Age-Friendly Communities and Cultural Pluralism: Examining Saskatoon's Chinese-Canadian Social Enclave*

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RÉSUMÉ

Des entretiens qualitatifs ont permis d'examiner les expériences des membres de la communauté sino-canadienne âgée de Saskatoon en lien avec les réalités du vieillissement et l'accès à des ressources gériatriques importantes. Une compréhension de l'expérience de groupe et une conceptualisation élargie du développement favorable aux personnes âgées ont fait ressortir que, dans le contexte de Saskatoon, la notion et les implications de l'enclave ethnique spatiale sont remplacées par celles de l'enclave sociale. Le rôle du réseau de soutien social est évident dans l'accès des aînés sino-canadiens au logement, aux loisirs, aux moyens de transport et aux services de santé. L'article expose enfin des éléments clés qui permettraient de renforcer le développement culturellement pluraliste et adapté à l'âge. L'étude souligne l'importance du développement du capital social au sein des communautés plus âgées et marginalisées, qui est non seulement une réaction à la discrimination extérieure, mais aussi un moyen pour soutenir un vieillissement communautaire sain et inclusif.

ABSTRACT

This article uses findings from qualitative interviews to examine the experiences of members of Saskatoon's Chinese-Canadian older-adult community in terms of their realities of aging and access to important geriatric resources. Promoting an understanding of both group experience and a broader conceptualization of age-friendly development, we argue that the notion and implications of a spatial ethnic enclave are replaced in the Saskatoon context by a *social enclave.* This network of social support is evident in Chinese-Canadian older adults' access to housing, recreation, transportation, and health services. The article concludes with lessons learned that would help enhance culturally pluralistic age-friendly development. This work underlines the significance of social capital development within more marginalized older-adult communities, both as a reaction to outside discrimination, and as a means of ensuring healthy and inclusive community aging.

Introduction

Age-friendly community initiatives have grown in popularity at the national, provincial, and local scales since the early 21st century, catalyzed to a great extent by the World Health Organization's *Age-Friendly Cities Guide* (World Health Organization, 2007). The *Guide*

outlines key considerations for creating an age-friendly urban realm, including outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. Meanwhile, the conceptualization of age-friendly communities, and a discussion of the exclusion of older adults within physical and social environments (sometimes termed environmental gerontology) has grown significantly within the fields of urban geography, sociology, and gerontological-health research (Annear et al., 2014). Regardless of theoretical or applied scope, age-friendly community initiatives are generally seen as intersectoral approaches to improving the effectiveness and accessibility of the built and social environment to enhance older adults' ability to maintain a high quality of life (Buffel & Phillipson, 2016; Fitzgerald & Caro, 2016; Greenfield, Oberlink, Scharlach, Neal, & Stafford, 2015; Rosenberg & Everitt, 2001).

Notwithstanding the growing prominence of age-friendly community research and policy, the older-adult community tends most often to be cast as a cultural monolith (i.e., as culturally neutral), looking past the diversity of experiences, preferences, and needs within culturally diverse aging populations (Greenfield et al., 2015; Moore & Rosenberg, 2001). Ethnocultural-minority older adults have to contend with both cultural and age-based marginalization in urban centres (Rosenberg & Everitt, 2001), necessitating a deeper examination of intersecting normative objectives – namely, how to create communities that are age-friendly and that enhance cultural pluralism. By cultural pluralism, we mean to evoke a cosmopolitan society wherein cultural differences are respected, appreciated, and cultivated as part of a mature and vigorous democracy, where pride surrounds both cultural distinction and shared common values (Bernstein, 2015).

The Chinese-Canadian community has faced marginalization in the physical, economic, social, and political landscapes of our cities, the ramifications of which continue to impact the well-being of the group's older adults today (Anderson, 1991; Bolaria & Li, 1985; Chau & Lai, 2010; Lee, 1987; Li, 1998a, 1998b; Wang, Zong, & Li, 2012; Zong & Perry, 2011). Although the Chinese-Canadian community has been the subject of much sociological literature, there has been a tendency to emphasize the role of ethnic *spatial* enclaves as the medium through which marginalization is either enhanced or overcome (Anderson, 1991; Chau & Lai, 2010; Hwang, 2008; Lee, 1987; Qadeer, Agrawal, & Lovell, 2010). Furthermore, this literature has focused mostly on Canada's large cities. The experience of Chinese-Canadian communities in small- to mid-sized cities, in which ethnocultural spatial concentration is less pronounced, is not well understood generally. The literature is virtually silent on the specific experience of older Chinese-Canadian adults and on creating age-friendly communities in small- to mid-sized Canadian cities.

This article examines the extent to which Saskatoon, a city of 246,376 people (Statistics Canada, 2016a), is an age-friendly community for Chinese-Canadian older adults. It also explores ways of enhancing cultural plurality in age-friendly community initiatives. In the following, we explore a conceptual foundation for the research, based on a review of literature. Research methods are discussed in a subsequent section, followed by the research findings and, ultimately, a set of conclusions to help advance theory on the intersection between age-friendly communities and cultural pluralism.

Literature Review

Barriers faced by both older adults and Chinese-Canadians in the urban environment may be understood in part through social exclusion theory. Social exclusion theory has gained considerable prominence in studies of social disadvantage, including the intersectionality of implications from both ageism and racism in urban environments (Church, Frost, & Sullivan, 2000; Fangen, 2010; Levitas et al., 2007; Lucas, 2012; Wang et al., 2012). Unlike traditional interpretations of exclusion whereby responsibility for one's social isolation from urban amenities and health services is placed upon the individual or group itself, social exclusion theory focuses on the presence of two sets of actors (Wang et al., 2012), one being the individual group itself (e.g., Chinese-Canadians and/or older adults), and the second being the environment or society within which the group resides. Levitas et al. (2007, p. 9) have defined social exclusion as:

> [t]he lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political terms. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.

Further, Church et al. (2000) have recognized that exclusion can manifest itself physically, geographically, economically, spatially, and temporally. This perspective enables a critical analysis of how the dynamics of exclusion are perpetuated among individuals and groups within both physical and social environments, and of their impact on the quality of life of marginalized older adults. As Menec, Means, Keating, Parkhurst, and Eales (2011) argued, an age-friendly community would

ideally accommodate the heterogeneity of older-adult populations. Although interactions between main-stream environments (i.e., physical, social) and vari-ations in physical ability and age among the older-adult population are increasingly recognized in age-friendly literature, the implications of other factors – such as ethnicity, gender, and sexual orientation – remain at the fringe of much of this work (Menec et al., 2011). It is at these intersections that civil risk – a lack of human rights established through long-term institutional processes that create and perpetuate dis-advantage for marginalized groups (Kobayashi & Ray, 2000) – is experienced in varying degrees by members of the older-adult community, whose identity characteris-tics impede their equitable access to health care, social services, and spatial belonging. The manner whereby this risk fosters "landscapes of oppression" (Kobayashi & Ray, 2000, p. 405) – emphasizing the likelihood of reduced access to social and health services, economic resources, political engagement, and a sense of social worth – requires critical attention within age-friendly initiatives. The application of social exclusion theory pairs well with a critical age-friendly paradigm, allow-ing for an examination of the individual or group of older adults to exist alongside an acknowledgment of the broader social, economic, spatial, and political con-ditions that may function through a landscape of age-ism (Angus & Reeve, 2006).

Internationally, a number of studies are beginning to demonstrate the intersection of ethnocultural margin-alization and older age as factors to one's physical health, social well-being, and quality of life. Ethnicity has proven to introduce barriers to older-adult commu-nity participation (Bird et al., 2009), to dictate the degree to which one's neighbourhood amenities affect the overall quality of life (Blanco & Subirats, 2008), and to impact one's ability to move away from undesirable neighbourhoods (Riley, Hawkley, & Cagney, 2016). Marginalization among older adults may lead to decreased social connection within communities (Walker & Hiller, 2007) and to reduced social participa-tion and political influence (Burns, Lavoie, & Rose, 2012). Particularly when evaluating indicators of health in older age, a sense of neighbourhood belonging and ethnocultural minority status are important indicators of overall physical well-being (Moore & Rosenberg, 2001; Pickett & Wilkinson, 2008; Young, Russell, & Powers, 2004).

For Chinese-Canadian older adults, belonging and inclusion within the broader aging community land-scape is often interpreted through the group's spatial isolation. Residential and business units have, in both historic and modern contexts, often condensed into ethnic enclaves (Anderson, 1991; Qadeer et al., 2010). The political, social, and economic exclusion of the

Chinese in Canada contributed to the production of insular residential and economic areas where access to cultural foods, languages, and spaces were also main-tained (Anderson, 1991; Chau & Lai, 2010; Li, 2005). Enclaves are effectively understood using social exclu-sion theory, as these neighbourhoods highlight exclu-sion in a distinct manner (Fangen, 2010). They are also, however, spaces of determined cultural resilience. The modern existence of enclaves within Canadian urban areas, regardless of the varying degrees of associated affluence and economic integration, is the product of both Chinese-Canadian group behaviour – including a desire for eased cultural transition, language retention, and residential proximity – as well as dominant society exclusion in the form of institutional racism, economic limitations, and societal prejudice (Anderson, 1991; Henry & Tator, 2009). As spatial enclaves are of height-ened relevance among older-adult residents resulting from both a closer history with past discrimination and a decreased likelihood of linguistic and cultural inte-gration into the broader society, research involving Chinese-Canadian older adults often emphasizes the presence and function of enclave communities (Chau & Lai, 2010; Hwang, 2008; Luo, 2016; Osypuk, Diez Roux, Hadley, & Kandula, 2009; Pickett & Wilkinson, 2008).

The presence of ethnic enclaves is complex, and can be characterized by both seeming benefits and disadvan-tages for older-adult populations. Ethnic enclaves may benefit older adults by providing linguistically and culturally significant resources, community institu-tions, and accessible health services (Chappell, McDo-nald, & Stones, 2008; Chau & Lai, 2010). Often, the prominence of English-language barriers in daily life increases a reliance on enclave-based social and institu-tional resources (Breton, 1964; Qadeer et al., 2010). Furthermore, it is notably uncommon for older-adult immigrants, particularly those of Chinese descent, to live alone (Chappell et al., 2008; Statistics Canada, 2006). Although Chinese-Canadian older adults reside more often with their children in intergenerational house-holds than is typical among mainstream Canadian older adults, it must not be assumed that all, or even a majority of, Chinese-Canadian older adults wish to follow this lifestyle (Gee, 2000). A majority of Chinese-Canadian older adults are similar to the mainstream, in that friends, health, and age are central to life satisfac-tion (Gee, 2000).

Seniors' housing projects in cities such as Vancouver and Winnipeg have aimed to capitalize on cultural proximity within existing Chinese-Canadian neigh-bourhoods (Hwang, 2008; Luo, 2016). Research has demonstrated a preference among Chinese-Canadian older adults toward linguistic and cultural residential homogeneity in the fostering of social capital and a

sense of belonging (Luo, 2016). Social capital is built and accumulated in a community in the form of strong social bonds that can be put to use to the advantage of individual, community, or neighbourhood-based social relationships (Lager, Van Hoven, & Huigen, 2015; Portes, 1998; Putnam, 1995). For the most part, social capital is accumulated either through homogeneous social networks, known as "bonding capital", or through social networks that reach into other communities of interest, known as "bridging capital" (Helliwell & Putnam, 2004). The strength of a community's bonding (social) capital can be deployed to enhance resilient networks of self-sufficiency in order to fill gaps left by social exclusion from mainstream society or, seen more positively, to augment quality of life in socioculturally coherent and advantageous ways. Social capital (Helliwell & Putnam, 2004) can be used in ways that are enabling or limiting, fostering within-group solidarity and self-sufficiency, for example, while also potentially limiting the extent to which bridging social capital is accumulated that would strengthen connections to other groups.

In light of apparent benefits from ethnic enclaves for Chinese-Canadian older adults, research has opened debate as to whether, despite the cultural and social value of ethnic enclaves, they may in fact encourage higher rates of social isolation, health disparities, and racial stigmatization (Chau & Lai, 2010; Lee, 1987; Osypuk et al., 2009; Pickett & Wilkinson, 2008). Lee (1987) noted that a common characteristic of North American-Chinese communities has been their seemingly passive resignation from discrimination and hostility – a behaviour often misinterpreted by public officials, health care workers, and service providers as a sign of self-sufficiency among Chinese-Canadian older adults. Finally, members of Chinese-Canadian ethnic enclaves may have a lower sense of their own social status relative to outside community members as a result of their experiences with racial stigmatization and discrimination motivated by their social and spatial "otherness" (Pickett & Wilkinson, 2008). As the literature suggests, ethnic enclaves may in fact increase the exclusion of Chinese-Canadians from the remainder of society, and in turn hinder their inclusion or consideration within mainstream age-friendly initiatives and health care provision.

The Chinese-Canadian community makes up over 30 per cent of Canada's older-adult visible minority population (Statistics Canada, 2016b). Although literature suggests that social exclusion remains a challenge faced by the Chinese-Canadian population, particularly among its older-adult members (Chau & Lai, 2010; Lee, 1987; Li, 1998a), there is little specific research on age-friendly community development for this population group. Further, while existing research has explored the

impacts of dense ethnic enclaves in large urban centres like Vancouver and Toronto (Anderson, 1991; Qadeer et al., 2010), small- to mid-sized cities like Saskatoon remain on the fringe of multicultural research. The next section explains the research methods that we used in the present study to begin to address this gap in understanding Chinese-Canadian community experiences outside of dense ethnic enclaves.

Methods

The first author (LH) conducted semi-structured, face-to-face interviews with 20 older adults, defined as aged 55 years or older, living in Saskatoon, who self-identify as Chinese-Canadian, with no limitation on how long they had resided in Canada (Table 1). The 55-year age threshold was chosen to match that used by the World Health Organization (2007) to examine age-friendly contexts internationally. Interviews ranged in duration from 30 minutes to two hours, held at a location of each participant's choice, in 2017 and 2018. Participants were given a $25 honorarium at the start of the interview. Recruitment occurred with the assistance of two community-based organizations specifically serving the Chinese-Canadian community in Saskatoon (i.e., Heritage Wellness Society and Juniper House), one community-based organization serving the broader Saskatoon immigrant community (i.e., International Women of Saskatoon's Active Gray program), and the Confucius Institute affiliated with the University of Saskatchewan. Sampling was opportunistic, aided by board members from the Heritage Wellness Society who permitted the first author to attend gatherings of Chinese older adults where she explained the study objectives and how to participate. Similarly, the Confucius Institute helped to advertise the study's objectives and to recruit participants. The Active Gray program coordinator of the International Women of Saskatoon invited the first author to visit the program and explain the research, helping to reach out to more prospective participants. The purpose of the research was

Table 1. Participant profile

Gender	% of Sample
Male	50
Female	50
Age	**% of sample**
55–69 years old	45
70–84 years old	55
> 84 years old	0
Time in Canada	**% of sample**
< 5 years	0
5–15 years	25
16–25 years	10
> 25 years	65

explained: namely, to learn how to make Saskatoon a more age-friendly community for older Chinese-Canadians, indicating that the primary method was in-person interviews. The authors of this article do not have Chinese ancestry. The first author attended a number of social events put on by the Heritage Wellness Society to strengthen trust and relational accountability.

The interview guide was designed to evoke thoughtful, subject-related responses within an open and flexible framework (Charmaz, 2002; Dunn, 2000; Hays & Singh, 2012). Participants were asked open-ended questions, with prompts, about their day-to-day lives in Saskatoon. Topics included religion and spirituality; involvement in activities and organizations; public spaces in the city; stores, services, and businesses frequented, whether they cater to the Chinese community, and proximity; neighbourhood characteristics; characteristics of the Chinese-Canadian community in Saskatoon; views on aging and age-friendly community factors such as housing, transportation, health care, and recreational facilities; discrimination and racism; and aspirations and ideas for improving age-friendly attributes of Saskatoon.

The digitally recorded interviews were transcribed by the first author. This research involved two interpreters: one was a native Mandarin speaker; the other was a native Cantonese/Mandarin speaker. They were selected, on the basis of their knowledge in the subject matter and strong bilingual language skills, at the recommendation of a Chinese-Canadian sociologist who had worked with both of them. One of the interpreters accompanied the first author at all interviews, but was engaged only at the request of participants. Although there is a certain vulnerability inherent to the use of interpreters, in our research it also enabled a degree of depth and detail that would have been unattainable otherwise. Several of the participants spoke English as a second language, and though they were able to answer questions on their own in English, they would enhance their responses in Chinese by using the interpreter to elaborate on experiences or dynamics they lacked the English vocabulary to explain.

There was also a notable difference in the participants' comfort and ease of discussion when interpreters were present, even when this was interchanged with parts of interviews conducted in English. Without the interpreters, the nuance in some of the participants' experiences would have been lost, producing results that were more general or simplistic. Translation to English was in real time, and the English interpretation was transcribed as data for analysis. Both interpreters were hired by the authors and paid for their work, and both were affiliated with the University of Saskatchewan. The Mandarin interpreter was a doctoral student in sociology; the

Cantonese interpreter was an English-language teacher from China, who had completed post-secondary education, and was employed by the Confucius Institute.

Analysis enabled by NVivo10 software followed an inductive and iterative approach, with the data collection period occurring simultaneously with open and axial coding to identify and refine overarching domains and relationships (Corbin & Strauss, 2015; Hays & Singh, 2012). The open coding process was the first formal step of analysis, although familiarity with the data set had already begun through the process of our conducting the interviews in person and transcribing them (rather than hiring a transcriber). By the open coding stage, we read the now familiar data set to distinguish ideas and concepts that were coming through in participant perspectives. The axial coding process was a higher order analysis of open codes, enabling us to identify relationships between them. By moving back and forth between interviewing, transcribing, coding, and interviewing, we could understand when the characteristics and relationships emerging from the data analysis were showing saturation (Morse, 2015). Participant recruitment ended once saturation was achieved. We then undertook selective coding to complete the final stage of analysis, in which we identified processes, patterns, and sequences and generated an integrative theory (Rubin & Rubin, 2005). As co-authors, we met periodically to discuss the interviews, analysis process, and emergent codes and integrative findings.

The interviews we conducted with 20 older adults form the data set that we analyzed, and from those emerged the findings we discuss in the next section. Furthermore, at the end of the data collection period, we held a discussion with three (English-speaking) Chinese-Canadian community leaders, asking them wide-ranging questions that drew upon their bird's eye view of the community that, in effect, allowed us to member-check findings, strengthening trustworthiness (Silverman, 1993). Having co-authors involved in reviewing the analysis provided a means of analytic triangulation, further ensuring the credibility, dependability, and confirmability of findings (Hays & Singh, 2012).

Findings: From Spatial to Social Enclave

Reminders of Saskatoon's spatial enclave of "Chinatown" in the traditionally lower-income neighbourhood of Riversdale are increasingly seen as relics of an earlier period in the city's development. Residential concentration among older generations and the clustering of a small number of Chinese-Canadian businesses in Riversdale pay homage to a past of more overt social and economic separation and that community's cultural

resilience (Li, 1998a; Zong & Perry, 2011). But as the findings presented in this section show, there has been a major shift from a spatial enclave to a *social enclave.* This Chinese-Canadian social enclave is central to creating a resilient age-friendly Chinese-Canadian community in Saskatoon, including many of the facets outlined by the World Health Organization (2007) in its *Age-Friendly Cities Guide* (i.e., including outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services).

A Fading Spatial Enclave

Although the study participants cited Riversdale for its history, and in some cases denser communities of Chinese-Canadian older-adult residents, the participants also explained that the area lacks the institutional and organizational support characteristic of larger enclave communities one might find in big cities like Vancouver, Edmonton, Calgary, Toronto, or Montreal.

> What I am thinking when I came here, everybody said that there is a Chinatown here on 20th Street [the commercial main street of Riversdale]. But actually, no! Only the several Chinese running the business there. Not the Chinese gathering there … it's important. Cultural gathering. Food gathering. Grocery gathering. Activity gathering. Yah, it [would be] an ideal condition. (Participant 19: Female, 55–69 years old)

Those who continue to reside in the remnants of Saskatoon's spatial ethnic enclave may have a lower degree of cultural and linguistic integration, part of the continued impacts of past and present systemic discrimination. A participant reflected that while younger generations of Chinese-Canadian residents seem to rely less and less on the confines of a Saskatoon-based spatial enclave, older adults are often among those remaining.

> I think [Saskatoon is] pushing at the Chinatown concept, it's been deteriorating. It's simply that younger people move in and they move over. They don't concentrate in one area like in the old days when the immigrants gathered in one place for communication purposes … they would gather in one place so they can get along and help each other. But now that they're settled, the young people learn to fly. (Participant 18: Male, 70–84 years old)

Chinese-Canadian older adults who continue to prioritize residence in Riversdale, despite its lack of age-related institutions, noted that they do so primarily for the opportunity of proximity to linguistically and culturally homogeneous social networks. Particularly for those with increased indicators of linguistic and cultural difference from the larger Saskatoon community, Riversdale remains an important social resource in older age.

> So he … came here [Riversdale], because this is the Chinese area and he lives here. And other public spaces in this neighbourhood, he [has] never go [ne] there before. (Stated by interpreter, Participant 13: Male, 55–69 years old)

> Because his English is not very good … even though he is working full time, he cannot communicate with his colleagues and his co-workers … he cannot imagine a life without the Chinese neighbourhood here. (Stated by interpreter, Participant 14: Male, 55–69 years old)

By contrast, those participants who were longer-term or native-born residents of Saskatoon were less likely to place the same emphasis on residential proximity to Riversdale. Though less reliant on the linguistic support of day-to-day spatial proximity to other Chinese-Canadian residents, a broader social network of older-adult peers remains fundamental for access to important age-related institutions and recreational activities. As was broadly evident in our research, the city's Chinese-Canadian community itself remains the key source of social connection, entertainment, and general age-related support among many of the group's older adults.

> They still gather around, and they feel more comfortable too I believe, more at home … in the company of their own people. (Participant 18: Male, 70–84 years old)

> People have some problems with the English language, [so the] seniors only socialize among themselves, they don't really mingle around with the Caucasians or anything … they always stick to themselves. (Participant 1: Male, 55–69 years old)

An Active Social Enclave – Coming Together

Although the institutional completeness characteristic of spatial ethnic enclaves (Breton, 1964; Qadeer et al., 2010) may have faded some time ago from a clearly defined Chinese-Canadian spatial core, our findings show that several of these supports and services are instead established through social networks within the ethnocultural community. Driven by the aforementioned importance of social proximity and connection within the older-adult Chinese-Canadian community, the *social enclave* is exemplified through faith communities, social organizations, recreational activities, and age-related support networks that collectively represent both the benefit of homogeneous linguistic and cultural resources in older age, and the continued experience with isolation that Chinese-Canadian older adults face from the broader Saskatoon community. The Riversdale

neighbourhood sustains its importance to the livelihood of older-adult Chinese-Canadians, not for its physical attributes or economic opportunity but for its continued ability to bring together and connect the community.

> We all live in different locations, but if there's a function we usually come together [in Riversdale]. (Participant 1: Male, 55–69 years old)

Social exclusion theory (Wang et al., 2012) suggests that this phenomenon can be understood as the product of both a strength-based cultural and linguistic resilience among older-adult residents, and as a response to a legacy of social and institutional exclusion from the remainder of Saskatoon's older-adult community. Social capital development (Helliwell & Putnam, 2004) is fostered among older-adult members of Saskatoon's Chinese-Canadian community, forming the social enclave to replace, in many ways, the services that other older adults are more likely to receive through formalized institutions. Like a spatial enclave, the social enclave can be interpreted as both a mechanism of support and of isolation among the Chinese-Canadian community (Anderson, 1991; Chau & Lai, 2010; Lee, 1987).

Social Enclave – Homogeneous Housing and An Age-Based Support Network

As age-friendly development initiatives often emphasize a "whole-systems" approach to aging, a focus on the realms of housing, health care, recreation, and transportation are central (World Health Organization, 2007). To better understand the function of Saskatoon's Chinese-Canadian social enclave, we have used these focal points to operationalize this concept in an application of age-friendly development. Our discussion begins with housing, in which Saskatoon's Juniper House features prominently. The Juniper House, located in Riversdale, is a community-owned non-profit housing development for Chinese-Canadian older adults. Residents have access to a community kitchen area, outdoor garden, and sizable activities space. The Juniper House offers a culturally and linguistically homogeneous housing environment that operates as the spatial core to the community's social enclave. It is an important resource to many Chinese-Canadian older adults who are seeking additional support in older age, but feel either uncomfortable or unwelcome in more heterogenous retirement community environments.

> It's hard to have Chinese go to the care home … they don't like it … but they come here [Juniper House], and it's okay. If they come here. (Participant 12: Female, 55–69 years old)

Although the Juniper House itself offers no direct age-related supports to its residents, physical proximity among members of the social enclave aids in a number of daily activities and supports aging in place.

> The convenience to live here [Juniper House], [is that] if you wanted to go out and buy something, somebody else will come [to help translate], and you can go with them. And you could help others buy something…. Sometimes he will ask someone … who wants to go buy things together, and [he] gives them a ride. (Stated by interpreter, Participant 14: Male, 55–69 years old)

> Some elderly, they live [at the Juniper House] and they always can get help because they are surrounded by Chinese. So if they want help, always neighbours or friends who live around here can help them. (Participant 19: Female, 55–69 years old)

The importance of culturally and linguistically homogeneous housing in the maintenance of social capital and well-being among Saskatoon's older adults is similar in many ways to the experiences noted by Luo (2016) of Winnipeg's Chinese-Canadian community. The presence of Chinese-oriented older-adult housing developments is also visible in other prairie cities, including both Edmonton and Calgary. The Juniper House provides a physical core that supports the dynamics of the group's social enclave, meeting needs that, in larger cities, can be addressed through a wider range of formalized age-related support services.

> Yes, it's really very good for the Chinese residents living [at the Juniper House] – especially for the elder people. And especially for the newcomers who come to Canada. It's easy for them to adapt to their life here … we can get together … it's really good for the social life. (Stated by interpreter, Participant 5: Female, 70–84 years old)

As the following findings relating to the age-friendly community dimensions of recreation, health care, and transportation demonstrate, participants benefit from the Juniper House's social enclave. It assists them in a number of daily tasks, such as attending medical appointments, getting groceries, and visiting faith centres, utilizing individual strengths to aid those within the building who may struggle in similar age-related areas. Although the Juniper House plays an important role in this network, the social enclave's breadth extends beyond the residents of this housing development, instigated largely by a social organization known as the Heritage Wellness Society.

City-Wide Networks for Support and Companionship

The Heritage Wellness Society is a Saskatoon-based organization run by a nine-person board with the goal of promoting health and physical activity among Saskatoon's Chinese-Canadian community, focused mostly on older adults. It intersects with Juniper House

in some ways, using the common areas and activities space there to offer regular programming such as weekly tai chi, and other activities like dancing, singing, field trips, and presentations on health, nutrition, and other topics relating to the well-being of older adults. Although the Heritage Wellness Society uses space at the Juniper House, its members and target audience are Chinese-Canadians from around the city. This Society is the social core for many of Saskatoon's Chinese-Canadian older adults. Much of the social capacity associated with the Juniper House itself is fuelled through the Heritage Wellness Society, bringing non-residents into close contact with residents and engaging all participants in the opportunity to socialize and support one another.

> Most of the Chinese [older adults] live in the [Juniper House], but in the community some of them are building their own houses. But they still come together when there is a function. They will come together … [the Heritage Wellness Society] brings them all together. (Participant 1: Male, 55–69 years old)

Cultural and linguistic homogeneity unites members (Luo, 2016); participants not only achieve a sense of social belonging and the availability of regular culturally relevant recreational activities, but are provided the opportunity to access age-friendly supports by virtue of the tight social ties of this community. Similar to the experiences of Juniper House residents, the Heritage Wellness Society extends the scope of the Chinese-Canadian social enclave to include those from outside of the Riversdale neighbourhood. In doing so, this network, supported by social capital (Helliwell & Putnam, 2004), provides transportation assistance, medical advice, and translation aid to fellow older adults, including those of different income levels, degrees of social and physical connection with mainstream society, and abilities in the English language. Where Juniper House residents are connected with the broader network of the Heritage Wellness Society, individual strengths, knowledge, and infrastructure are further concentrated to benefit the Chinese-Canadian aging community as a whole. The recreational opportunities, social kinship, and service information provided through the Heritage Wellness Society are important strengths among Saskatoon's Chinese-Canadian older-adult community, but also signify their absence from the city's community-wide older-adult organizations, information networks, and recreational spaces (Pickett & Wilkinson, 2008). Put another way, the social enclave is creating strong bonding social capital, although it is unclear how, if at all, it is contributing to building bridging capital.

Public Transportation Barriers and Social Enclave Alternatives

Access to appropriate transportation, a key age-friendly consideration for older adults (World Health Organization, 2007), is supported through the Saskatoon Chinese-Canadian social enclave. Given the ability of environmental factors, such as a lack of transportation services, to compound their experience of exclusion (Blanco & Subirats, 2008), Saskatoon's Chinese-Canadian older adults rely on alternatives to the linguistically challenging process of taking public transit. Those relying on bus services for daily mobility expressed concern over their knowledge and access to specialized age-based services.

> If your English is not very good … you cannot get information and that knowledge of how to use those [age-based transit] facilities. He mentioned an example, like someone in a wheelchair … you cannot walk around easily and you cannot drive. So he mentioned someone in his building who just calls some place, and there will be a bus that will take them … but for the [Chinese-Canadian] elder people in his building, they do not know how to do that part. (Stated by interpreter, Participant 7: Male, 70–84 years old)

As an alternative to public transit, some participants relied upon family members for transportation, although it was most often for scheduled appointments and events. More commonly and perhaps more conveniently, those without a driver's licence relied upon members of their social network with a licence.

> Usually the Chinese people, they try to get rides from friends … those who don't use [the bus] will get help from friends. Friends are really helpful, whether you need transport or not they will always help each other. (Participant 1: Male, 55–69 years old)

Where age-related provisions of public transportation fail or are absent, Chinese-Canadian older adults overcame these barriers by once again drawing upon internal networks of support and assistance. A return to social exclusion theory (Wang et al., 2012) allows this phenomenon to be understood not only as a convenience factor among friends, but as an example of community resilience in response to mainstream service exclusion. As transportation remains central to a number of other age-related considerations including access to medical appointments, grocery shopping, recreational opportunities, and faith-based ceremonies, the transportation support inherent to Saskatoon's Chinese-Canadian social enclave is fundamental to the well-being of many of its members.

Overcoming Barriers in Accessing Mainstream Health Services

Accessible and appropriate health care is a fundamental component of an age-friendly community (World Health Organization, 2007), for which members of Saskatoon's Chinese-Canadian community further rely on

their social enclave. Participants expressed barriers to mainstream health care opportunities due to both linguistic accessibility and cultural appropriateness, exacerbated by being in a small- to mid-sized city like Saskatoon.

> In Vancouver and Toronto, everybody can speak Mandarin … so if you need a walking stick or something, usually you can get it. But here, if [Chinese-Canadian older adults] need anything, usually even though they can loan things from the Sask[atchewan] Abilities Council, they don't know the procedure. So they're more likely to buy it themselves – they get everything for themselves. Unless people are English-educated, and then they'll know how to get all these things. (Participant 1: Male, 55–69 years old)

To address these institutional barriers, participants continue to draw upon the social capital built up in the social enclave as a means of both translation assistance and gaining general medical information.

> Because he lives [in the Juniper House] it is easy for him to find someone to do the translation work. He cannot imagine someone who lives alone – probably life would be harder for them without someone to do the translation work, without that social network. (Stated by interpreter, Participant 14: Male, 55–69 years old)

Toronto-based research has demonstrated a preference among Chinese-Canadian immigrants to seek medical services from Chinese physicians (Wang, 2007), a similar disposition to that expressed by Saskatoon's older adults.

> He prefers someone who can speak Mandarin … we need more doctors who can speak Mandarin here in Saskatoon, because he waited for many years to find someone who can speak Mandarin … and for the dentist here, we do not have any Chinese dentists. (Stated by interpreter, Participant 7: Male, 70–84 years old)

Although this preference was widespread across the Saskatoon Chinese-Canadian community – as the result of the real and perceived linguistic and cultural inaccessibility of non-Chinese physicians – the city's population size reduces the availability of such providers, encouraging these older adults to turn inward upon their own community for health-based assistance, knowledge, and translation. Beyond supporting one's access to appointments and providing information on mainstream health services in Saskatoon, the social enclave promotes internal supports and knowledge, sharing health advice through a large social media group chat, arranging meetings with retired doctors within the community, and coordinating online conversations with more traditional practitioners in China. A retired doctor within the social enclave was also noted

as someone who provides valuable medical advice, outside of a formalized setting.

> He will share his professional knowledge to the friends here [Heritage Wellness Society] … do some lectures for them, like "how to keep healthy", "how to eat healthy" … "how do you treat this disease", "how to you prevent yourself from this disease" … he will give them advice and just treat them, he will be the one with professional knowledge. (Stated by interpreter, Participant 2: Male, 70–84 years old)

Although the support of the Chinese-Canadian social enclave is an asset in accessing health care services in Saskatoon, this reliance points to a marginalization of Chinese-Canadian older adults from mainstream health service access, that can potentially isolate and jeopardize the well-being of community members.

Conclusion: Toward Cultural Pluralism in Age-friendly Development

Here, we connect our findings from Saskatoon's Chinese-Canadian older-adult social enclave to a larger discussion of age-friendly communities in the context of cultural pluralism. Reinforced by social exclusion theory, we argue that in the Saskatoon context, many Chinese-Canadian older adults rely upon the social enclave as a key age-friendly resource, a manifestation of community resilience in the maintenance of everyday well-being and service accessibility. When examined for its function in accessing appropriate housing, recreational supports, information networks, transportation, and health care, it is evident that in the Saskatoon context, the social enclave is an important factor in creating an age-friendly community for Chinese-Canadian older adults. The Saskatoon social enclave reveals that in this small- to mid-sized city with a smaller and less visible community of Chinese-Canadian residents, there is still a pronounced community support network reliant upon cultural homogeneity. Experiences with cultural and linguistic isolation from the broader society motivate the coming-together of this ethnocultural community, but also reveal the value attached by its members to community resilience.

The Saskatoon social enclave challenges traditional notions of family support in older age among Canada's immigrant communities. Although assumptions regarding strong family support within enclave communities (Chau & Lai, 2010; Lee, 1987) may hold true in some cases, an alternative narrative is present as well, within which failures among health and social services are compensated for through non-familial social networks among older adults. Given the means whereby Saskatoon's Chinese-Canadian older-adult community finds strength and a quality of life through

opportunities framed by cultural and linguistic homogeneity, it calls for age-friendly community researchers and policy-makers to examine more closely what role these systems of social support can play to enhance a culturally pluralistic approach to age-friendly development. As was demonstrated through Saskatoon's Juniper House and the Heritage Wellness Society, culturally homogeneous organizations empower older-adult members through their provision of tightly knit networks of support, companionship, and a sense of belonging. In a highly diverse (e.g., newcomer, sexual, Indigenous) aging society, further work is needed to examine the unrealized potential for culturally and linguistically specific organizations to play a more prominent role in overall age-friendly community initiatives that have not engaged deeply with cultural pluralism in Canadian cities. The social enclave characteristics of Saskatoon's Chinese-Canadian community suggest a model for self-sufficiency, cultural capacity, and social capital development within older-adult circles where age and ethnicity intersect.

Where social capital is understood as the ability to benefit from group or social networks (Lager et al., 2015; Portes, 1998; Putnam, 1995), it would seem that social capital development is a key age-friendly consideration. Like the spatial enclave, however, social enclave development can also be seen as a response to exclusion and isolation from more mainstream environments, combatting loneliness, providing a sense of belonging and access, and a sense of safety (Buffel et al., 2012; Lager et al., 2015). The social enclave in the context of creating the conditions for an age-friendly community can, at least in part, be understood as an act of survival among more marginalized populations. The social enclave can be interpreted through the strength of its social capital, built on strong bonds between group members (Helliwell & Putnam, 2004). A question remains, however, regarding the extent to which culturally specific communities of older adults with strong in-group bonds have the capacity to use that as a basis for creating strong bridging capital with other groups.

Limitations

Although the use of interpreters enabled access to a broader range of participants, our use of the statements by the interpreters as proxies for the perspectives of participants comes with inherent risks to accuracy and nuance. Interpreters spent a considerable amount of time with the first author, were familiar with the purpose of the research, and considered trustworthy by the authors. Third-party Mandarin- and Cantonese-English speakers were not hired to examine the match between participant responses and interpreter statements. Subethnic dynamics between Chinese-Canadian older

adults that have different regions of origin, language (e.g., Mandarin, Cantonese), biases, and political views were not considered in this study. The influence of subethnic identities among Chinese immigrants to Vancouver on the social construction of boundaries has been the subject of interesting exploratory research (Yan, Wong, & Lai, 2019). We did not consider, however, the degree to which these identities are a constitutive factor in social enclave formation, for example, or to which they are tempered by it.

Future Work

Future work using the social enclave as a theoretical tool through which to understand the aging experiences of other marginalized communities would be valuable, focusing also on ways that mainstream organizations and governments can support them toward a common goal of enhancing cultural pluralism in age-friendly community visions. Understanding the role of technology in enabling the creation and strengthening of social enclaves would also be valuable, testing the prediction by Menec et al. (2011, p. 487) that "[t]he age-friendly community of the future is likely to have a strong virtual component …" The popularity of the WeChat social media app for Chinese-Canadian older-adult group discussion observed tangentially during our research suggests that technology is playing a significant role. It would be interesting to understand the extent of this impact, and the potential for other types of "cyberconnectivity" in enhancing quality of life (Menec et al., 2011, p. 487).

Future work should examine the transferability of the social enclave concept not only to other identity groups, but also to Chinese-Canadian communities in other cities of varying sizes. Importantly, research should further examine the role of community-based organizations in other cities – like Saskatoon's Juniper House and Heritage Wellness Society – in sustaining and enhancing social enclaves, even beyond the most immediate users of the organization's services. Can these organizations do even more to build city-wide resilient community networks of older adults at the intersection of age and cultural identity?

This article has identified the broad significance of cultural pluralism as a central component to equitable age-friendly development. For older-adult communities more likely to experience marginalization, such as those of Chinese-Canadian descent, culturally pluralistic age-friendly development takes on a set of priorities outside of those frequently cited through documents like the World Health Organization's (2007) *Age-Friendly Cities Guide* or the *Age-Friendly Saskatoon Initiative* (Saskatoon Council on Aging, 2012, 2014, 2016). In a society characterized increasingly through difference,

the myth of cultural neutrality and equal access in mainstream service delivery may need to be challenged more openly (Henry & Tator, 2009). Instead, age-friendly cultural pluralism recognizes the significance of differing aging experiences within the older-adult community, and the importance of validating these in physical, social, and institutional spaces.

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