 dots)	
Day care services Note added on stickynote: Lobby for new federal money, or transfer to the province from feds).	(5 dots)	

Appendix 9: Focus Group Participants

Focus Group 1: A Focus Group Discussion for Chinatown Stakeholders, October 22, 2015

More than 40 participants attended. Not everyone signed in.

Attendees

#	Name	Title	Organization
1	Gilbert Cheung	ED	CCBA
2	Peter Yeung	Treasurer	CCBA
3	John Cheung		CCBA
4	Theresa Chen		Dart Coon
5	Irene Wong		Wong's Assoc.
6	Bobby Chen		Chinese Freemasons
7	Harry Ko		
8	Paul Lum	President	Shon Yee
9	Clara Yan	Board Member	VCCA
10	Kit Wong	President	Cultural Club
11	Thomas Chan		CCBA
12	James Lin		RCP
13	Paul Lung		
14	Paul Chow		
15	Alan Yuan		
16	Sharon Lee		VCCA
17	Ming Moodrey		VCCA
18	Ken Leung		Dart Coon
20	Art Quon		Chinatown Care
21	Kevin Sing		DFH Real Estate
22	Laurence Wan		Chinese Pentecostal Church
23	Brenda Wong		Chinese Lioness
24	Grant Shan		Victoria Chinese Business Assoc.
25	Tom Graham		MIT
26	Kim Cheng		Yan Ping Association
27	Lixian Song		Song Intntl. Investm.
28	Pui Leung Chow		C/UE Shan Society

Focus Group 2: A Focus Group Discussion for Seniors Housing and Service Providers

Attendees

- John Cheung—Working Group; multicultural health policy
- Gilbert Cheung—CCBA
- Peter Yeung—Chinatown Care
- Tracy Ditty — Chinatown Care
- Amanda Mills—Chinatown Care Foundation
- John Reilly—CRD, Aging in Place, Regional Housing Trust Fund for affordable and supportive housing
- Shannon Clarke—CRD
- Dr. David Lai—LIAC and UVic Centre on Aging, initiated Chinatown Care Facility in 1980, study on housing and seniors demands (Centre on Aging)
- Lily Chow—LIAC New Pathways, Curriculum Development and Heritage site LIAC projects
- Julie Shafer—Ministry of Health
- Joe Carrera—BC Housing
- Charlayne Thornton-Joe; Chair of CRD Housing Trust; past director of CCBA, past director Intercultural Association of Greater Victoria
- Thomas Chan—LIAC and CCBA
- Nicole Dailly—Ministry of International Trade
- Ed O'Brian--Cool Aid Society representative; seniors housing manager, hard to house senio

VOLUME 2:
SENIORS SERVICE AND HOUSING NEEDS ASSESSMENT
FOR CHINESE CANADIAN SENIORS IN VICTORIA

Profile of Chinese Canadian Seniors in Greater Victoria

December 21, 2015

Prepared by
Peer-Daniel Krause
Matt Thomson
Kathryn Gwun-Yeen Lennon



EXECUTIVE SUMMARY OF VOLUME 2

Volume 2 highlights key demographic indicators and illustrates the need for subsidized seniors housing that is culturally appropriate.

Assuming that in-migration will continue and service requirements in fact vary for first generation immigrants who primarily speak a Chinese language at home, the need for culturally and linguistically appropriate support services for seniors exists and will persist for the foreseeable future for a population of roughly 1,135-1,295 Chinese Canadian individuals in the Greater Victoria area (2011).

A subsection of this population will be in need of subsidized senior housing options. This study attempted to quantify this need by means of deriving the current rental population that is over the age of 65 years under the assumption that these are more likely to not be able to afford market housing options.

Following this line of argument, we derived that between 241 individuals, who are primarily Chinese-speaking and 354 persons who are of Chinese ethnicity are less likely to be able to access market senior housing options. Many additional factors would influence the actual demand within this population.

Hence, while the need for culturally appropriate housing is likely greater in other areas of the province, it also currently exists - and will persist - in Victoria. Addressing this need has the potential to enhance the well-being of several hundred people.

While the market may provide some of the needed housing options if the demand is present, particular consideration has to be given to those who lack wealth or do not have the family safety net that would support them in otherwise accessing the services they need. These individuals should be the first addressees of public support.

Summarizing the study in one sentence, it appears that Victoria's Chinese Canadian community is caught in a double bind. Given the relatively small community (as compared to Metro Vancouver), there are few services tailored specifically to Chinese Canadians, and also limited options for the community to access new models of culturally-specific services. However, the services that currently exist are clearly not enough to meet the needs of the small population.

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1. INTRODUCTION

1.1. Purpose

The **purpose** of this research paper is to profile the Chinese Canadian seniors population in the Greater Victoria area, British Columbia. For further background on this project, see *Volume 1: Stakeholder Consultation and Community Engagement Summary*. Where not otherwise specified all information is drawn from the 2011 National Household Survey (NHS) and the 2011 Statistics Canada Census. If not specifically qualified, “Victoria” refers to the Victoria Census Metropolitan Area (CMA) as defined by Statistics Canada. The Greater Victoria area is used synonymously.

Through highlighting population trends, incomes, tenure, age, first generation immigrant status and language spoken most often at home, the report profiles Chinese Canadian seniors in the Greater Victoria area. The *objective* of this study is to provide an estimate of the number of individuals in need of subsidized seniors housing that is culturally and linguistically appropriate.

The impetus to establish this population-specific study arises from the understanding that cultural and linguistic considerations are important with regards to housing and other services, particularly as individuals age.

Currently the Victoria Chinatown Care Centre is the only known model in the Greater Victoria area that provides a setting where Chinese languages are spoken by residents and staff and where Chinese foods, activities, and culturally sensitive care are provided. Located at the intersection of Herald and Government Street in Chinatown, it operates 31 publicly subsidized beds of Long-Term Residential Care and a Daytime Care Program. It was built by the Chinese Canadian Community and opened in January 1982, replacing the Chinese Hospital which had operated on the same site since 1899.

1.2. Structure of This Report

The report is separated into four sections. Following this **INTRODUCTION**, which includes definitions and important clarifications and limitations regarding the assumptions that were made to enable this analysis, **RESEARCH RESULTS** are discussed in Chapter 2. These are discussed and reflected on in Chapter 3: **DISCUSSION**. The **EXECUTIVE SUMMARY** provides a conclusion of the reporting and analysis.

1.3. Methodology

The paper follows, as far as applicable and possible, the methodology of *Somerville et al. (2011): Affordable Housing Needs of Ethnic Seniors in Vancouver*, which was instrumental in demonstrating “the potential demand for affordable assisted housing in the City of Vancouver” (ibid.: 2).

The work of Somerville et al. implicitly starts from the assumption that ethnic groups are populations whose housing needs differ from those available in the *mainstream* housing system. The largest ethnic groups in the city of Vancouver were examined further. Our study differs herein in that it only focuses on the Chinese Canadian senior population in the Greater Victoria Area of British Columbia. Furthermore, our objective is not to determine the demand for affordable assisted living options, but to more broadly identify vulnerable senior populations who may be in need of subsidized housing options with a focus on Chinese culture and language.

We establish the current and future need for affordable seniors housing options specific to the Chinese population by

- (1) determining the size of the ethnic-, language-speaking - and immigrant status Chinese population in the Victoria Census Metropolitan Area (CMA) using 2011 Statistics Canada Census and National Household Survey (NHS) information¹.
- (2) breaking out the specific senior population,
- (3) exploring the tenure and income situation of Chinese Canadian seniors.

Limitations to the approach are discussed in the last section of this chapter.

1.4. Definitions and Variables

No single definition exists that adequately captures the spectrum and diversity of Chinese Canadian linguistic, cultural, ethnic, spiritual, social, and political identities. For the purpose of this study, Census Canada's definition of individuals belonging to the Chinese Visible Minority is used.

"Visible minority" is defined as "persons who are non-Caucasian in race or non-white in colour and who do not report being Aboriginal". "Chinese" is defined as those "who gave a mark-in response of 'Chinese' only or 'Chinese' and 'White' "². Chinese Canadians, therefore, are a self-reported ethnic population. Other visible minority groups include: South Asian, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, Visible minority, n.i.e.³. Based on the *Employment Equity Act*, "data on Canada's visible minority population are used by governments, businesses, community groups, health care providers, researchers and a variety of organizations throughout the country to ensure equal opportunity for everyone"⁴.

Throughout this report, Chinese is used interchangeably with ethnic Chinese, and Chinese Canadian. When referring to Chinese language-speakers we assume that they also identified as being of Chinese ethnic identity. The Chinese languages considered in this study were Cantonese and Mandarin as the only languages spoken in the area according to the data. We acknowledge that there are other languages spoken within the Chinese Canadian community.

Quantitative indicators above and beyond generally accepted population characteristics are used in this study to create a profile of the Chinese Canadian seniors population. Additional variables that are drawn upon are: language spoken most often at home, generational status and the period of immigration. These are based on Somerville et al. and rest on the following assumptions (not Somerville et al):

- The immigrant status of an individual is a proxy measurement for the degree of cultural and social integration. By and large, we can assume that a person born outside of Canada is less familiar with local practices and norms and more likely to uphold their country of origin's ethnic or cultural identity.

¹ Where not otherwise specified all information is drawn from the 2011 National Household Survey (NHS). If not specifically qualified, "Victoria" refers to the Victoria Census Metropolitan Area (CMA) as defined by Statistics Canada. Greater Victoria Area is used synonymously. In addition to NHS data, 2015 Citizenship & Immigration Canada data on the intended Census Metropolitan Area of destination for admissions of Permanent Residents from the People's Republic of China as Country of Citizenship was used to determine latest changes in this population.

² The visible minority variable was introduced into the census in 1996. It differs from *reported ethnic origin*, which is being used since 1871 to determine the ethnic heritage of individuals. See StatsCan (2011d).

³ 'n.i.e.' means 'not included elsewhere'

⁴ StatsCan (2011e)

- The period of immigration is of consideration since more time spent locally is assumed to enable individuals to learn, adapt and build social capital. We assume that it is an indicator of a person's proximity to the norms and practices of the cultural group(s) of the country of origin.
- The degree to which a person's native language predominates determines the ability to communicate well in an official language.

1.5. Limitations

A number of assumptions were made to conduct this study.

One particular assumption to determine the need for publicly subsidized housing is that **renter households** are more likely to be in need of financial assistance to access senior housing options. This is further discussed in the section on page 12.

Secondly, many nuances of cultural variation influencing behaviour cannot be measured through data. Particularly when and under which conditions individuals were to transition into seniors housing is unknown. If, in fact, more supportive housing or assisted living units were to be built – or existing programs were provided with a *Chinese lens*, a business model has to more closely determine the likelihood for assumed need to translate into demand. This is the case for market, as well as non-market housing.

Thirdly, this study does not discuss the **geographic distribution** of the Chinese Canadian population but assesses it as one population. In reality, the study area encompasses 13 different municipalities in the Greater Victoria area across which the population is distributed. Chinese populations are more predominant in some areas than in others. Treating a future housing development as a hypothetical does not allow for geographic variation to be attested for. If, in fact, more culturally-appropriate housing or care units were to be created, the business model has to more closely determine geographic preferences.

Fourthly, many immigration trends are based on current government immigration policy. Senior family members typically enter the country via the Family Class Sponsorship program. We are unable to predict how immigration policy could change, impacting the population and therefore revert to the assumption that immigration will continue to follow the current pattern.

Lastly, a note should be made of the reliability of available data. Non-response bias in the 2011 National Household Survey results in an under-representation of particular demographic groups. While statistics Canada attempts to account for these biases there is no certainty of the reliability of the presented data. There is a chance that Chinese Canadian Senior households in particular are under-represented in the data sets. The Global Non-Response Rate for the Greater Victoria area is 22.7% for the National Household Survey. Furthermore, CIC immigration data does not account for secondary migration and non-Permanent Residents. Key indicators from this study, particularly senior population trends should be updated as 2016 census information becomes available.

2. RESEARCH RESULTS

2.1. Ethnic Identity

In 2011, 336,185 people lived in the Greater Victoria area (CMA). 12,765 people identified as Chinese (3.8% of the total population). 2,895 (23%) of the Chinese population in the Greater Victoria area lived in the City of Victoria.

37,815 (11.2%) of the total population) identified as a visible minority. The Chinese community in the Victoria area was the largest visible minority group. One third (33.8%) of those who identify as visible

Total Population in Private Households					
336,185	Visible Minority				
		Chinese	South Asian	Filipino	Other
	37,815	12,765	7,550	4,130	13,365
	11.2%	33.8%	20.0%	10.9%	35.3%

TABLE 1: Population in private households by visible minority status, 2011
NHS, CMA Victoria

minorities were Chinese. The next largest visible minority populations in the Greater Victoria area (as well as in the City of Victoria) were South Asian with (20%), followed by Filipino with 4,130 individuals (10.9%). Provincially,

27% of the population of British Columbia self-identified as visible minorities and 10.0% self-identified as ethnically Chinese.

2.2. Seniors and Immigration

Seniors are defined as individuals over the age of 65 years. There were 63,440 seniors in the Greater Victoria area in 2011. 2.6 % of all seniors were Chinese. Of the Chinese Canadian population in the region, 1670 individuals or 13% were seniors. This share is smaller than in the overall population where 18.9% were seniors. As seen in Table 2, the largest age group among Chinese Canadians was between 45-64 years with 3,560 individuals. Herein a significant 1,460 individuals were between 55-64 years of age.

	Ethnic Chinese	
	Total	1st Gen.
Under 15	2,085	15.1%
15-24	2,220	45.5%
25-44	3,225	69.3%
45-64	3,560	78.5%
65+	1,670	77.5%
Total	12,770	59.8%

TABLE 2: Total population and First Generation Immigrants at Chinese Visible Minority Population (in priv. households) by Age, NHS 2011, CMA Victoria

2.3. Immigration and Age

According to the 2011 Census Dictionary, “first generation immigrants” are persons who are born outside of Canada. A “second generation immigrant” was born in Canada but has at least one parent born outside the country.

Table 3 breaks out the Chinese ethnic population by age and first generation immigrants. 59.8% of all Chinese are first generation immigrants⁵. The older an individual is, the more likely they are to be born outside of Canada. 77.5% of seniors in this population are first generation immigrants. With 78.5% this number is similarly high for adults between 45-64 years.

⁵ According to Statscan, immigrants are “people who are, or have been, landed immigrants in Canada.”

28.5% of the Chinese population in Victoria (CMA) arrived in Canada between 2001 and 2011. This is a significant share of the population, indicating rapid recent in-migration and population changes.

The majority of Chinese seniors (65+) and older adults (55-64) are

immigrants (81.8% and 75.7% respectively). In the most recent period of immigration (2001-2011), only 7.9% of new arrivals were seniors (65+) and 7.1% were older adults (55-64). Hence, seniors who identified as Chinese are very likely to be born outside of Canada, but only a small proportion has recently immigrated into the Victoria CMA.

	Total	Immigrants		Immigration Period	
		%	Total	< 2000	2001-2011
All visible minority	37,815	53.6%	20,255	65.9%	34.0%
Chinese	12,765	53.7%	6,850	71.5%	28.5%
55-64	1,460	81.8%	1,195	92.5%	7.1%
65+	1,670	75.7%	1,265	92.1%	7.9%

TABLE 3: Visible minority population by immigrant status and period of immigration Victoria CMA, NHS 2011⁶

2.4. Most Recent Immigration

According to Citizenship and Immigration Canada (2014), “the top three source countries [for permanent relocation to BC] in 2014 were China, India and the Philippines. Immigrants from these three countries alone represented 48% of all permanent residents landing in the province in 2014”.

According to the 2011 NHS, between 2006 and 2011 a total of 1,020 Chinese immigrants settled in the Victoria Metropolitan Area. To determine later immigration not captured by the 2011 survey, 2015 Citizenship & Immigration Canada (CIC) data on the intended Census Metropolitan Area of destination for admissions of permanent residents from the People’s Republic of China as country of citizenship was obtained.

As seen in Table 4, for permanent residents whose last country of citizenship was China, the authority reports that 915 individuals intended to settle in the Victoria region between 2011 and 2014. No information on non-permanent residents or migration within BC is captured by CIC.

In terms of age distribution, the vast majority of new permanent immigrants are of working age, with only 10.6% being above the age of 65 years. Across all age groups, 57.3% of individuals were female and 42.7% male.

Age	%
Under 15	8.2%
15-24	12.4%
25-44	51.2%
45-64	17.6%
65+	10.6%
Total	915

TABLE 4: Intended Destination of Perm. Residents from China by Age, 2010-2014, CIC 2014, Victoria CMA

⁶ Due to privacy considerations, the figures in some tables have been subjected to random rounding by Statistics Canada and Citizenship & Immigration Canada. All figures in the table are randomly rounded either up or down to multiples of 5.

2.5. Ethnicity and Language

Language is a very important consideration when it comes to seniors' ability to access healthcare, housing and other services. To better understand the relative prominence of Chinese languages within the Chinese Canadian population we examined which languages are most often used in relation to age.

Table 5 provides a breakdown of language spoken most often at home based on 2011 NHS information. In the Victoria CMA, as a share of all languages, Chinese is the language most often spoken at home in 1.8% (5,060) of all cases. This compares to 94.9% of responses indicating English as the primary language. For the province of British Columbia Chinese is the language most often spoken at home in 6.1% of all cases.

	Victoria CMA	British Columbia
Chinese	1.8%	6.1%
English	94.9%	84.0%
Other	5.1%	9.8%
Total	287,315	4,365,170

TABLE 5: Language spoken most often at home, Victoria CMA, NHS 2011

As seen in Table 6, within the ethnic Chinese Canadian population, older individuals are most likely to speak a Chinese language at home. Younger generations much less so. 68.0% of seniors, but only 34.2% of those between the age of 15-24 years indicated Chinese as the language most often spoken at home. The share at the total Chinese population is 47.4%.

As it currently stands, there are slightly more Cantonese speakers than Mandarin speakers. A high number of respondents indicated Chinese as their primary language but did *not otherwise specify* (n.o.s) whether they speak Cantonese, Mandarin, or other Chinese languages.

The picture changes when considering the various age groups. Cantonese is more predominant individuals over age 45. Seniors are more likely to speak Cantonese than Mandarin. The reverse is true for the younger generation⁷ where a predominance of Mandarin is observable for individuals under 44.

Age	Cantonese	Chinese, n.o.s.	Mandarin	Total	Ethnic Chinese Pop.	Chinese spoken most often
15-24	150	345	265	760	2,220	34.2%
25-44	375	550	440	1365	3,225	42.3%
45-64	755	690	350	1795	3,560	50.4%
65+	550	465	120	1135	1,670	68.0%
Total	1,830	2,060	1,175	5,065	10,680	47.4%

TABLE 6: Chinese languages most often spoken at home by age group for ethnic Chinese visible minority population over the age of 15, Victoria CMA, NHS 2011

When considering most recent immigrants, 53.6% of all 915 documented new permanent residents settling in the area speak neither English or French. Among these newly arriving immigrants 450 individuals reportedly speak Mandarin, 95 Cantonese and 365 did not specify further (CIC (2015)).

2.6. Income by Age and Tenure

⁷ This is only true when assuming a comparable distribution of unspecified *Chinese* (n.o.s.) within the population.

	Median income	Average income	Median income	Average income	Median income	Average income	Income relative to the market is one of the main determinants of a household's choice of their housing. Households with higher incomes are more likely to be able to afford more appropriate or adequate housing. The aggregate incomes of individuals living in
15-24	\$5,010	\$9,315	\$10,568	\$14,094	47%	66%	
25-54	\$39,555	\$44,242	\$40,119	\$46,154	99%	96%	
55-64	\$32,759	\$40,429	\$40,872	\$50,790	80%	80%	
65+	\$20,538	\$31,081	\$29,920	\$41,129	69%	76%	
Total	\$25,775	\$35,375	\$33,301	\$41,952	77%	84%	
TABLE 7: Income for individuals in private households, Victoria CMA, NHS 2011							

a household determines the household income.

Comparing the individual incomes of the ethnically Chinese population to the population as a whole indicates whether this population performs relatively better or worse in terms of its economic performance. Furthermore, renters typically earn less than owners, have no equity and less security of tenure. Therefore the state of household incomes by tenure is also examined for the CMA⁸.

Table 7 below provides an overview of the median and average incomes of Chinese Canadian individuals in private households relative to the population as a whole⁹. It can be seen that incomes perform as one would expect for both populations. As individuals enter the work force their income increases, and as they move towards retirement incomes decrease. Apart from this similar trend, however, across all age groups, an individual from the ethnic Chinese population will typically earn 77% of the median income of the total population (77% of \$33,301 in 2010). Strong variations between age groups exist. In the age group 25-54 years, Chinese individuals are likely to earn an income that almost equals the income of the population as a whole. For Chinese individuals over 65 years old and between 55-64 years old this share decreases quite significantly, leaving individuals with only 80% and 69% respectively of the median income of the total age group.

Table 8 delineates household incomes by age and tenure status for the older population in the Greater Victoria area, regardless of ethnicity. A *household's age* is defined as the household maintainer (*the one who pays the bills*) being over the age of 65 years. For the purpose of this paper we examine older households only.

The data shows that older renter households have a much lower household income than owners in Greater Victoria. Median incomes are situated at a low of 39.4% of owners' incomes for households of 65-69 years and a high of 59.0% for all households over the age of 75 years. Renters' median household incomes drop from around \$39,000 prior to retirement to around \$27,000 - 28,000, where they stagnate. Owners' incomes decrease more drastically but remain significantly higher overall. In all but one age group over 55 years, renters have less than half the median household income of owners.

Age	Median Household Income	Average Household Income	Ratio of Renter to Owner Household Income
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⁸ Information from Table 7 and Table 8 is not directly comparable. One measures the income of the population, the other measures the income of households. This is an important distinction since a household can comprise multiple income earners and/or one income earner can support multiple members within one or across multiple households. Cultural norms and practices are considerable in this regard.

⁹ Household income information for the ethnic population was not available for this study.

	Owner	Renter	Owner	Renter	Median	Average
55 - 59	\$90,657	\$39,104	\$106,953	\$50,383	43.1%	47.1%
60 - 64	\$77,957	\$32,103	\$95,776	\$41,178	41.2%	43.0%
65 - 69	\$68,732	\$27,082	\$88,726	\$39,580	39.4%	44.6%
70 - 74	\$58,492	\$28,381	\$73,277	\$38,258	48.5%	52.2%
75+	\$48,754	\$28,749	\$64,992	\$39,101	59.0%	60.2%

TABLE 8: Household income for older households, Victoria CMA, NHS 2011

2.7. Tenure by Age and Ethnicity

Following Somerville et al., rental tenure can be used as a proxy to measure the need for publicly subsidized seniors housing. Irrespective of ethnicity, renters are more vulnerable, lack wealth and are thereby less likely to be able to afford seniors housing in the market. The size of the renting population provides an order of magnitude indication of the need for subsidized seniors housing. The focus on Chinese Canadians provides the second necessary filter to determine to which degree Chinese Canadian seniors may require subsidized housing that is culturally appropriate.

Table 9 shows the breakdown of renters in Victoria by age irrespective of their ethnic group. Across all age groups,

34.8% of households were renting. This is larger than the BC Average where 29.8% were renting. The share of rental households decreases from 81.6% of all households among those under 25 years to 21.2% for the senior population. As a result, 8,325 households where the household maintainer is over 65 years were renting in the region in 2011. In order to arrive at the respective number of Chinese Canadian renters we made two broad assumptions:

Age	Total	# Renters	% Renters
< 25	6,945	5,670	81.6%
25-44	45,045	22,145	49.2%
45-64	62,180	17,210	27.7%
65+	39,225	8,325	21.2%
65 to 69	10,950	2,465	22.5%
70 to 74	7,940	1,465	18.5%
75+	20,335	4,395	21.6%
Total	153,395	53,360	34.8%

TABLE 9: Renter Households by Age, Victoria CMA, NHS 2011

- 1) We assume a comparable distribution of renters among the ethnic Chinese population- as in the overall senior population.
- 2) We assume that the proportion of renter and owner households also reflects the number of individuals who live in these tenure arrangements. Renter households are typically smaller than owner households¹⁰. However, as household maintainers age, the average number of persons per dwelling unit approximates one another more closely than at other periods of their lives. We assume this is true for Chinese Canadians.

Based on these assumptions we broke out the number of persons who currently rent or own their dwelling unit – either alone or with others and further applied filters of language and immigrant status. As seen in Table 10 a total of between 241 and 354 seniors rented their dwelling unit in 2011 in the Greater Victoria area.

65+ years		
Chinese	Total	1,670

¹⁰ In the Victoria CMA the average number of persons in private households was 1.8 for renters and 2.2 for owners. Across all age groups 34.8% of all private households were renter households, but only 29.0% of all persons in private households were renting.

Ethnicity	Owner	1,315
	Renter	354
First Generation Immigrants	Total	1,295
	Owner	1,020
	Renter	275
Primarily Chinese-Speaking	Total	1,135
	Owner	894
	Renter	241
TABLE 10: Renters over the age of 65 years by Chinese cultural and linguistic attributes, Victoria CMA, derived from NHS 2011		

354 senior renters are of Chinese ethnicity, 275 are also first generation immigrants and 241 are of Chinese ethnicity and primarily speak a Chinese language at home.

These numbers provide an indication of the need for subsidized housing that gives special consideration to the linguistic and cultural needs of the Chinese Canadian senior population.

The following section discusses the information presented and draws conclusions on the degree of need for culturally-appropriate housing.

3. DISCUSSION

3.1. Chinese Canadians have a small, but growing population in Victoria

With regards to the Chinese Canadian population Victoria is not a prime settlement area for ethnic minority groups in comparison to the province as a whole. While Chinese Canadians are the largest visible minority group in the area, with 3.8% of the total population, they did not constitute a very significant share of the regional population in the 2011 census. With 2.6% of all seniors in the region, Chinese Canadian seniors are also not an extraordinarily large senior population for themselves.

Emerging population trends, however, render a closer look at the population important. Our analysis was conducted under the pretext that assessing the number of ethnically Chinese Canadian seniors does not automatically equate to a specific need or demand for culturally appropriate services. Only if needs vary from the mainstream population particular action is needed. To determine individuals' capacities to access services that meet their needs, recent migration from outside of Canada, as well as the ability to comfortably communicate in English, are important considerations. Following this approach, translating population shares into concrete numbers demonstrates that culturally and linguistically appropriate services could enhance the wellbeing of more than 1000 seniors.

3.2. Immigration will be the driving factor of future cultural and linguistic needs

In terms of migration and population change, if we assume a consistent migration pattern into the future, it is clear that **the Chinese Canadian population as a whole will grow significantly over time**. Both, NHS and CIC data show that the total Chinese population has grown by approximately 10% every five years since 2006. Seniors are only a small share, representing between 7.9% - 10.6% of new Chinese settlement. The largest immigrant cohort is 25-44 years of age - and thereby another 20 years from retirement. With 1460 individuals a relatively large proportion of the current ethnic population is between 55-64 years and will enter retirement age in the next years.

Hence, based on available information, while the largest population growth will take place in the younger adult age group, the Chinese Canadian senior population will remain stable or grow slightly in the next decade. It is important to note that CIC settlement data only captures permanent residents' intended destination in the province and does not account for secondary migration. Through qualitative data gathered in two focus groups in October 2015 we heard that Victoria may be a prime destination for retirement for Chinese Canadians settling from elsewhere in the province. The 2016 census will provide a more elaborate picture of most recent developments in that regard. While those resettling may not necessarily be vulnerable populations in terms of income, this will likely still be a group that functions primarily in Chinese languages.

Considering the generational status and language of the population it is notable that close to 80% of Chinese Canadians over the age of 45 years are first generation immigrants. With ongoing significant migration into Victoria, **the currently high immigrant share among the older population will remain stable for a considerable time**. It is unclear to what extent being a first generation immigrant is linked to maintaining traditional cultural norms and a strong ethnic identity. We assume that language spoken at home is a more appropriate indicator to determine specific needs of the population.

While 3.8% were ethnically Chinese, a Chinese language is only spoken by 1.8% of the total population of Victoria CMA. These shares compare to 10% being Chinese and 6.1% speaking Chinese at home across the total population of British Columbia.

Within the Chinese Canadian population, with almost 70%, it is seniors who primarily use a Chinese language at home. This number decreases drastically among the youngest generations, who primarily use English at home. We can infer that as the youngest generations become older, they will be able to navigate services in English. However, the 45-64 age group still relies primarily on a Chinese language at home. **Additionally, CIC data shows that more than half of the most recent immigrants do not speak English or French.** It is very likely to assume that, here again, higher age correlates with a Chinese language being the primary language used at home.

Currently there is no predominance of either the Mandarin or Cantonese language for the population as a whole. The data suggests that the Cantonese language will decline in relative terms given that the younger, newly arriving population speaks Mandarin, and that second generation Chinese-Canadians were more likely to speak English as their primary language. This observation is supported by qualitative data indicating that new immigrants were primarily from mainland China.

It is hard to predict what the population's future prevalence of Chinese languages over English will be in Victoria. With many new immigrants not speaking English however, it is fair to assume that senior services that are delivered by Cantonese and Mandarin speaking staff will be needed for this population for some time into the future.

We established that the population of currently 1670 Chinese Canadian seniors will be maintained and even increase slightly into the next decade. Many of these primarily speak a Chinese language at home and are first generation immigrants (1,135-1,295 individuals in the Greater Victoria area (2011)). This is an indicator of an existing and likely continuing need for services that are able to accommodate this population.

3.3. The need for publicly supported and culturally appropriate seniors services and housing

Chinese Canadians' ability to obtain seniors services and housing in the market is dependent on service availability and individuals' ability to access them in the market. **The 2011 NHS indicates that seniors individually earn roughly 30% less if they are Chinese. Particularly those seniors without other additional income and support mechanisms are relatively worse off than those in the non-Chinese population.** Hence, the data suggests that at least a portion of the population of Chinese Canadians is more economically vulnerable - assuming all other being equal. This being said, many factors determine the actual availability of income that can be spent on housing. Most importantly, in Chinese Canadian households the economic unit may be varied where seniors rely on younger or extended family members to provide for their well-being. The degree of culturally-dependent variation cannot be easily attributed for by means of quantitative analysis, which makes it difficult to draw conclusions on their housing situation.

To more precisely determine the degree of need for publicly subsidized seniors services and housing, the prevalence of renters is used to derive the number of seniors who may need housing support mechanisms. In Victoria 21.2% of all senior households were renting in 2011. **As a result, we infer that between 241-354 individuals from the Chinese Canadian population who were over the age of 65 years currently rent and may therefore be in need of support (e.g. residential care, assisted living, supportive housing) now or in the future.** The rate of renters is likely to be overstated as the rate of owner households is likely to be greater among Chinese individuals. Somerville et al. (2011), through access to more refined data, found that only 16.0% of the Chinese-speaking population over the age of 65 years who live in the Vancouver CMA were renters while 20.6% of the population who spoke English/French rented (ibid.: 12).

Hence, our analysis provides a very approximate measure of the need for subsidized seniors housing that may be present or arising. Consideration has to be given to the fact that

- Culturally and linguistically appropriate services are best suited for seniors who primarily speak Chinese at home
- The need for the services provided through seniors health and housing agencies increases with age. Most renters, as owners, will choose to stay in their homes as long as possible (physically or economically). The point of transition may also be culturally variable and cannot be accurately predicted.
- Only a portion of all seniors (65+) would access seniors services and housing options at any point in time.
- A subset of the renting population may also be able to afford market options if they were available and some owners may have to rely on subsidized housing options.

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**VOLUME 3:
SENIORS SERVICE AND HOUSING NEEDS ASSESSMENT
FOR CHINESE CANADIAN SENIORS IN VICTORIA**

***Housing Needs and Demands Assessment
for the City of Victoria***

December 21, 2015

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EXECUTIVE SUMMARY OF VOLUME 3

Community and Demographic Profile

The City of Victoria showed population growth between 2006 and 2011; however, while seniors remain a significant portion of the population, their proportion shrunk from 19.9% in 2006 to 18.4% in 2011. In the long run, throughout the Victoria CMA seniors are projected to grow from 17.9% of the population to 28.1% of the population in 2031. This trend may also be reflected in the City of Victoria as residents age. In general, household incomes in the City of Victoria tend to be lower than in the Victoria Census Metropolitan Area and British Columbia; this is true of both family and non-family household types. The City also has a higher labour force participation rate and employment rate, than the CMA and province, but also has a higher unemployment rate.

Housing Profile

The City of Victoria's housing profile significantly differs from the CMA as a whole and the province. With nearly 60% of households renting, compared with only 34.8% in the CMA and 31.5% in BC, the importance of rental housing the City is significant. Also significant is that nearly three in five households (57.7%) are non-family households, compared to about two in five across the CMA, and one-third across BC. Most of these households (about 85%) are one-person households, meaning that nearly half of all households in Victoria (48.8%) are individuals living alone. Seniors are much more likely to be renters in the City of Victoria than, with the rate of senior households renting in the City (39.3%) being about twice the CMA and BC rates (21.2% and 19.2% respectively). Not surprisingly, the City's housing stock reflects this high rate of renters: more than two-thirds of Victoria's housing stock (67.5%) is in the form of apartments.

Current and Emerging Housing Need, Demand and Supply

In terms of overall housing need, nearly 40% of the City's total number of households pays more than 30% of their income toward shelter costs, a significant proportion of the overall population compared with the CMA (30%) and BC (29%). Nearly half of all renters pay more than 30% of their income toward shelter. In the Victoria CMA 26.5% of renter households and 12.4% of all households are in core housing need (see definition below), indicating an affordability issue. Housing affordability is most significant for senior renters, with 34.5% of households in this group (about 950 households) in core housing need. Seniors are the largest group waiting for social/affordable housing through BC Housing's Registry.

In terms of projected need, the Rental Housing Index projects that by 2021 an additional 4,028 rental units and 1,391 subsidized units will be required throughout Southern Vancouver Island. By 2036 the market will require more than 10,000 new rental units and nearly 3,300 new subsidized units to keep pace with regional population growth.

Gap Analysis

Housing affordability is a concern for a range of household types across the City and region. Ownership is only attainable for median-earning family households if they purchase condominiums: townhouses and single-detached dwellings remain too expensive for a median family. Rental housing for a median-earning individual not in a family is only affordable if they choose a bachelor unit; one-bedrooms are slightly above what would be considered affordable, while two and three bedroom units are not attainable. Lone-parents earning a median income cannot afford an average priced unit larger than a one-bedroom, meaning these household types would struggle with either affordability or suitability as an issue in their housing.

Currently, over 12,000 renter households (nearly 25% of the City's population) and 56% of senior renters in the City pay more than 30% of their income toward their shelter costs. Across the Victoria CMA, nearly 12,500 households are in core housing need, with more than 3,200 of these being seniors.

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Organization of this report

This report is organized into five sections:

- Section 1: Introduction
- Section 2: Community and Demographic Profile
- Section 3: Housing Profile
- Section 4: Current and Emerging Need, Demand and Supply
- Section 5: Seniors Housing Needs
- Section 6: Victoria Chinatown Profile
- Section 7: Gap Analysis

1. INTRODUCTION

This report is part of the *2015 Affordable Housing And Seniors' Services Needs Assessment For The Historic Chinatown Neighbourhood of Victoria*, which emerged from recommendations of the BC Government's *2013 Chinese Historical Wrongs Consultation Final Report and Recommendations*. For further background on this project, see *Volume 1: Stakeholder Consultation and Community Engagement Summary*.

It is the **third Volume** in a series of reports that aim to determine the housing and service needs of seniors in Victoria with special consideration to the needs of Chinese Canadian seniors, and how clan and society associations can respond, both in terms of seniors housing and culturally and linguistically appropriate services.

This report follows the **BC Housing Needs and Demands Assessment Template** to determine recent trends, emerging needs and vulnerable populations¹.

The Housing Spectrum, as shown in Table 1 is commonly used in British Columbia to differentiate housing needs across three broad categories:

- **Emergency and supportive housing:** Housing with services attached, typically for a range of individuals who cannot live independently or need regular access to services) (e.g. frail seniors, individuals with persistent and chronic mental illness, women and children fleeing violence, etc.). This type of housing is typically heavily reliant on senior government subsidies and support.
- **Non-market housing:** Housing that is designed to support households earning a low to moderate income, but generally with no specific services attached (e.g. subsidized independent living for seniors, rental subsidies, etc.). This housing has historically been delivered by non-profits with financial assistance from senior government.
- **Market housing:** Housing that is delivered on the private market, typically with little or no government involvement, although some incentivization (e.g. bonus density to create new market rental units) can be used.

The housing spectrum provides a framework to assess needs for the purpose of this report.

Table 1: The Housing Spectrum						
Emergency shelters	Transitional Housing	Special Needs/Supportive Housing	Affordable Rental Housing	Affordable Home Ownership	Market Rental	Home Ownership
Emergency and Supportive Housing			Non-Market Housing		Market Housing	

¹ BC Housing (2010)

1.1. Geographic Focus

This report focuses mainly on the City of Victoria, pictured below.

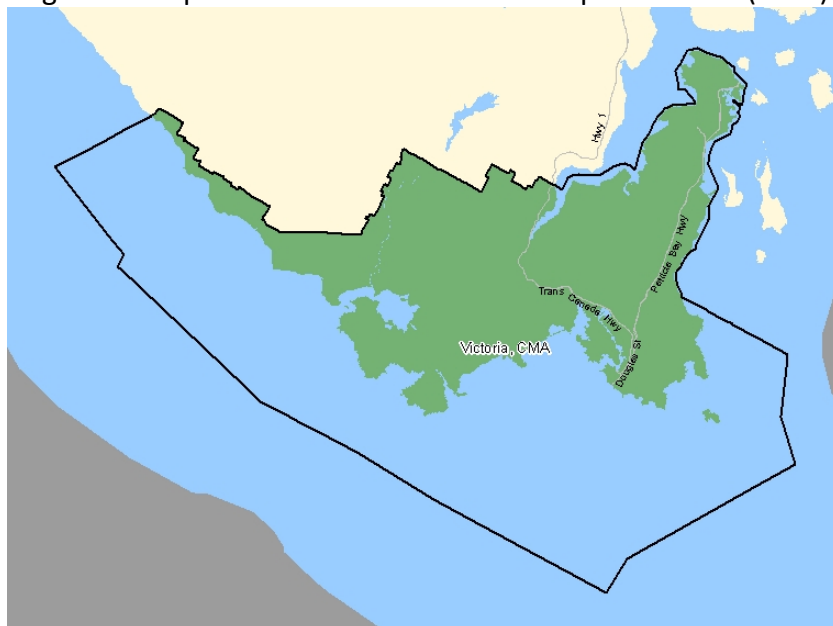
Figure 1: Map of the City of Victoria



Source: Statistics Canada Census, 2011

Wherever possible data for the City of Victoria is used, with Victoria CMA (see Figure 2) and provincial data provided for comparison. In some cases data (e.g. core housing need) is only available at the Victoria CMA level.

Figure 2: Map of the Victoria Census Metropolitan Area (CMA)



Source: Statistics Canada Census, 2011

1.2. Approach and Methods

This report is based on the BC Housing Needs and Demands Assessment template. Much of the data presented in this report comes from Statistics Canada's 2011 Census and National Household Survey (NHS). Other data sources include BC Stats, BCNPHA's Rental Housing Index², Canada Mortgage and Housing Corporation (CMHC) and the Victoria Real Estate Board.

1.3. Limitations

There are some limitations to this research, largely due to data availability. Much of the data is a snapshot provided by the 2011 Census and National Household Survey (NHS).

A key limitation rests with the data provided by the National Household Survey. The mandatory long-form Census used in previous years to develop housing profiles and in-depth income data has been discontinued in favour of the voluntary National Household Survey. The response rate for the City of Victoria was about 75%, while for the Victoria CMA it was about 77%. This is a significantly lower response rate than the long-form Census that has been conducted in previous years, which achieved a national average response rate of 93%.

The voluntary nature of the survey means that information on certain households may be skewed; in particular, low-income, immigrant and Aboriginal households may have lower response rates. This makes it difficult to draw meaningful conclusions from certain of the statistics provided, particularly income data. The change in survey also makes it difficult to conduct a reliable longitudinal analysis of housing and income trends, as the NHS is essentially a new methodological approach. As such, NHS data provides us a snapshot of 2011, but that snapshot is not always comparable to data provided by the previous long-form Census. Wherever possible, additional data sources have been drawn upon to supplement NHS data.

² BCNPHA (2015)

2. COMMUNITY DEMOGRAPHIC AND ECONOMIC PROFILE

2.1. Demographic Profile Summary

The City of Victoria showed population growth between 2006 and 2011; however, while seniors remain a significant portion of the population, the proportion of seniors shrunk from 19.9% in 2006 to 18.4% in 2011. However, throughout the Victoria CMA seniors are projected to grow from 17.9% of the population to 28.1% of the population. This trend may also be reflected in the City of Victoria as residents age. In general, household incomes in the the City of Victoria tend to be lower than in the Victoria CMA and British Columbia; this is true of both family and non-family household types. The City also has a higher labour force participation rate and employment rate, than the CMA and province, but also has a higher unemployment rate.

2.2. Population

The City of Victoria is a municipality of just over 80,000 individuals, and the capital of British Columbia, located within the larger Victoria Census Metropolitan Area. The Victoria CMA has a population of close to 360,000. Almost 345,000 residents live in private households. The City of Victoria's population grew by 2.5% between 2006 and 2011, compared with a CMA-wide growth of 4.4%. Both these growth rates are lower than the 7.0% overall growth rate for the province.

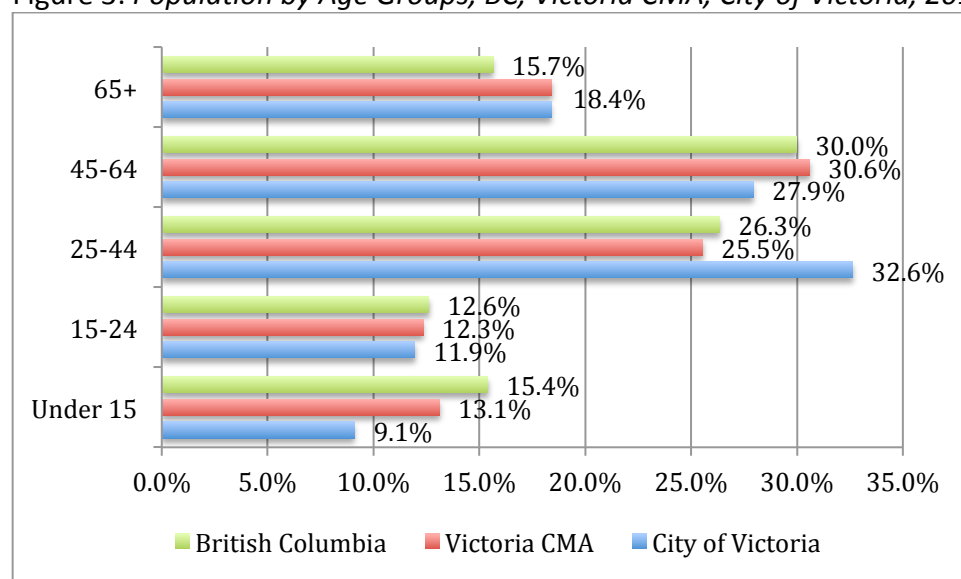
Table 2: *Population Change, 2006 to 2011*

	2011 population	2006 Population	Growth Rate (2006-2011)
City of Victoria	80,015	78,057	2.5%
Victoria CMA	344,615	330,088	4.4%
British Columbia	4,400,060	4,113,487	7.0%
Source: 2011 Census			

2.3. Age of Population

Victoria's population is older than the population of British Columbia. 18.4% of both the City's and the CMA's population are 65 years of age or older. The City has a higher proportion of younger adults (aged 25 to 64), with nearly a third of its population (32.6%) in this age group, compared to about a quarter for both the CMA (25.6%) and the province (26.3%). This age group represents the largest portion of the population for the City.

Figure 3: *Population by Age Groups, BC, Victoria CMA, City of Victoria, 2011 Census*



Source: 2011 Census

The City's age distribution shifted slightly between 2001 and 2011. A slight decline in both seniors (65 or older), from 19.9% to 18.4%. and Children (under 15) from 9.9% to 9.1% was noticeable. The share of youth and adults, aged 15 to 64, increased from 70.2% to 72.5%. Overall, the demographic shifts are relatively small for the City of Victoria in this time period.

Table 3: Change in Age Distribution, City of Victoria, 2001-2011

City of Victoria			
	2001	2006	2011
Under 15	9.9%	9.8%	9.1%
15-64	70.2%	71.4%	72.5%
65+	19.9%	18.7%	18.4%
Total	74,125	78,055	80,015
Median Age	40.3	41.7	41.7
Source: 2006, 2011 Census			

The CMA's age distribution has changed more significantly, with a decline in children from 21.5% of the population to 13.1% between 2001 and 2011. The proportion of youth and adults in the CMA grew from 60.7% to 68.5% during this time period, while seniors in 2011 represented a slightly larger proportion of the population (18.4%) than in 2001 (17.8%).

Table 4: Victoria CMA Change in Age Distribution, 2001-2011

Victoria CMA			
	2001	2006	2011
Under 15	21.5%	14.1%	13.1%
15-64	60.7%	68.1%	68.5%
65+	17.8%	17.8%	18.4%
Total	311,905	330,090	344,615
Median Age	41	43.1	44.2
Source: 2006, 2011 Census			

BC Stats prepares population projections by age group.³ Using this data, Table 5 shows a population increase in the Victoria CMA by more than 70,000 people. This is accompanied by a significant increase in the proportion of seniors across the CMA.

Table 5: Victoria CMA Population Projections by Age Group, 2011

	2011	2016	2021	2026	2031
Under 15	13.0%	12.7%	12.9%	12.7%	12.2%
15-24	12.8%	12.2%	10.6%	10.7%	11.0%
25-44	26.7%	26.0%	26.6%	25.2%	23.5%
45-64	29.7%	28.1%	26.3%	25.0%	25.1%
65+	17.9%	20.9%	23.8%	26.4%	28.1%
Total	352,062	364,463	385,311	405,333	423,112
Source: BC Stats 2015					

According to the City of Victoria's Official Community Plan (2013), about 20,000 individuals are expected to settle in Victoria in the next 30 years, well over a quarter of the regional projected growth.⁴ Accommodating these new residents will place considerable development pressure on the City. It already impacts housing affordability and the urban fabric through many new development projects. According to the plan, particularly the urban core is targeted to accommodate 50% of this anticipated growth in households.

³ BC Stats uses a different population data set than Statistics Canada, which explains the slight variation between the age groups for 2011 in Table 5 and those same age groups in Table 4.

⁴ COVic (2013): 21.

Household Income

Table 6 shows the median income for households in Victoria, the CMA and British Columbia. These include family households, non-family households and all private households combined.

On average, households in Victoria earn less than their counterparts both in the CMA and in British Columbia. With a median household income of just under \$46,000 annually, private households in Victoria earn only about three quarters of what households in the CMA and British Columbia earn.

Table 6: Median Household Income, 2011

	Private Households	Family Households	Non-census-family Households
Victoria	\$45,827	\$71,646	\$33,764
CMA	\$61,553	\$83,793	\$35,946
BC	\$60,333	\$77,549	\$33,890
Source: NHS, 2011			

Table 7 takes a closer look at family households in particular. It breaks out median income by various family household types in the City, the CMA and BC. Typically, couples with children were the highest earning family types in 2011, earning a median income of over \$100,000 in the CMA and nearly \$86,000 in the City. Lone parent families represent the lowest-earning family households, with a median income of only about \$37,000 in the City and \$46,000 in the CMA. Across the Victoria CMA, family households generally earned more than the provincial average, while family households in the City of Victoria earn less.

Table 7: Family Household Income, 2011

	Family Households					
		One Family Households				Other Family Households
			Couples with Children	Couples without Children	Lone-parent families	
Victoria	\$71,646	\$70,230	\$85,671	\$73,088	\$36,971	\$95,265
CMA	\$83,793	\$81,383	\$101,464	\$78,046	\$46,185	\$111,651
BC	\$77,549	\$74,672	\$92,134	\$70,182	\$42,052	\$101,517
Source: NHS, 2011						

Non-census family households – as shown in Table 8 - are households typically composed of singles or unrelated individuals living together not in a relationship. These households generally earn lower incomes than family households. The median household income for a one-person household in the City of Victoria was about \$31,000 in 2011, slightly higher than in BC as a whole. One-person households in the CMA earn a little more than the provincial average with a median income of about \$33,000 annually.

Table 8: Non-Family Median Household Income

	Total Non-census-family Households		
		1 pers. households	2+ pers. households
Victoria	\$33,764	\$31,309	\$48,564
CMA	\$35,946	\$33,246	\$54,142
BC	\$33,890	\$31,236	\$53,826
Source: NHS, 2011			

Table 9 shows the income distribution of all households in the City of Victoria compared with the Province. The City had a higher proportion of low to moderate income earners than BC as a whole, with more than 20% of households earning less than \$20,000 annually (compared to 14.3% in British Columbia) and 23.7% earning between \$20,000 and \$39,999 annually (compared to 18.4%).

Table 9: Income Distribution, City of Victoria, 2011

	City of Victoria	British Columbia
Under \$20,000	20.2%	14.3%
\$20,000-\$39,999	23.7%	18.4%
\$40,000-\$59,999	18.8%	16.9%
\$60,000-\$79,999	13.7%	14.0%
\$80,000-\$99,999	9.1%	10.9%
\$100,000-\$124,999	6.4%	9.5%
\$125,000+	8.1%	15.9%
Total Households	42,945	1,764,625
Median Household Income	\$45,827	\$60,333
Source: NHS, 2011		

2.4. Labour Force and Employment

Table 10 shows Victoria's labour force and employment statistics. The City of Victoria had a higher labour force participation rate and employment rate than both the CMA and the Province, and an unemployment rate (7.3%) similar to the Province (7.8%).

Table 10: Labour Force Statistics, 2011

	City of Victoria	Victoria CMA	British Columbia
In the labour force	47,010	190,025	2,354,245
Employed	43,560	178,485	2,171,470
Unemployed	3,445	11,540	182,780
Not in the labour force	21,380	100,625	1,292,595
Participation rate	68.7%	65.4%	64.6%
Employment rate	63.7%	61.4%	59.5%
Unemployment rate	7.3%	6.1%	7.8%
Total	68,385	290,655	3,646,840
Source: NHS 2011			

Table 11 shows labour force statistics by occupation for the City of Victoria for 2011. The City's labour force is diversified, with sales and service being the single largest employment sector (25.8%). Business, finance and administration represents the second largest employment areas (16.4%), followed by Education, law and social, community and government services (14.5%) and management (10.8%).

Table 11: Labour Force by Occupation, 2011

	City of Victoria	British Columbia
Management	10.8%	11.2%
Business, finance and administration	16.4%	15.7%
Natural and applied sciences and related	8.6%	6.5%
Health occupations	7.7%	6.3%
Education, law and social, community and government services	14.5%	11.3%
Art, culture, recreation and sport	5.6%	3.3%
Sales and service	25.8%	23.5%
Trades, transport and equipment operators and related	8.5%	14.3%
Natural resources, agriculture and related production	1.0%	2.6%
Manufacturing and utilities	1.0%	3.2%
All occupations	46,270	1,223,370
Source: 2011 NHS		

3. HOUSING PROFILE

3.1. Housing Profile Summary

The City of Victoria's housing profile significantly differs from the CMA as a whole and the province. With nearly 60% of households renting, compared with only 34.8% in the CMA and 31.5% in BC, the importance of rental housing the City is significant. Also significant is that nearly three in five households (57.7%) are non-family households, compared to about two in five across the CMA, and one-third across BC. Most of these households (about 85%) are one-person households, meaning that nearly half of all households in Victoria (48.8%) are individuals living alone. Seniors are much more likely to be renters in the City of Victoria than, with the rate of senior households renting in the City (39.3%) being about twice the CMA and BC rates (21.2% and 19.2% respectively). Not surprisingly, the City's housing stock reflects this high rate of renters: more than two-thirds of Victoria's housing stock (67.5%) is in the form of apartments.

3.2. Household Size and Composition

The City of Victoria is an outlier in terms of household composition when compared to the CMA and the Province, as the single largest household group was non-family households in 2011, representing nearly 60% of all households, compared with only 40% in the CMA and about a third in British Columbia.

Table 12: Household Profile, Total Households, Family Households, Non-Family Households, 2011

		Total Private Households	Total Family Households	Total Non-census-family Households
Number of Households	Victoria	42,955	18,160	24,795
	CMA	153,395	93,250	60,145
	BC	1,764,635	1,184,560	580,075
Share of Households	Victoria	42,955	42.3%	57.7%
	CMA	153,395	60.8%	39.2%
	BC	1,764,635	67.1%	32.9%
Source: NHS 2011				

Table 13 shows a breakdown by family type of the various types of family households in 2011. The largest family household type in the City of Victoria was 'couples without children,' representing nearly 60% of all family households. Families with children account for more than a quarter of all family households, while lone-parent families account for 17.1% of family households, a higher proportion than both the province and the CMA.

Table 13: Household Profile, Family Households

		Total Family Households					
				One Family Households			Other Family Households
				Couples with Children	Couples without Children	Lone-parent families	
Number of Households	Victoria	18,160	16,915	4,285	9,735	2,895	1,245
	CMA	93,250	84,190	30,620	42,250	11,320	9,060
	BC	1,184,560	1,042,315	442,825	460,610	138,880	142,245
Share of Households	Victoria	18,160	93.1%	25.3%	57.6%	17.1%	6.9%
	CMA	93,250	90.3%	36.4%	50.2%	13.4%	9.7%
	BC	1,184,560	88.0%	42.5%	44.2%	13.3%	12.0%
Source: NHS 2011							

Table 14 shows the breakdown of non-census family households from 2011. The significant majority of non-family households are one-person households (84.6%), while 15.4% of non-family households are two or more person households. When considering the total number of households, single person households accounted for nearly half (48.8%) of all households in the City of Victoria (see Table 12).

Table 14: Household Profile, Non-Family Households

		Total Non-census-family Households		
			1 pers. households	2+ pers. households
Number of Households	Victoria	24,795	20,975	3,815
	CMA	60,145	51,165	8,980
	BC	580,075	497,210	82,860
Share of Households	Victoria	24,795	84.6%	15.4%
	CMA	60,145	85.1%	14.9%
	BC	580,075	85.7%	14.3%
Source: NHS 2011				

Primary household maintainers⁵ in Victoria are typically younger than in BC, with nearly 30% of primary household maintainers under the age of 35 (29.4%), compared with only 16.7% in British Columbia. Seniors who are 75 or over represent a slightly, but not significantly higher proportion of primary household maintainers than in BC.

⁵ Statistics Canada defines primary household maintainer as 'First person in the household identified as someone who pays the rent or the mortgage, or the taxes, or the electricity bill, and so on, for the dwelling.'

Table 15: Primary Household Maintainer

	City of Victoria	British Columbia
Under 25 years	7.7%	3.3%
25 to 34 years	21.7%	13.4%
35 to 44 years	14.6%	17.5%
45 to 54 years	16.6%	22.5%
55 to 64 years	18.1%	20.1%
65 to 74 years	10.2%	12.5%
75 years +	11.1%	10.8%
Total	42,955	1,764,630
Source: 2011 NHS		

3.3. Housing Types

The single most important component of the housing stock in the City of Victoria is small apartments of fewer than five stories. While in BC these account for only 20.5% of all units, in the city they represent more than half. Larger apartments (five or more stories) and single-detached houses account for 16.7% and 15.7% of the housing stock respectively. Combined, these three structural forms account for 83.2% of all housing.

Table 16: Housing Stock, 2011

	City of Victoria	British Columbia
Single-detached houses	15.7%	47.7%
Semi-detached houses	2.6%	3.0%
Row houses	5.0%	7.4%
Apartments, duplex	9.0%	10.4%
Apartments in buildings with fewer than five stories	50.8%	20.5%
Apartments in buildings with five or more stories	16.7%	8.2%
Movable dwelling	0.0%	2.7%
Other single-attached house	0.2%	0.2%
Total	42,957	1,764,637
Source: 2011 NHS		

3.4. Condition of Stock

A significant majority of the City of Victoria's housing stock was built prior to 1980. With 35.1% built prior to 1960, and 35.3% built between 1961 and 1980, over 70% of the current housing stock is 35 years or older. This makes the city's housing stock significantly older than in the rest of the Province. Considering the prevalence of four-story buildings it can be assumed that many of these buildings were built prior to 1980.

Table 17: Age of Housing Stock, 2011

	1960 or Before	1961 to 1980	1981 to 1990	1991 to 2000	2001 to 2005	2006 to 2011	Total
Victoria	35.1%	35.3%	11.6%	9.6%	3.3%	4.9%	42,960
BC	16.0%	31.3%	17.5%	18.7%	7.6%	9.0%	1,764,630
Source: 2011 NHS							

The majority of the City of Victoria's housing stock, 92.0%, is reported to be in good condition, with only regular maintenance or minor repairs needed. 8.0% of dwelling units require major repairs. This is slightly higher than the proportion of housing stock requiring major repairs across BC, 7.2%.

Table 18: Condition of Housing Stock

	Only regular maintenance or minor repairs needed	Major repairs needed	Total
Victoria	92.0%	8.0%	42,955
BC	92.8%	7.2%	1,764,635
Source: 2011 NHS			

3.5. Tenure Types

As seen in Table 19, the majority of the City of Victoria's residents, nearly 60%, are renters, significantly higher than the proportion of renters in the CMA (34.8%) and BC as a whole (31.5%). Younger household maintainers under 25 represent a small share of households which are much more likely to rent, with nearly 90%. The same trend prevails throughout the age groups. Apart from the youngest age group where renting is more common in general, the home renter rates for the City are consistently between 18%-24% higher than in the CMA. When compared to the province, the difference is even stronger with as many as 30% more renter households in the 25-44 year age group.

Similarly, seniors in the city are much more likely to rent than their counterparts across the CMA or Province, with nearly 40% of seniors in the City of Victoria renting. This is nearly double the proportion of senior renters than in the CMA or in BC.

Table 19: Tenure Type by Age Group

	Victoria		CMA		BC	
	Total	Renter	Total	Renter	Total	Renter
Under 25	3,320	89.8%	6,945	81.6%	57,815	73.4%
25-44	15,590	71.6%	45,045	49.2%	447,332	41.4%
45-64	14,910	51.9%	62,180	27.7%	751,180	23.7%
65+	9,135	39.3%	39,225	21.2%	410,855	19.2%
Total	42,955	59.3%	153,395	34.8%	1,612,682	31.5%
Source: NHS 2011						

3.6. Housing Market Conditions

3.6.1. Ownership and Housing Starts

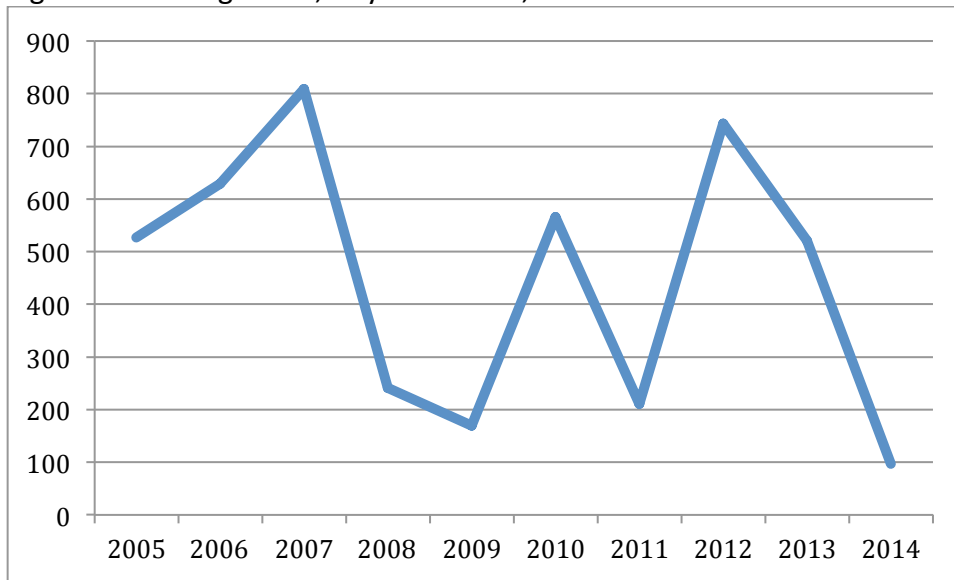
Table 20 shows the average sale price for different types of housing in the City of Victoria for 2011, 2012 and 2013. In this time period, the average sale price of a single-detached home was consistently over \$600,000, while the average sale price of a townhouse decreased from nearly \$500,000 to about \$455,000. The average sale price of a condominium remained relatively stable, with a slight decrease in 2013 of about 3% from the year before.

Table 20: Sale Price by Dwelling Type, 2011-2013

	2011	2012	2013
Single-detached	\$611,312	\$629,775	\$603,477
Townhouse	\$498,232	\$454,150	\$454,556
Condominium	\$332,638	\$335,629	\$325,260
Source: Victoria Real Estate Board, Historical MLS Statistics, 2011, 2012, 2013.			

Figure 4 shows the number of housing starts in Victoria between 2005 and 2014. A strong variability in housing starts is observable over the 10 year time span.

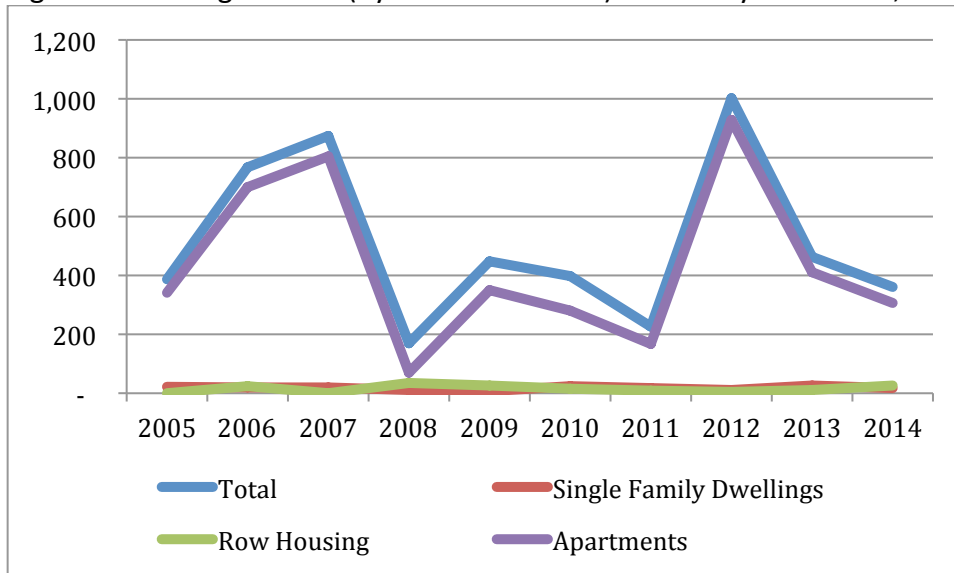
Figure 4: Housing Starts, City of Victoria, 2005-2014



Source: BC Stats, 2015

Figure 3 shows building permits in the City of Victoria between 2005 and 2014. Apartments represented the primary newly constructed housing type, by total number of units, for which permits were issued for all years between 2005 and 2014. In most years these represent anywhere from 70% to 90% of all building permits issued. Presumably a few high-density housing projects attributed for large increases in 2007, 2010 and 2012.

Figure 5: Building Permits (by number of units) in the City of Victoria, 2005-2014



Source: BC Stats, 2015

3.6.2. Rental Market and Vacancies

Table 21 shows the results of the CMHC Rental Market Surveys from Fall 2013 and 2014. Across most unit types, from bachelor to 3-bedroom, vacancy rates decreased between 2013 and 2014 in both the city and the CMA. The overall vacancy rate for the City of Victoria dropped from 2.4% to 1.3% in this period, while the vacancy rate for the CMA dropped from 2.8% to 1.5%. Generally, housing experts consider a vacancy rate of 3% healthy to enable rents to correspond to local incomes.⁶ Although the average cost of rent increased slightly for most unit types, these were generally small increases of less than 3%.

Table 21: CMHC Rental Market Survey Results, City and Victoria CMA, 2013/14

			Vacancy Rate	Rents	Private Apartments
Bachelor	City	Fall 2013	2.2%	\$715	2,246
		Fall 2014	1.1%	\$731	2,279
	CMA	Fall 2013	2.3%	\$706	2,637
		Fall 2014	1.4%	\$723	2,692
1-Bedroom	City	Fall 2013	2.6%	\$844	9,492
		Fall 2014	1.4%	\$861	9,567
	CMA	Fall 2013	3.0%	\$833	13,270
		Fall 2014	1.5%	\$849	13,404
2-Bedroom	City	Fall 2013	1.9%	\$1,094	4,167
		Fall 2014	1.0%	\$1,121	4,234
	CMA	Fall 2013	2.5%	\$1,068	7,195
		Fall 2014	1.5%	\$1,095	7,321
3-Bedroom	City	Fall 2013	**	\$1,505	150
		Fall 2014	3.1%	\$1,451	190
	CMA	Fall 2013	2.6%	\$1,281	405
		Fall 2014	2.6%	\$1,317	449
Total	City	Fall 2013	2.4%	\$896	16,055
		Fall 2014	1.3%	\$917	16,270
	CMA	Fall 2013	2.8%	\$898	23,507
		Fall 2014	1.5%	\$918	23,866
Source: CMHC Rental Market Survey 2013/2014					
** indicates data not available or suppressed					

⁶ Shapcott (2010)

4. CURRENT AND EMERGING HOUSING NEED, DEMAND AND SUPPLY

4.1. Housing Need Summary

In terms of overall housing need, nearly 40% of the City's total number of households pays more than 30% of their income toward shelter costs, a significant proportion of the overall population compared with the CMA (30%) and BC (29%). Nearly half of all renters pay more than 30% of their income toward shelter. In the Victoria CMA 26.5% of renter households and 12.4% of all households are in core housing need (see definition below), indicating an affordability issue. Housing affordability is most significant for senior renters, with 34.5% of households in this group (about 950 households) in core housing need. Seniors are the largest group waiting for social/affordable housing through BC Housing's Registry.

In terms of projected need, the Rental Housing Index projects that by 2021 an additional 4,028 rental units and 1,391 subsidized units will be required throughout Southern Vancouver Island. By 2036 the market will require more than 10,000 new rental units and nearly 3,300 new subsidized units to keep pace with regional population growth.

4.2. Current Affordable Housing Need

Table 22 shows the shelter to income ratio for all households, renter households and owner households in the City of Victoria, Victoria CMA and BC for 2011. Nearly half of all renter households in Victoria currently pay more than 30% of their income toward shelter costs. While this is only slightly higher than the proportion of renters in the CMA and across BC paying 30% or more of their income toward shelter costs, the high number of renters in the City of Victoria means that a large number of households are experiencing a housing 'crunch.' About 12,480 households in the City, nearly 30% of the City's total households, are therefore currently paying more than 30% of their income toward shelter costs. Only looking at senior households 56% currently pay more than 30% of their income on their rent and other housing related-expenses.

Table 22: Shelter to Income Ratio by Tenure, City, CMA and BC, 2011

	Victoria, city of			Victoria CMA			British Columbia		
	Total	Median Income	>30%	Total	Median Income	>30%	Total	Median Income	>30%
Total	42,955	\$45,827	39%	153,395	\$61,553	30%	1,764,635	\$60,333	29%
Owner	17,480	\$69,099	25%	99,915	\$77,916	22%	1,234,715	\$72,048	23%
Renter	25,470	\$35,647	49%	53,360	\$38,817	46%	525,000	\$38,631	45%
Source: NHS 2011; (>30% = Spending 30% or more of household total income on shelter costs)									

Core housing need is a measure of housing affordability used by CMHC to indicate households that are experiencing significant housing pressure due to cost or other factors. "A household is said to be in core housing need if its housing falls below at least one of the adequacy, affordability or suitability, standards and it would have to spend 30% or more of its total

before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).

- Adequate housing is reported by their residents as not requiring any major repairs.
- Affordable dwellings costs less than 30% of total before-tax household income.
- Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements.”⁷

Table 23 shows core housing need across the Victoria CMA for owner and renter households (data is not available at the city level), by age group. Generally renters are much more likely to be in core housing need, with anywhere from five to seven times the rates of core housing need, depending on the age group. Most significantly, seniors are the most likely renters to be in core housing need, with more than one third of all senior renters (34.5%) experiencing core housing need (see Section 5. Seniors Housing Needs).

Table 23: Core Housing Need by Age Group, 2011

Victoria CMA				
		Owner	Renter	Total
15-29	Total	3,260	10,985	14,245
	In core need	4.6%	22.0%	18.1%
30-44	Total	18,910	14,240	33,150
	In core need	5.6%	25.1%	14.0%
45-64	Total	39,975	13,655	53,630
	In core need	4.6%	26.9%	10.3%
65+	Total	27,285	8,155	35,450
	In core need	5.0%	34.5%	11.8%
Total	Total	89,430	47,040	136,470
	In core need	4.9%	26.5%	12.4%
Source: CMHC 2011				

4.3. Available Social and Affordable Housing

Table 24 shows the distribution of social and affordable housing units and subsidies across the City of Victoria as of early 2015. A range of social housing is available in Victoria. The single largest population served by social housing is the seniors population, with units for frail and independent, as well as rent subsidies providing 2,209 units and subsidies, representing about 44% of all social housing units and subsidies. Low-income families represent another significant population group served by social housing with a total of 1,463 units or subsidies serving this population, representing a total of 29% of all units and subsidies within the city. Other groups

⁷ CMHC, 2014.

served include homeless and at-risk individuals (19%), individuals with special needs (7%) and women and children fleeing violence (1%).

Table 24: Social Housing Units by Client Group, City of Victoria, 2015

Client Group	# of Units	% of Units
Homeless Shelters	147	3%
Homeless Housed	405	8%
Homeless Rent Supplements	420	8%
Frail Seniors	476	9%
Special Needs	372	7%
Women and Children Fleeing Violence	68	1%
Low Income Families	1,224	24%
Independent Seniors	921	18%
Rent Assistance Families	239	5%
<i>Rent Assistance Program (236 Units - subset of Rent Assistance Families)</i>		
Rent Assistance Seniors	832	16%
<i>SAFER Program (832 Units - subset of Rent Assistance Seniors)</i>		
Total Units	5,104	
Source: BC Housing, Unit Count Pivot Model, March 31, 2015		

Most of these units/subsidies are managed by non-profit organizations (74%), while BC Housing directly manages only 5% of social housing units and administers all rental supplements.

Table 25: Units by Management Type, City of Victoria, 2015

Management Type	# of Units	% of Units
Directly Managed	254	5%
Non-profit Housing	3,782	74%
Rent Assistance		
Rent Assistance Program	236	5%
Shelter Aid for Elderly Renters	832	16%
Total Units	5,104	
Source: BC Housing, Unit Count Pivot Model, March 31, 2015		

Table 26 shows housing registry applicants for the City of Victoria. The Housing Registry is a centralized database for housing providers that contains current applicant information. As of March 2015, there were 636 applicant households on the Registry seeking affordable units in the City of Victoria. The largest groups were seniors (40%), followed by people with disabilities (31%) and families (22%).

Table 26: Number of Housing Registry Applicants, City of Victoria, 2015

Applicant Category	# of Applicant Households	% of Applicant Households
Family	143	22%
People with Disabilities	194	31%
Senior	254	40%
Wheelchair Accessible	22	3%
Single	23	4%
Total Households	636	
Source: BC Housing, HCSTAT002 - Housing Registry Statistics Report, March 31, 2015		

4.4. Emerging Housing Need

As Greater Victoria grows, new households will emerge. BC Stats projects that by 2036 there will be nearly 48,000 new households in the Victoria CMA, and many of these will be located in the City of Victoria.

Table 27: Projected Household Growth, Victoria CMA, 2011-2036

	Number of Households	5-Year Growth Rate
2011	156,663	-
2016	163,628	4.3%
2021	173,633	5.8%
2026	183,991	5.6%
2031	194,360	5.3%
2036	204,585	5.0%
Source: BC Stats Household Projections 2015		

The Rental Housing Index projects that by 2021 an additional 4,028 rental units and 1,391 subsidized units will be required throughout Southern Vancouver Island. By 2036 the market will require more than 10,000 new rental units and nearly 3,300 new subsidized units to keep pace with regional population growth.

Table 28: Victoria CMA⁸ Projected Rental and Subsidized Units Required, 2021-2036

	Additional Rental Units Required	Additional Subsidized Units Required
2021	4,028	1,391
2026	6,007	2,073
2031	8,163	2,717
2036	10,402	3,292
Source: Rental Housing Index, 2015		

4.5. Anticipated Affordable Housing Supply

Table 29 shows currently affordable housing units under development in the City of Victoria. Currently, 188 units are slated for development, with estimated completion in 2016/17 and 2017/18. All units currently under development are intended to serve low-income families.

Table 29: Units Under Development, City of Victoria, 2015

Housing Provider	Project Name	Client Group	# Units	Estimated Completion
Victoria Native Friendship Centre	Siem Lelum House Phase II	Low Income Families	15	2016/2017
Pacifica Housing Advisory Association	Wilson's Walk	Low Income Families	108	2016/2017
Greater Victoria Rental Development Society	The Azzurro	Low Income Families	65	2017/2018
Total Units			188	
Source: BC Housing, Units In Development Report, March 31, 2015				

⁸ This geography is defined by the Rental Housing Index. The geography is similar to the Capital Regional District, but also incorporates some other jurisdictions from Southern Vancouver Island. It should not be seen as a proxy for the CRD or Victoria CMA, but does provide an indication of broader regional housing needs.

5. SENIORS HOUSING NEEDS

As the region grows and ages, Victoria will also see a significant increase in seniors, both at a regional and municipal level. One of the significant changes for both the region and the City is an aging population. With seniors projected to grow from about 18% of the population in the CMA to 28% by 2036, and projected to grow in the City from 17% to 29% by 2041, considering the need for increased seniors housing options will be a challenge faced by both municipal and regional government. The City anticipates this growth in its OCP, stating that by 2041 the proportion of seniors will increase: "This is a significantly higher share than the average increase across the province. At the same time, the proportion of children and young adults is anticipated to decline."⁹

Table 30 shows the shelter to income ratio (STIR) for Victoria residents 65 or older as of 2011. With 2,000 senior renter households currently paying more than 30% of their income toward shelter costs, or 56% of all senior renters, there is a clear need for more social or subsidized rental housing for seniors.

Table 30: Income and STIR, 65+ population, 2011

65+	City of Victoria		Victoria CMA		BC	
	Total	>30%	Total	>30%	Total	>30%
Total	9,135	2,900	39,225	9,055	410,860	90,660
Owner	5,545	905	30,895	4,530	331,195	49,285
Renter	3,590	2,000	8,325	4,525	78,990	41,370
Source: NHS, 2011						

Table 33 shows core housing need for households in the Victoria CMA. With a core housing need rate of 40.2% among senior renters, there are nearly 3,200 seniors across the Victoria CMA experiencing an acute housing crisis. If the city has a comparable rate of senior renters in core housing need (40.2%) as the larger CMA, this translates to 1,443 senior renters in core housing need within the City of Victoria as we know that 43.2% of all senior renter households are located in the City of Victoria (see Table 19).

⁹ (COVic): 21.

Table 31: Core Housing Need, 65+ Population

65+		Victoria CMA			
		1996	2001	2006	2011
Owners	Total	24,515	26,580	27,285	29,445
	in core need	5.6%	5.9%	5.0%	8.0%
Renters	Total	9,320	8,025	8,155	7,995
	in core need	41.0%	36.6%	34.5%	40.2%
Total	Total	33,835	34,605	35,450	37,435
	in core need	15.3%	13.0%	11.8%	14.9%
Source: CMHC, 2011					

6. VICTORIA CHINATOWN PROFILE

Because of the origins of this project and its aim to acknowledge the historical contributions of the clan and society associations in Victoria, a data request was made to Statistics Canada for Census and National Household Survey data. The data allowed the consultants to develop a profile of the Chinatown community. However, the non-response rate for the Chinatown neighbourhood was over 50%, so all responses from the National Household Survey should be used with extreme caution.

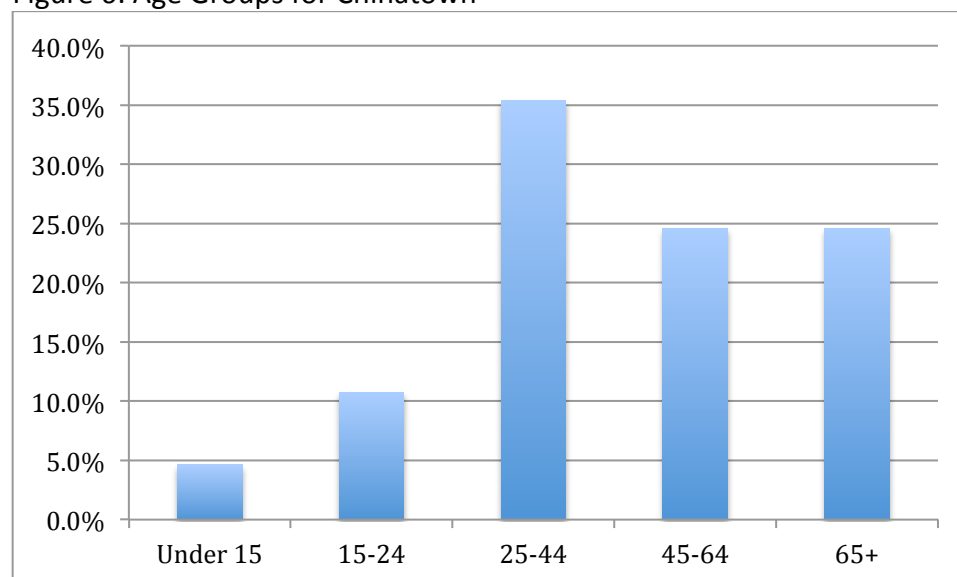
Table 32 shows the Population for Chinatown in 2011. There were 340 individuals in 215 households, with an average household size of 1.4. Nearly one quarter (24.6%) of the Chinatown residents were seniors.

Table 32: Victoria Chinatown Population, 2011

	Total population	Total pers. in priv. households	Total priv. households	% Seniors at population	Avg. persons in private households
Victoria Chinatown	340	305	215	24.6%	1.4
Source: Census 2011					

Figure 6 shows the population by age groups for Chinatown. The largest group is younger adults (25 to 44); however older adults and seniors also represent nearly one quarter of the population each.

Figure 6: Age Groups for Chinatown



Source: Census 2011

Twenty two percent of Chinatown residents are first generation immigrants, while one quarter are second-generation immigrants. Slightly more than are third-generation.

Table 33: Immigrants in Chinatown

	Population	%
First generation	70	22%
Second generation	80	25%
Third generation or more	165	52%
Total	320	
Source: NHS, 2011		

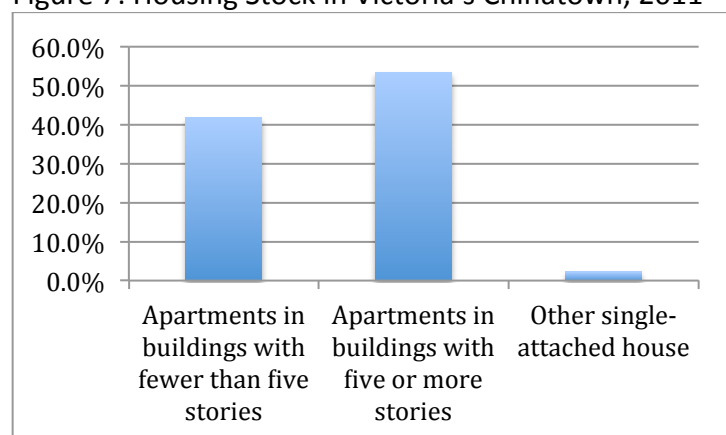
More than 40% of the Chinatown population identifies as a visible minority. Ten percent of the total population in Chinatown identifies as Chinese, while nearly one-quarter identifies as South Asian.

Table 34: Population by Visible Minority

	Population	%
South Asian	75	24%
Chinese	30	10%
All Visible Minorities	130	41%
Total Population	315	
Source: NHS, 2011		

The large majority of Chinatown's housing stock is apartments, with more than half of all units in apartments with five or more stories and more than 40% in apartments with fewer than five stories. Presumably these represent less than 5 occupied rental buildings in total.

Figure 7: Housing Stock in Victoria's Chinatown, 2011



Source: NHS, 2011

7. GAP ANALYSIS

7.1. Overview

Housing affordability is a concern for a range of household types across the City and region. Ownership is only attainable for median-earning family households if they purchase condominiums: townhouses and single-detached dwellings remain too expensive. Rental housing for a median-earning individual not in a family is only affordable if they choose a bachelor unit; one-bedrooms are slightly above what would be considered affordable, while two and three bedroom units are not attainable. Lone-parents earning a median income cannot afford an average priced unit larger than a one-bedroom, meaning these household types would struggle with either affordability or suitability in their housing.

Currently, over 12,000 renter households (nearly 25% of the City's population) and 56% of senior renters in the City pay more than 30% of their income toward their shelter costs. Across the Victoria CMA, nearly 12,500 households are in core housing need, with more than 3,200 of these being seniors.

7.2. Ownership

Table 35 shows an affordability analysis for home ownership based on average sale prices for various home types and median one family household income. An affordable payment of a median-earning family is \$1,756 on a monthly basis. Any payments above this mean the family would be paying more than 30% of its annual income toward shelter costs. In order to afford a single family home at the average sale price, a median-earning family would need to pay monthly mortgage payment of more than \$2,500. An affordability gap of more than \$800 per month in terms of what a median-earning family can afford and what is available in the market place remains.

Townhouses are significantly more affordable than single-detached homes; however, there is still an affordability gap of nearly \$200 per month for a median-earning family. By far the most affordable option, condominiums are a housing type where median earning families can afford to purchase, and still have regular, affordable mortgage payments.

Table 35: Affordability Analysis for Median-Earning Family Households, City of Victoria

	Average Sale Price	Mortgage Payment*	Median One Family Income	Affordable Housing Payments	Affordability Gap
Single-detached	\$603,477	\$2,568.23	\$70,230.00	\$1,755.75	-\$812.48
Townhouse	\$454,556	\$1,934.46	\$70,230.00	\$1,755.75	-\$178.71
Condominium	\$325,260	\$1,384.21	\$70,230.00	\$1,755.75	\$371.54
Source: Consultant generated using existing data and CMHC mortgage calculator					
*Assumes 10% down payment, 25 year amortization and a 2.9% interest rate.					

7.3. Rental Housing

With Victoria's high proportion of renters, rental housing remains a central concern in terms of affordable housing. Table 36 shows an affordability analysis for rental housing across the Victoria CMA (income data was only available for renters at the CMA level). The only affordable unit type for a median-earning renter household is a bachelor unit, which costs slightly less than the \$767 that would constitute an affordable monthly shelter payment. A one-bedroom unit would cost \$17 more than is affordable, while two and three-bedroom units are significantly less affordable.

Table 36: Rental Affordability Analysis, Non-Family Median Income, City of Victoria

	Market Rent	Non-Family Median Income	Affordable Housing Payments	Affordability Gap
Bachelor	\$731	\$33,764	\$844	\$113
1-Bedroom	\$861	\$33,764	\$844	-\$17
2-Bedroom	\$1,121	\$33,764	\$844	-\$277
3-Bedroom	\$1,451	\$33,764	\$844	-\$607
Source: CMHC Rental Market Survey, 2014, and NHS, 2011				

Table 37 shows another analysis of rental affordability for lone-parent families earning a median income. While bachelor and 1-bedroom units remain affordable for a lone-parent earning a median income, 2 and 3 bedroom units are significantly more expensive than what this family type can typically afford.

Table 37: Rental Affordability Analysis, Lone-Parent Median Earning Family, City of Victoria

	Market Rent	Lone Parent Median Income	Affordable Housing Payments	Affordability Gap
Bachelor	\$731	\$36,971	\$924	\$193
1-Bedroom	\$861	\$36,971	\$924	\$63
2-Bedroom	\$1,121	\$36,971	\$924	-\$197
3-Bedroom	\$1,451	\$36,971	\$924	-\$527
Source: CMHC Rental Market Survey, 2014, and NHS, 2011				

In addition to challenges with rental affordability, Victoria's recent low vacancy rates and high proportion of renters highlights the need for additional units of rental housing. The Rental Housing Index projects that the Capital area of Vancouver Island will require more than 4,000 new rental units by 2021, and more than 10,000 new rental units by 2036.

7.4. Affordable and Social Housing

Currently, 12,480 households in the City, nearly 30% of the City's total households, are paying more than 30% of their income toward shelter costs. Across the Victoria CMA, 12.4% of all households (nearly 17,000 households) and 26.5% of renters (nearly 12,500 households) are in core housing need. While more than 5,000 rental subsidies and affordable units help address this gap within the City of Victoria, there are over 600 households currently registered on BC Housing waitlists, and less than 200 new units slated for development by 2018. The Rental Housing Index projects an additional 1,391 units of subsidized housing will be required by 2021, and 3,292 additional units will be required by 2036 to meet demand.

7.5. Seniors Housing

For seniors in particular, social housing remains an issue. With nearly 3,600 senior renter households in the City of Victoria, more than half (56%) are currently paying 30% or more of their income toward shelter. Across the CMA, senior households are also showing a need for affordable housing. More than 40% of senior households that rent are in core housing need in the CMA, or about 3,210 households in total. In both the City and across the Capital Regional District, housing for seniors has to be a clear priority.

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