In Community - Information and Referral Services for Seniors

in British Columbia

Past Learnings and Learnings since COVID-19

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411 SENIORS CENTRE SOCIETY AND THE SFU STAR INSTITUTE (SCIENCE AND TECHNOLOGY FOR AGING RESEARCH)

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Introduction

In 2018 the Board and the staff of 411 Seniors Centre Society, located in Vancouver, B.C., were finalizing plans to build a new centre and were future-focused. Concurrent with work on the new building, 411's first professionally-developed strategic plan compelled the Board to consider a broader approach to the services the 40-year-old seniors' organization should offer.

In order to prepare for the building completion, now slated for Summer 2022, and with a front-line understanding of the demographic changes in seniors' populations in B.C. and across Canada, 411 began looking at modernization and a broader mix of service delivery options. The second phase of the strategic planning process looked at basic service delivery, particularly Information and Referral (I&R), as well as free income tax clinics; wellness, food and cultural programs; and organization communications and fundraising strategies. All findings emphasized the need for changes.

With a front-line understanding of the demographic changes in seniors' populations in BC and across Canada, 411 began looking at modernization and a broader mix of service delivery options

By October 2019, 411 had already embarked on projects to include alternatives to the traditional one-to-one and in-person approaches. Working with the seniors in the 411 membership and aligning itself with Simon Fraser University's STAR (Science and Technology for Aging Research) Institute, the 411 Seniors Centre Society began an organizational transition across the digital divide with technology upgrades to its financial management and membership contact systems. 411 also improved its membership reach through engagement on social media and Powered by Age, a podcast series that is the first of its kind, produced by and for seniors.

In terms of service delivery, 411's Information and Referral program is pre-eminent. The question of how to continue delivering this service, given the rapidly changing seniors' demographic in an unprecedented time of societal change, emerged as a key consideration.

Karen Wong, a former 411 staff member, proposed a research study on 411's Information and Referral program as part of her Masters program in Social Work at the University of British Columbia, co-supervised by Dr. Andrew Sixsmith (SFU STAR Institute) and Leslie Remund (411). The purpose of the study would be to explore the various resource and system navigation needs of seniors, given the demographic tsunami that was about to hit.

The study was set to begin in spring 2020 and just as the decision to proceed was made, COVID-19 struck. The challenges of pandemic restrictions confirmed the relevancy of the study.

Executive Summary

Information and Referral (I&R) is defined, for this study, as the art, science and practice of bringing people and services together. Throughout BC and Canada, community-based, non-profit agencies are the most common on-the-ground I&R service providers. This study focuses on I&R as it pertains to seniors in British Columbia, particularly Metro Vancouver.

The provision of in-person I&R services for seniors is mainly done by community-based organizations. This study provides an overview of existing services and captures the state of senior-focused service provision in B.C. It aims to fill a knowledge gap as a means of assessing and evaluating current best practices and the future potential for providing I&R support to seniors.

The *In Community - Information and Referral Services for Seniors in British Columbia* report summarizes I&R activities to help identify the key issues and areas affecting seniors in order to shape future support and service delivery in the context of the rapid shift from in-person activities to the digital realm.

In Community - Information and Referral Services for Seniors in British Columbia report summarizes I&R activities to help identify the key areas affecting seniors in order to shape future support and service delivery in the context of the rapid shift from in-person activities to the digital realm

As the fastest growing demographic in B.C., seniors in the province and the rest of Canada, are living longer and leading healthy independent lives. Population estimates predict that 1 in 4 British Columbians will be a senior by 2031. This underscores the importance of learning how various sectors must adapt to best support this aging population. Inescapably, society is moving to a digital world and any discussion about an aging population needs to be linked to digital tools and technologies.

Digital technology is rapidly transforming every aspect of people's personal and civic lives, including those of seniors. The scoping activities of the study highlight the importance of addressing the impact of the digital divide on seniors. With the rapid advancement of technological change and the shift to online-based provision of services and information, and in the context of the COVID-19 pandemic, focus on this divide is paramount.

Recently the Secretary-General of the United Nations (UN) warned that the impact of the digital divide amid the COVID-19 crisis is "a matter of life and death." Digital technology can advance opportunities to allow citizens to capitalize on the interconnectedness that digital access powers. However, significant challenges remain unresolved and threaten to replicate and widen inequities. This stratification of access and specifically digital proficiency ultimately amounts to digital discrimination in that it prohibits a citizen's access to civic engagement and full civic participation in their communities.

At the core of the stratification within the digital divide is a necessary focus on how the concepts of intersectionality and human rights frame the issues of digital access and digital proficiency. Intersectionality is a theoretical framework to understand how aspects of a person's social and political identities (e.g. age, gender, sex, race, class, immigration status, language proficiency, etc.) combine and overlap to create unique modes of discrimination and stigma.

It is important to apply an intersectional lens to understand the inequities resulting from the digital divide because digital access and digital proficiency are not appropriately categorized in the binaries of the "haves" and "have-nots" when it comes to internet access.

Nor can the divide be simply explained by socio-economic background or age of the user. As we are all citizens in this digital landscape, access and proficiency to digital products and technologies shape our interactions in nearly every aspect of our social, economic, and political lives. Further, applying an intersectional lens to the digital divide helps drive clearer understandings of how, when, and to what extent traditional inequities are replicated in the digital environment or whether the digital environment operates under its own dynamics.

Information gathered in this study makes clear that addressing the digital divide will allow seniors to convene, to be informed, and to fully participate in civic and community dialogues and processes.

Civic engagement "is a process in which people take collective action to address issues of public concern" and is absolutely "instrumental to democracy." Understanding that seniors need digital access and digital proficiency in which to engage with various social and civic functions positions digital discrimination as a human rights issue.

Human rights are concerned with the protections of human dignity, needs and freedoms including privacy, personal security, and democratic participation. Viewing the issue of the digital divide through the conceptual lenses of intersectionality and human rights helps focus strategies and advocacy work.

Promising work to answer these issues is currently underway and is supported by a third conceptual framework: that of an asset-based approach where ideas, implementation, and resources are drawn from the community of seniors itself.

Understanding that seniors need digital access and digital proficiency in which to engage with various social and civic functions positions digital discrimination as a human rights issue

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Partnerships

The 411 Seniors Centre is a member-driven, senior-led agency that prioritizes peer-to-peer support, learning, and advocacy within the vision of "Seniors Helping Seniors" and has been operational for over 40 years. The 411 Seniors' Board and staff anticipated the digital divide challenges faced by their members who are disproportionately underserved and impacted by poverty.

The members of 411 are seniors facing challenges in accessing and capitalizing on digital tools and technologies, especially in the context of service provision and enhanced referrals. As seniors are active agents in their own lives, the distribution and understanding of information is a powerful agent in informing decisions and choices that will affect their lives.

Recognizing the challenges faced by 411 members, the organization began visioning what a seniors' centre of the future would look like. Driven by the energy and commitment of its members, 411 embarked on innovative programming and planning utilizing its greatest asset -- its members. This visioning included the development of novel collaborative partnerships with organizations and research institutes. 411 developed a partnership with a local recording company, PodStream Studios, that led to a ground-breaking senior-run podcast series "Powered by Age" that covers topics pertinent to seniors.

Further, a strategic partnership was built between 411 and the SFU STAR Institute shaped by the shared values of supporting seniors to engage and utilize technology in a way that benefits their safety, supports independent living, and enhances their social and civic lives.

The SFU STAR Institute is mission-driven to be a world leader in the aging and technology sector and values that community-engagement needs to be at the centre of all its activities. Collaborations with other key partners were developed including the Digital Health Circle (DHC), a non-profit innovation hub of the AGE-WELL (Aging Gracefully across Environments using Technology to Support Wellness and Long Life) Network of Centres of Excellence (NCE), that focuses on bringing together researchers, seniors and care providers, industry partners, and government to co-create digital technologies to support Canadians as they age.

The partnerships with SFU STAR and AGE-WELL are a highlight in the implementation and utilization of "Citizen Science" or "Community Science." Citizen

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As seniors are active in their own lives, the distribution and understanding of information is a powerful agent in informing decisions and choices that will affect their lives

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EXECUTIVE SUMMARY

----- By involving members of the community, it democratizes the reasearch and innovation process (e.g. involves people in decision-making, identifying needs and problems, agenda-setting, knowledge creation, solution development and implementation) -----

science "refers to the inclusion of members of the public in some aspect of scientific research" so that those who may not typically engage in science can be involved "not only in collecting data but also in developing research questions and designing research protocols, interpreting data, and disseminating results".

For academic-based partners, the community science approach will thus be underpinned by principles of community-based participatory research (CBPR) methodology. Principles of CBPR include and forefront the demand for more equitable relations in research and intervention among researchers, practitioners, and members of the community.

CBPR, within the realm of community, can also provide opportunities for inclusion, empowerment and development of skills. It is particularly important for participants and co-researchers to be involved in the science and to directly benefit from the process.

AGE-WELL promotes a more active engagement - community members as co-creators of new AgeTech technologies as opposed to the old research model that treats people as passive research subjects. This approach has two key benefits:

- It is more likely to create products and services that are appropriate and usable by people in real-world contexts; and
- It democratizes the research and innovation process (e.g. involves people in decision-making, identifying needs and problems, agenda-setting, knowledge creation, solution development and implementation).

Activites and Findings

With these new partnerships alongside, 411 began a scoping activity to determine the needs and wants of its members to inform future organizational directions. The scoping activity was in direct response to the increasing challenges faced by community members around engaging with services and supports that were rapidly transferring to online-only access.

411 members were being left behind due to unequal digital access and digital proficiency; impeding their ability to utilize even basic civic and governmental functions such as being able to complete and file tax forms to renewing citizenship identification cards. Further, 411 members were increasingly unable to access referral, support, and advocacy resources as these were also rapidly transferred from in-person to online models.

Within this context, the World Health Organization declared the COVID-19 pandemic in early March 2020. Seniors, as a key population at risk, were discouraged from any in-person activities. While many people of school or working age were able to navigate their worlds in this new distant-but-connected environment, seniors, including members of 411 were left behind without access to digital tools and technologies. Further, the crucial service of assisting seniors in navigating digital tools and technologies wasn't possible-due to the restriction on any in-person activities.

In this new context, 411 expanded its scoping beyond just 411 members in the local context of Metro Vancouver to the entire province of British Columbia. The report was informed through detailed interviews with key stakeholders in the seniors' community services sector including community-based staff, volunteers, and policy developers, who are positioned to speak as informed representatives of the seniors they provide services to. Elements of the report were also informed by observations made at working groups (e.g. United Way Community-Based Seniors' Services' Information & Referral Working Group) or senior-focused professional/academic conferences (e.g. AGE-WELL NCE's Annual Conference 2019).

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Thematically, the report provides the following: a snapshot of the types of I&R services for seniors that are being provided by the seniors community services sector; how seniors are engaging with technology; cultural and language aspects of service delivery for seniors; how poverty and resource allocation is impacting seniors and service provision; how seniors navigate complex systems; the role of senior-led service provision; and a description of other current issues and challenges faced by B.C.'s seniors. In closing, a summary of recommendations is presented.

The issues facing B.C. seniors can best be understood from three perspectives described earlier: human-rights; intersectionality; and asset-based. Each of these perspectives shape the juncture of how Information and Referral services and stakeholders interact with seniors in B.C. These perspectives therefore act as touchstones for which present and future activities, collaborations, and partnerships will be based, centering seniors as active agents in their own lives. As this report finds, there is a congruence in viewing the challenges B.C. seniors face in accessing information and services through these perspectives.

The following chapter summaries encapsulate the results of the study approach and recommendations.

EXECUTIVE SUMMARY

Significance of Information and Referral Services

Chapter 1 provides a snapshot of seniors'-related Information and Referral (I&R) services in British Columbia. Social prescribing is the research model used to demonstrate how health is shaped not only by medical care but also one's access to a range of social, economic, and environmental factors. The impact of COVID-19 on the research strategy makes clear the dire situation of seniors, many of whom depend on community-based services for survival.

Ethics and Methods in Research

Chapter 2 presents the investigative approach to the study of seniors' I&R as a Service Enhancement using research methods. The project was overseen by representatives of the 411 Seniors Centre Board, not by an institutional ethics committee as would be the case with a research study. This chapter presents details and limitations of the three research methods used and presents an overview of the interview sample. Importantly, the chapter highlights the need for more research in this area.

Information and Referral Overview

Chapter 3 elucidates the current climate of I&R services delivered to B.C. seniors. The chapter explores the two main models of service - the volunteer-delivered and volunteer-coordinated model versus the staff-delivered and staff-coordinated model - and the differences and similarities between them. Despite the advantages of the volunteer-delivered model, the research questions whether this model is dependable in the long term given concerns around volunteer retention, consistency, and adequate follow-through.

Technology

Chapter 4 highlights seniors' access to technology as a human right and demonstrates that seniors are not averse to learning to use technologies if use is shown to improve their access to services. The Digital Divide is shown to exacerbate existing inequities and COVID-19 has markedly pointed out these inequities. While the provision of online services is not and cannot always be a replacement for in-person services, inadequate and inequitable access to support technologies will deepen social inequities. Community-based services are shown to have successfully pivoted to using online technologies and will remain adaptable to the needs and issues facing seniors in their communities.

Diverse Cultures and Languages

B.C. is home to a rich diversity of individuals. Yet, language, cultural and technological barriers can inhibit the provision of services. **Chapter 5** examines how community-based seniors' organizations and service providers bridge this gap using translators and online applications despite their limited success in certain cases. Increasingly, the use of digital tools and technologies is out of reach for many seniors and thus can only provide limited support. The chapter concludes that greater investment in access to technological supports including translators, diversity training and cultural programming will be important to a successful future for seniors' I&R community-based programs.

Poverty, Limited Resources and Funding

Chapter 6 examines issues of poverty, under-funding of services by governments and the impact of the digital divide on the provision of information and resources as well as services to the diverse B.C.'s seniors' community. Collaboration between agencies and community-based organizations is highlighted as a major step for improving the situation on all counts. In addition, research suggests the importance for a broader understanding of the frustrations faced by community-based organizations stepping in to fill gaps left by a broad lack of resources.

Complex System Navigation

Chapter 7 examines the complex navigation systems involved in dealing with diverse seniors' issues – made particularly so as government service systems move online. It explores the challenges seniors and community-based seniors' organizations face when providing I&R services and recommends practical solutions for moving forward. Recognizing that there is no perfect system to address the varied multitude of needs of B.C.'s seniors, study participants made recommendations for improvement: simplifying the navigation systems in existing technology, improving funding, varying approaches to I&R services including keeping abreast of new and simple technological improvements, centralizing and pooling directories, improving staff and volunteer training.

Volunteers as Service Providers

Chapter 8 examines three challenges related to the use of volunteers to provide seniors' I&R services: demands on and support needed by volunteers; turnover and retention of volunteers; and specific issues relating to COVID-19. This chapter underlines how specialized training, promotional programs to benefit seniors' participation, and volunteer involvement and mentoring will benefit from: increasing community-based organizations' access to improved technological communications as simple as direct-phone lines for seniors; training through participatory podcasts; and a combination of one-to-one and technology-based approaches to I&R. As with most other aspects of this study, and due to the timing of it, COVID19 provided markers for these challenges.

Key Challenges for Information and Refferal Services	While earlier chapters captured the major themes as reported by participants from community-based seniors' organizations, **Chapter 9** considers other significant areas of concern that emerged particularly in relation to health, social isolation and cognition. Thorough review of these was beyond the scope of this study but the SFU STAR Institute report titled **Key Issues in Aging in the 21st Century (http://www.sfu.ca/starinstitute/resources/research.html)** provides an excellent overview of the areas requiring inclusion in future I&R program development, in BC and elsewhere.
Conclusion	**Chapter 10** examines the three interrelated theoretical approaches that emerged through the study. Combined, they best describe the impact I&R services, and community-based seniors' organizations delivering those services, have in the lives of B.C.'s seniors. In-depth examination of each theoretical approach was beyond the scope of the study. However, human rights, intersectionality and asset-based perspectives will be evident in any study examining the position of seniors within the province.

Chapter 1: Significance of Information and Referral Services

To begin, we will provide an overview of Information and Referral Services as they exist in British Columbia today and why they are so significant for many B.C. seniors. Highlighting the challenges encountered by community players tasked with delivering such services during a pandemic informs how new strategies could affect future service delivery.

The review makes clear just how significant Information and Referral services are to B.C. seniors' communities. Finally, the chapter connects community-based I&R services to the concept of social prescribing, an approach that privileges client/professional interaction as a means of gaining insight into service access for seniors.

Information and Referral Services are usually provided by volunteers and/or staff of community-based seniors' organizations. These organizations are based in the community and serve seniors within the community, doing their best to reach out to even more seniors. However, some seniors are harder to reach for various reasons such as mobility, isolation and language.

Information and Referral Defined

Information and Referral is the provision and dissemination of information to people who need services and government benefits as well as the support required to access and acquire said resources. In British Columbia, these services are delivered to seniors via community-based seniors' organizations across the province of B.C.

Community-based I&R services are more than a telephone inquiry service. While services may be accessed via telephone or other digital means, success depends on the provision of fuller service not just directing seniors to the right source of information.

Services may exist but seniors often have no means to access them without community-based support. The most vulnerable seniors in particular often "fall through the cracks" because they do not know about, and therefore cannot connect to, the resources within various governmental sectors like social services, health care, and more. In the community and senior service

context, I&R services provide navigation support, from getting information to securing resources. With seniors, the experience of community groups dictates that these services are best delivered face-to-face.

Equipped with supports provided by community-based organizations, seniors can get the services they need. In addition, they can stay connected, remain independent, and enjoy a better quality of life. Furthermore, community connections help mitigate the effects of social isolation and its related negative consequences on physical and mental health.

Seniors are one of the most vulnerable populations in this global pandemic and given the requirement for social and physical distancing, community-based senior services are thinking "outside-the-box" to finds new ways to provide services for seniors. Moving service provision from in-person to remote-support using technology is a significant example.

Social Prescribing

Information and Referral services are closely linked to the concept of social prescribing and are currently promoted and government-funded in British Columbia (Raising the Profile Project, 2017). Originating in the United Kingdom in the early 1990s, social prescribing is a tool used by healthcare professionals and allied care professionals to refer to non-clinical services to support health and wellbeing.

Social prescribing is situated in the social determinants of health conceptual framework. That is, the health of people is shaped not only by their access to medical care, but also their access to a range of social factors including access to information and resources. Health and wellbeing are recognized as being determined by a range of social, environmental, and economic factors, and social prescribing is a tool to address these factors, therefore treating the "patients" receiving the prescription in a more holistic fashion. Healthcare providers can prescribe their patients to connect with a community-based service where a frontline worker can connect the patient to the appropriate resources.

Information and Referral Service Providers

Currently Information and Referral services for B.C. seniors are supplied by a number of diverse community-based organizations. These organizations are hyper-local and the structure of their service provision is governed by the local context of seniors within the geographic area.

For example, one local community-based organization may be entirely volunteer-staffed while others are able to employ allied health professionals such as social workers. Others may only operate using telephone services while some organizations have drop-in locations. Depending upon the local demographics, services at some community-based organizations may have multilingual services available.

These community-based organizations are not currently connected with one another in any formal way, each operating in response to the needs of their particular communities. They are funded in diverse ways such as through the regional health authority or through annual grant applications to municipalities and private foundations. The following chapter describes the kinds of service providers and stakeholders that were engaged in this study and the study's data collection process.

Growing Inequities and the Impact of the COVID-19 Pandemic

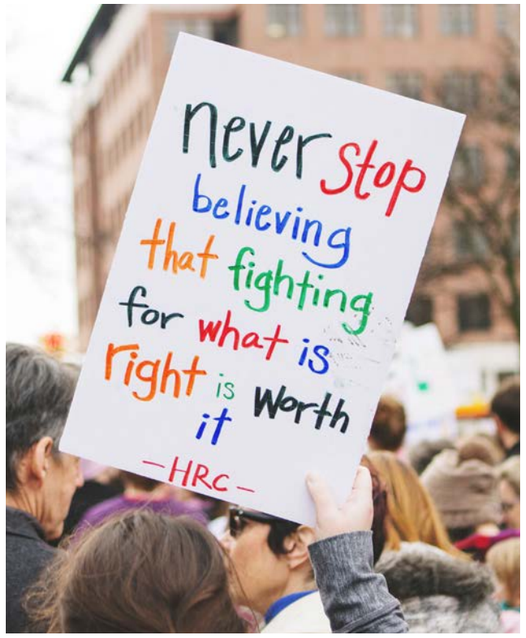
One overall objective of this report is to present the variety of challenges facing both B.C. seniors and existing community-based seniors' services. Examining the multiplicity of challenges faced by many seniors demonstrates just how highly complex the provision of Information amd Referral services can be. One significant challenge faced by community-based seniors' services is navigating digital technologies as resources and services increasingly move online. The disconnect between service users and online services and resources is known as the "Digital Divide".

Digital technology is rapidly transforming every aspect of people's personal and civic life. Community-based seniors' services are required to adjust how they deliver Information and Referral services within this new digital realm. The COVID-19 pandemic exacerbated the digital divide experienced by seniors and community-based seniors' services.

The report's authors consider this to be an ideal time to conduct this particular study of Information and Referral services given the immediacy of the challenges that will not necessarily dissipate with the end of the pandemic. Lessons learned during the COVID-19 pandemic could lead to a new future for community-based service provision in the seniors' sector especially in relation to overcoming the digital divide.

In Summary

- Information and Referral services are more than a telephone inquiry service. While the services may be reached via telephone or other digital means, success depends on providing a full service of support not just directing seniors to the right source of information.
- Services may exist but seniors often have no means to access them without community-based support. The most vulnerable seniors, in particular, often 'fall through the cracks' because they do not know about and therefore cannot connect to the resources within sectors like social services, health care, government agencies, and more.
- In a community and senior service context, Information and Referral services provide support through assisting in navigating information, securing resources and accessing a variety of services.
- Equipped with the support provided by community-based organizations, seniors can get the services they need. In addition, they can stay connected, remain independent and enjoy a better quality of life. Furthermore, community connections help to mitigate the effects of social isolation and its related negative consequences on physical and mental health.
- Since seniors are one of the most vulnerable populations in this global pandemic and given the requirement for social and physical distancing, community-based senior services are thinking outside-the-box for new ways to provide services for seniors. Moving service provision from in-person to remote-support using technology is a significant example.



Chapter 2: Ethics, Methods, and Sample

There are many examples of how a scoping activity can be conducted. Below is a description of the methods and techniques used to conduct this service enhancement study on Information and Referral services for seniors in British Columbia. A description of data collection activities is also provided to show how the information was gathered and verified.

Ethics

The goal of this service enhancement study is to enrich seniors' Information and Referral services in British Columbia. Service enhancement is an organized system of materials and resources (people are also included as resources) that is used to respond to the needs of the public, here represented by seniors in B.C.

As this report is driven by a community-based organization serving seniors, a formal ethics submission to an institutional body (such as a university) was not conducted. The approach taken by study authors allowed individual stakeholders to provide feedback with the option to participate anonymously.

Stakeholders were asked to review the collective findings to provide input and clarification to ensure rigour in the final summary. The report also underwent a peer-review process, through which members of the community-based seniors' organization provided feedback on content and delivery style.

Methods

This service enhancement study was conducted from April to August 2020. It consists of ethnographic research elements, including interviews, participant observation, and journaling.

Study design, stakeholder interviews and other data collection were conducted by K.L.Y. Wong, a registered social worker in B.C. who has direct practice, research, and volunteer experience with a variety of senior service organizations.

Community older adult services in B.C. have various formal and informal networks and communicate with each other to share information and resources. Two examples in B.C. are the Community Based Seniors Services Healthy Aging Working Groups and the Alliance of Seniors' Centres. Participants were recruited through word of mouth across these networks.

Interviews

Interviews were conducted using a semi-structured interview guide (see Appendix 1). Interviews were done by phone and through email due to geographic distance as well as distancing measures under Provincial Health Office orders in response to the COVID-19 pandemic. Phone interview length was between 30-120 minutes.

The data collection comprised detailed field notes during the interviews. These were typed up and organized through thematic analysis (Maxwell, 2013). This included group discussions among the three authors using an inductive approach to identify and refine emerging themes, which were further grouped into the overarching themes.

Participant Observation

K.L.Y. Wong attended various sessions as a participant observer in meetings, conferences, and service provision sessions related to senior services. In addition, she attended a conference organized by AGE-WELL NCE, an organization promoting aging and technology in Canada, where she delivered a presentation on the design of this study to researchers, stakeholders and community members.

In addition, K. L. Y. Wong joined the United Way

Community-Based Seniors' Services Information and Referral Working Group and attended their meetings.

Journaling

Throughout the study, K.L.Y. Wong journaled once a week and reflected on the research process, such as what was learned and what could be done better.

Sample

A total of 28 participants were interviewed. Participants were stakeholders of community-based senior services organizations including staff, volunteers, and policy developers (See Figure 2.1). Participants reflected a cross-section of British Columbia seniors' organizations by geographic location (See Figure 2.2).

Figure 2.1 Types of Participants

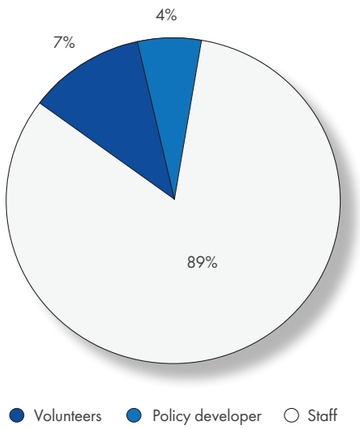
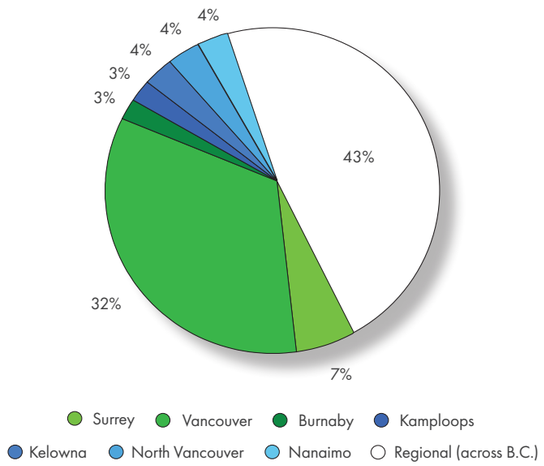


Figure 2.2 Municipalities of Participants



Chapter 3: Information and Referral Services

This chapter provides an overview of the Information and Referral services that are available to B.C. seniors through community-based seniors' organizations. It also examines how services are delivered in different organizations across the province.

Service Values

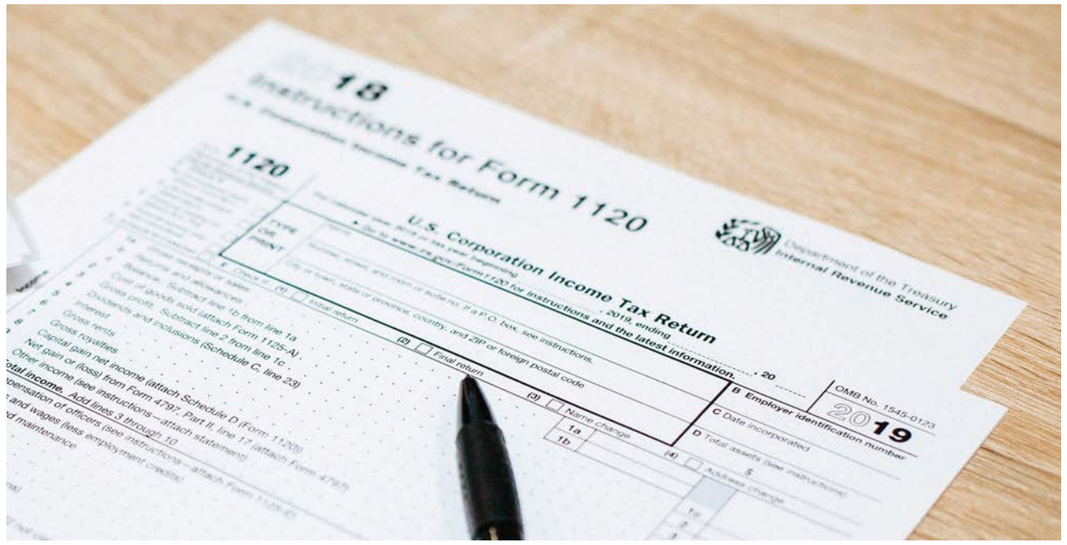
Although Information and Referral services vary across British Columbia, shared values exist when it comes to connecting seniors to services at a community level. Key values such as adopting a non-judgmental approach and having an open-door policy can provide the type of welcome that users from diverse backgrounds require in a community-based service setting.

Human interaction and relationship building is extremely important. For many seniors the importance of self-determination and autonomy allows senior service users to see themselves as the "drivers of their own needs" while accessing the support required to guide them to success. Empowerment and development of personal strength help seniors accessing Information and Referral services gain a sense of competency to address their own challenges. Teaching and encouraging the concept of "seniors helping seniors" works to maximize the use of available resources in the provision of Information and Referral services.

Types of Services Offered

Information and Referral services cover a large array of activities and supports for B.C. seniors. The list below captures many of the services that B.C. seniors have requested but it is by no means exhaustive:

- Caregiver support
- Elder abuse and neglect
- Fraud
- Grief and bereavement
- Healthcare resources e.g., dental care, glasses, hearing aids, walker
- Home support e.g., housekeeping, light yard work, home repair, grocery shopping, medication pick up, meal delivery



- Housing and rent subsidies (e.g., SAFER)
- Missing documents
- Pension and benefits (e.g., Canada Pension Plan, Old Age Security, Guaranteed Income Supplement)
- Personal planning (e.g., Representation Agreement, power of attorney, wills)
- Settlement support (e.g., permanent residence, citizenship)
- Social programs
- Taxes
- Transportation and subsidies (e.g., volunteer driver program, HandyDart, HandyCard [concession on taxi fees], bus pass)

Service Engagement

Service providers—staff or volunteer—build rapport with their senior community members. As part of the overall Information and Referral process, there is a necessary engagement component that includes tasks such as:

- Welcoming and greeting
- Accompaniment and emotional support
- System and resource navigation
- Resource connection and referral as required
- Plan building (depending on the availability of volunteer resources this usually begins with a planning meeting to address immediate need(s) followed by the creation of a short-term plan and finally a long-term plan)
- Document preparation (e.g., filling out forms)
- Educational activities
- Information and resource updates

Service Delivery Locations and Formats

Where do seniors go to find the Information and Referral services that can accommodate their support needs? A combination of locations, on-line or in-person, are used by seniors' organizations and community-based centres to find the appropriate way to support seniors in need of services.

How the Information and Referral services are delivered is related to the particular request and the service recipient. Depending on the particular community-based senior organization, services and supports may be available for one-hour/week or for eight-hours/day, 5 days/week.

Locations

Some communities across B.C. have stand-alone physical centres which serve as a community hub for Information and Referral services. These physical locations may also serve as a type of senior-orientated community centre with programming and other activities.

Some community-based seniors' organizations connect with seniors in other types of community-based settings

such as libraries, city hall, malls, long-term care homes, or seniors housing complexes. Outreach via telephone, email, video conferencing such as Zoom, and various mobile messenger apps are now a more common part of the service mix.

The location, whether place-based or via an online platform, is dependent upon several factors such as funding, geographic area, or the particular needs of seniors in that community.

Formats

The styles and formats of Information and Referral services delivered to seniors through the various agencies can vary considerably. Services and supports can range from one-to-one services to information sessions, outreach by phone or computer, support groups, and podcasts and newsletters, depending on the organizations' available skills and resources.

One-to-one Services

Emergencies are always the exception but under normal circumstances, one-to-one services are booked with the service provider for a specific date and time. In some cases, depending on the service provider's available resources, there may be a need for more than one session.

Service users of one-to-one services often have greater support need due to more complex situations. Some agencies may have the resources to assign a service provider to a service user on a one-to-one basis until that user finds a resolution to their specific issue(s). In some cases and with the user's consent, the service provider may speak on behalf of the service user if they are unable to speak for themselves at that time.

Although the process of one-to-one sessions varies, organizational similarities exist. For example, service providers always ensure that consent is obtained before providing support. As noted earlier, rapport building is part of the service engagement process. This allows the service provider to gain greater clarity on what challenges the service user is facing including who they have seen or spoken to about the situation to date.

Understanding the service user's strengths and what resources they have available is paramount. While a service user may arrive at a meeting presenting one particular challenge, the service provider may notice other underlying challenges. Service providers are presented on a regular basis with complex situations that need to be broken down into steps in order for a service user's issues to be resolved.

Doing so requires that the provider and user work together to develop a plan aiming to deal with the immediate, short- and long-term needs related to the particular situation. Where possible, the service provider and user will work together to find available community resources. Supporting the principles of self-determination, autonomy, and empowerment, service providers may help a service user to find solutions themselves.

Working with these principles can empower the service user to find solutions to current challenges and gradually reduce the need for ongoing assistance. While some service users may require extended follow up, some agencies may not be in a position to provide follow-up due to limited human resources. Other agencies do not actively provide follow-up unless the service user requests it.

Outreach

After the initial connection between service user and provider, the service provider may regularly reach out to the service user through a friendly phone call, message, video call, and/or visit. In other words, the service provider will provide the service user with

information and resources and assess and assist in any ongoing needs of the service user.

Reaching out frequency depends on factors such as the preference of service users and the availability of service providers. Other types of outreach include assisting the user in scheduling appointments, completing a task or demonstrating a process or other type of navigation. Outreach can be especially important if English is not a first language or if someone is a newcomer to a community or is without other supports.

Support Groups

Support groups may be created to accommodate a group of participants facing similar challenges (e.g., looking after a family member, having a chronic illness). The groups usually accommodate a small number of people. Some support groups are open (i.e., welcoming new participants) and others are closed (i.e., not open to new participants).

Support groups are usually facilitated by knowledgeable, skilled facilitators and are organized using collaborative and inclusive principles such as the practice of active listening, space sharing, and respecting confidentiality. Groups can be organized in-person, by phone, by video call, or through mobile messenger app meetings. Regardless of the setting, such groups are established to allow participants to support each other by sharing information and resources, validating each others experience, and sharing emotional moments.

Information Sessions

Like support groups, information sessions are open to a group of participants and led by a speaker who has experience on a specific topic. Information sessions can also be delivered in-person or remotely (e.g., teleconference or video conference). These sessions may include interactive elements such as break-out groups or small groups.

Materials and Media

Information materials can be distributed through a myriad of channels. Context drives the delivery format and may include material and media delivered in multiple languages or available in multiple formats (e.g., in print and digital formats).

Current materials and media used by community-based senior organizations include: resource guides; directories; pamphlets; posters; newsletters; websites; bulletins; social media platforms (e.g., Facebook, What's App, WeChat); toolkits, pocket guides; broadcasts; and podcasts. The organization might produce its own material and/or distribute material produced by the government.

Service Providers

In very general terms, service providers within an organization can be divided into two groups: direct service providers and service coordinators. The people who occupy these positions may be paid staff or volunteers.

Direct Service Providers

Direct service providers are often volunteers, who in community-based seniors' organizations deliver I&R services and programs. They have direct contact with the users who are accessing supports and services.

Whether paid staff or volunteers, these individuals possess a range of skills, experience, and training. Most community-based seniors' organizations are not equipped or funded to provide any type of formal training outside of a basic orientation.

Volunteers are often seniors/peers, students who are looking to gain experience working with seniors or in other community-based organizations, new immigrants hoping to add experience to their out-of-country qualifications, and retired or practicing professionals in areas such as law, social work, accounting, and nursing who want to contribute to their community. Staff often provide direct service as well and can often provide services more consistently than volunteers.

Service Coordinators

People occupying service coordination roles are typically paid staff. In an organization with volunteers, a coordinator will take on tasks such as scheduling volunteers' time, booking sessions with service users, providing training to staff and volunteers, as well as stepping in to provide direct service provision when needed.

Delivery Models

There are two common models of Information and Referral services in B.C., each with benefits and drawbacks.

Model 1: Volunteer-Delivered and Staff-Coordinated
Under this model, services are delivered by volunteers and coordinated by staff. Volunteers come from varied backgrounds, often bringing diverse knowledge, skills, and experience. Operating costs are low when this model is used. Volunteers are more likely than staff to be seniors supporting those seniors who often prefer to be served by a senior than a young person. Drawbacks to this model centre on issues of continuity and consistency and these are difficult to achieve when volunteer availability and turnover are taken into account.

Model 2: Staff-Delivered and Staff-Coordinated
Paid staff ensures a certain consistency in service delivery. However, many seniors prefer being supported by another senior—which is unlikely to be a staff person. While having a paid staff may offer consistency, most community-based seniors' organizations operate on very restrictive budgets. Due to lack of resources, the workload may be onerous leading to backlogs in addressing many service users' needs, especially in circumstances that are time-intensive or require accompaniment.

Types of Service Users

Seniors that are often isolated and have a limited support network are typical primary users of community-based senior services. They either locate the service on their own or are referred by family, friends or another agency.

Requests for Information and Referral services may also come from a partner agency in the community, from healthcare settings such as a clinic, physician, hospital, or a mental health team, a governmental body such as the Legislative Assembly of B.C. or the B.C. Parliament, or a governmental agency such as Service Canada or Canada Revenue Agency. At times, the service request may not be for the senior themselves, but for a caregiver looking for support or guidance.

Funding for Services

Current funding mechanisms are unstable for the provision of Information and Referral services. Community -based seniors' organizations that deliver the bulk of these services typically operate on community grants (such as those offered through BC Gaming), donations, fundraising activities, or social enterprise schemes.

In Summary

- Rapport and engagement are important components of the provision of I&R services.
- Services and supports requested by B.C. seniors are diverse and can range from simple requests to complex system navigation. Service areas include physical health, mental health, economic needs, housing, citizenship, taxes, and food access, among others.
- Service provision takes on many forms and is highly contextual. Services may be place-based or outreach-based, for example.
- Service delivery is also highly contextual and may take place one-to-one, in information sessions, or through a support group.
- Materials and media are produced with the specific needs of the particular community in mind. Some materials may be available in multiple languages. A range of media and methods are used such as newsletters, podcasts, or pamphlets. Some material and media is produced by community groups while others are distributed by a governmental agency or other institutional body.
- Provision of services, in very broad terms, is delivered by staff and/or volunteers who have a diverse range of skills, experience, and training.
- Provision of services in B.C. is largely applied through two models: volunteer-delivered and staff coordinated, or staff delivered and coordinated.
- Request for services may originate from seniors themselves or from another individual, agency, or professional contact that is working with the senior.
- Funding to support I&R service work is unstable. Current funding mechanisms include grants, fundraising, donations, or social enterprise activities.

Chapter 4: Technology

Information and Referral services are increasingly being offered through digital technology and in some cases the only access to services is through a digital platform. While digital technologies promise to provide greater access, the reality is that for many marginalized seniors digital technology can replicate and exacerbate existing inequities.

This chapter examines why technology is so important to the future of service provision for seniors, highlights the challenges of using technology to work with this group, and makes recommendations for moving forward.

Technology Advantages for Seniors

Convenience and ease of access to information are the two most significant reasons why digital technology will progressively become an advantage for seniors requiring information and resource support. Ideally, digital technology will provide more timely connection to necessary services.

Further, it can ensure that seniors who are isolated or have barriers that impede in-person assistance will be able to reach the supports they need and participate in activities and other personal and civic functions.

Technology Challenges for Seniors

Inescapably, society is moving to a digital world. The ability to use and access digital tools and technologies is no longer a preference; it is a core requirement to gain access to information, services, resources and supports. Seniors have been increasingly impacted by the digital divide, and the COVID-19 pandemic exacerbated an already burgeoning crisis.

Technology challenges for seniors is multifaceted and is not simply resolved by attending computer classes or providing seniors with a device. Addressing the digital divide for seniors, and specifically for seniors to access Information and Referral services, will require coordination and cooperation across different sectors and a rethinking around how our society ensures each individual can participate in activities and civic life. The main challenges uncovered by this scoping activity include:

- Physical access to technology
  - Internet services can be prohibitively expensive especially for seniors who are low-income
  - Seniors living in remote or rural locations may not have any type of internet access
  - Physical impairment may require specialized adaptive technology; the cost and availability of these products is out of reach for most seniors
  - Travel to community-based locations (i.e., libraries, seniors' centres, etc.) is not feasible or not available
  - COVID-19 has further placed restrictions for seniors to go outside their homes to access digital tools and technology
  - Many seniors rely on family for technology support, yet family members may not always be present. Further, seniors who do not live with family are further restricted due to COVID-19 measures limiting in-person interactions
- Limits to current technology and services
  - Difficulties navigating digital tools and technologies when communication about most services and resources is only in English
  - Many digital devices (i.e., tablets, cellphones) are sophisticated and overly complex for many seniors' needs
  - Unstable connections
  - Devices not tailored for seniors with impairments such as hearing loss, arthritis, vision loss, and cognitive challenges
  - Inability to access computer training programs
    - Classes are too fast-paced
    - Classes are not multilingual
    - Classes do not allow for on-going

one-to-one support
    - In-person training suspended due to distancing measures in response to COVID-19
- Interface with service providers
    - Community-based service providers may not have access to digital tools and technologies themselves (e.g., funding, volunteers may be seniors themselves facing similar barriers)
    - Unstable connections can result in a frustrating experience for seniors, or miscommunication
    - Privacy and confidentiality can be challenging (i.e., service provider may not be able to see if a senior is being coerced by someone else present)
    - Seniors may not have the ability to "digitize" forms, identification, or other material that a service provider needs to offer assistance
    - Many seniors have a strong preference for in-person services
        - Allows more space to ask clarifying questions
        - Users feel information is more secure and confidential
        - Users are more likely to have access to multilingual staff

Even before the onset of the global pandemic, information resources were moving online. Unfortunately, the rapid movement to online diffusion of information left aside those who are marginalized in many ways.

Current digital tools, technologies, and online services make several assumptions about their users, often overlooking the challenges that seniors face such as ability to physically manipulate a device, ability to learn how to use the technology, and the on-going support needed to confidently use the technology. Further, many services are limited in the languages they offer, services require that seniors have the ability to digitize forms or other materials, organizations are limited in the scope of services they offer, and finally, services do not provide the reassurance of privacy and confidentiality that drive many seniors' preference for in-person support.

Physical access to digital tools and technologies is an ongoing issue for many seniors and communities, an issue that is amplified by the COVID-19 pandemic. Along with the basic issues of connectivity, hardware and software accessibility, seniors will face technical and social challenges.

Technical challenges can be as simple as background noise making communication difficult, or frustration caused by unstable or weak internet connections. Sometimes, these kinds of challenges complicate even the simplest of actions leading to loss of time and patience for both service providers and seniors accessing the services.

Recommendations

COVID-19 has been a game-changer when it comes to the expansion of common use of digital technology from email and texting to video conferencing via Zoom, Skype and various other platforms.

Organizations, including community-based seniors' services, have learned that despite the preference for having on-site programs and service delivery, virtual services have proven to be an excellent means of maintaining contact and continuing to provide many services and programs. This bodes well for the future.

Collaboration between different community-based seniors' services and partners, aided by digital tools and technologies, has helped both providers and users of Information and Referral services to expand and enrich their information sources and their reach. A few basic recommendations to harness the power promised by digital tools and and technologies include:

- Encouraging both providers and users to continue outreach beyond the pandemic to seniors and available support
- Developing pilot technology projects in the short term to keep upthe momentum started during forced COVID-19 closures
- Examining how relationships were maintained during the shutdown periods and build on those by bringing technology and people together – to complement in-person activities when they are available again

Involving both those who work as service providers and service users in the choices available for providing services will be important. Commonly, a younger generation of seniors are more open to technology and have better knowledge and skills than the older generation of seniors. A key issue for provider organizations will be to continue exploring the technologies that will appeal to, be understood by, and offer challenges to newer, younger senior users.

Resource sharing between community-based seniors' services and other partnerships will be necessary. Seeking on-going donations of up-to-date equipment from community organizations or partners will also support the growth, accessibility and acceptance of digital technology by both users and providers. Organizations should be prepared for the continued and improved use of digital technology yet not assume that every user will want to make that choice.

Accommodating the technology learning needs and preferences of seniors is a persistent issue. Community-based seniors' services, service providers and governmental agencies must be prepared to answer key questions to ensure the digital divide is addressed and is not exacerbating existing inequities. These questions include: What are the learning needs of seniors?; how do organizations facilitate the various learning methods of their users and ensure that these options are available through staff or volunteers?; what are the potential outcomes of the various instructional methods?; how basic should the training be?

In the end, the users will decide what and whether they want to learn, and how they want to learn. Adequate funding and ongoing technological support and, when necessary, equipment upgrades, will further allow provider organizations to best support the instruction of seniors by ensuring that staff are also trained to provide the necessary services and supports for B.C.'s seniors.

Examples of Adaptations by Community-Based Seniors' Services

From this scoping activity there have emerged many examples of how community-based seniors' services

have adapted to the changes brought about by the shift to digital services, as well as the constraints put in place due to the COVID-19 response. Many of the popular activities and programming offered at place-based community-based seniors' services were not based in digital technology such as creative writing, arts and crafts, and movement classes.

Several organizations were able to maintain and even grow their programming participation through the use of digital technologies such as Skype and Zoom to connect with their members. Another example is the production of a senior-led, senior-focused podcast, a side-benefit of which the seniors themselves learned and developed their digital skills.

Many seniors reached out to community-based seniors' service organizations in order to find ways to keep in touch with friends and family during COVID-19. While the drive to learn digital tools and technologies is based on making social connections, seniors can also learn how to use these platforms to access other services and information resources.

In Summary

- Increasingly, services and supports have been migrating to the digital realm and many are solely provided online; the COVID-19 pandemic has amplified the issue.
- Individuals who experience barriers to access digital tools and technologies are excluded from society as a whole in a process that is termed "experiencing the digital divide."
- The digital divide can replicate and even exacerbate existing inequities.
- Seniors accessing community-based seniors' organizations are especially vulnerable to the inequities brought on by the digital divide.
- Many challenges exist for seniors to use and access digital tools and technologies including physical access, language access, physical ability, costs, geographical location, and access to learning and technical supports.
- Many of the above challenges faced by seniors are also seen by the community-based organizations supporting seniors.
- Use of digital tools and technologies is not always desired or appropriate for some seniors; questions regarding capacity to understand information, coercion, as well as privacy and confidentiality concerns are some of the issues that inhibit uptake of digital-based services.
- Addressing these barriers will require a multifaceted approach as skills, ability, comfort, and access to digital products vary widely.
- Ongoing funding and support are needed to ensure training and equipment remains up to date as digital tools and technologies rapidly change.
- Services and supports should continue to find ways to best serve their users by offering multiple ways for their services to be received, including in-person services.
- Seniors themselves should be consulted on what digital methods best suit them.
- Seniors and community-based seniors' organizations have already shown they can be remarkably adaptable, quickly pivoting many in-person activities and programs online and developing new ways to create programming and best reach their communities.
- Framing of the digital divide is best understood by recognizing that access to digital tools, technologies, and services is a basic human right. Inability to access services and resources created for the public is a denial of a citizen's right to participate fully in social and civic life.

Chapter 5: Diverse Cultures and Languages

The B.C. seniors population is comprised of a large diversity of cultures and languages. Provision of Information and Referral services can be complicated when adjusting to communication challenges. Community-based seniors' organizations are flexible and continually work to engage seniors and adapt their services to remain inclusive and ensure members can access resources and supports.

Diversity Demands

B.C. is home to a rich diversity of seniors. This diversity in language and culture can present challenges in how Information and Referral services are delivered. Community-based seniors' organizations, for the most part, provide services in English.

Many factors drive the uniformity of English-language service delivery, including limited funding for staff or paid translators and availability of volunteers. In some regions, there are no speakers available to communicate with the service user in a shared language. Language diversity can impact both immigrants and migrants of Canada as well as individuals who speak one of the many First Nations languages.

Immigrant and migrant seniors may not be as familiar with Canada and their new community and may be more isolated, often relying on family members to coordinate resources. Some im/migrant seniors are tasked with familial duties such as childcare, their duties unrecognized and uncompensated which can lead to further isolation from the larger community. Without recognizing how different cultures interpret and communicate issues, service providers can come across as judgmental or indifferent.

Further, even members within the same cultural or language background may have different experiences and understandings. These communication issues can hinder a senior's ability to connect with desired services and can lead to disengagement with the wider community.

The use of translators or interpreters may be problematic. In some cases, there may be a common language but the user and translator speak different dialects.

The cost and availability of professional translators can be prohibitive for some community-based seniors' organizations, especially those in smaller communities. Time and availability may be challenging for service users who rely on friends and family. Further, the senior may want to discuss a private issue away from family members, such as in the case of an abusive relationship.

Community-based seniors' services have adapted in response to these cultural and language challenges by offering information resources such as newsletters in multiple languages, liaising and developing collaborative relationships with cultural and faith-based services, and offering programming that does not rely on spoken communication such as music, dance, and arts-based activities.

Some governmental agencies do have multilingual options for telephone or online services. However, the service changes and increased demand in response to COVID-19 highlight that without access to appropriate digital tools and technologies, non-English speakers can remain very isolated and without support.

Recommendations

Based on this scoping activity the following recommendations are outlined below to address cultural and language diversity in the delivery of Information and Referral services. Many community-based seniors' organizations have adapted to respond to their community's needs using these tools and methods:

- The use of appropriate internal or external translators. While cost for these services, or finding an appropriate volunteer might be unfeasible, some organizations expressed a disconnect between what the service user expressed and what the translator and/or service provider interpreted.
- For immediate day-to-day issues the use of applications such as Google Translate can be useful. A caution is noted that these applications may be inaccurate in their translations.
- The use of family and friends who speak the same language as the service user can be useful in certain contexts.
- Collaboration with other community agencies with language resources such as settlement agencies, cultural services, or faith-based services.
- Development of programming and activities that do not require a shared spoken language.
- Investment in trained and dedicated translators.
- Investment in training for service providers and community-based senior' organizations to adopt a nonjudgmental and welcoming lens that respects people's diversity of cultural, language, and faith backgrounds.

In Summary

- Access and utilization of services and supports offered to seniors remain out of reach for some due to limitations of cultural and language resources.
- Reliance on volunteers or friends/family to act as translators is not always feasible or appropriate.
- Many seniors experience judgment and discrimination due to their cultural, language, or faith backgrounds.
- Community-based seniors' organizations seek out ways to adapt to these issues by collaborating with other agencies in their community, or through offering programming and activities that do not rely on spoken communication (such as music, dance, or crafts).
- Greater dedicated investment in appropriate translators is needed as well as training to ensure service providers offer nonjudgmental services that respect one's cultural, language, and faith background.

Chapter 6: Poverty, Limited Resources and Lack of Funding

The availability of funding and resources, which directly impact B.C. seniors, have steadily declined since the 1990s in all levels of government. Cuts in spending create critical repercussions within seniors' lives, seen in lack of affordable housing, in access to healthcare and supports, workforce participation, income, transportation, and more recently, in access to digital tools and technologies.

Some agencies have moved services online as a cost-saving measure. While this may have a positive impact on an agency's or organization's bottom line, it can result in additional barriers for seniors as they attempt to access these services. Four major themes in regards to the impact of underfunding on B.C. seniors were identified in response to this scoping activity: homelessness and inadequate housing; poverty; increased lack of services and support; and wait times.

Homelessness and Inadequate Housing

The ramifications of unstable housing are vast. Research has highlighted the links between people's mental and physical health, exposure to potential violence and abuse, and even generational consequences tied to socioeconomic instability and unstable housing.

The specific issues reported by this study's participants outline the challenges faced by B.C.'s seniors. Increasingly, community-based seniors' organizations are reporting a large increase in homelessness among seniors.

Seniors are often moving due to inability to pay rent or for safety reasons when housed in low-income and supportive housing buildings. The frequent moves or lack of housing altogether leaves seniors without a permanent mailing address.

Many governmental agencies will only provide documentation or services through the postal system to a permanent address. Community-based seniors' organizations often step in and become a permanent mailing address for a senior. However, this in turn presents challenges if the organization is unable to communicate with the senior to let them know mail has arrived.

As discussed previously, many seniors are impacted by the digital divide and do not have access to digital tools and technologies. Even low-cost technologies like a land-based phone and voicemail remain out of reach for some seniors. Additional challenges were experienced as a result of COVID-19, as organizations were required to close and seniors encouraged to stay home.

Seniors' Poverty

The B.C. senior poverty rate continues to be the highest in Canada. What is not illustrated by the poverty rate is that the vast majority of B.C. seniors have an income that is marginally above the Market Based Measure (MBM) that Canada uses to determine the poverty line. Overwhelmingly those impacted the most are those who live alone.

Every day, seniors must make critical decisions around spending priorities. Food access remains a substantial challenge, as well as healthcare costs not covered by our public healthcare system, most notably dental coverage. Low-cost dental care is available in a few select communities but access to these sites is difficult or impossible for remote seniors and those without transportation options, and some facilities are closed due to COVID-19.

Many seniors report denture breakage and the inability to afford repairs, leading quickly to malnourishment. One other issue to note is the residency requirements for basic government pensions. The base Old Age Security pension requires a residency of 40 years in Canada (from 18 years old) for full pension amount. For seniors who do not meet the requirement, OAS is reduced. The Guaranteed Income Supplement is the federal government benefit for the lowest income seniors which also has a residency requirement that often impacts immigrant seniors.

Underfunding of Services and Supports

Information and Referral services offered by community-based seniors' organizations remain critically underfunded. Ongoing costs to maintain dedicated staff and operational needs such as basic telecommunication devices are typically funded through competitive grants or donations and fundraising.

Time and effort to participate in these activities draw resources away from frontline activities to serve seniors in the community. Community-based seniors' organizations play an important and unrecognized role in supporting seniors to remain independent and out of hospital or specialized care, which is a major cost saving intervention for provincial governments.

Due to the nature of grants and their funding priorities, as well as difficult choices for resource allocation by community-based seniors' organizations, not all services that seniors request can be met. As an example, organizations can only assist seniors with permanent residency status if an organization is receiving funding from th department of Immigration, Refugees, and Citizenship Canada.

Wait Times

An outcome of underfunding is that there is an increase in wait times. Wait times for referrals can be expected and once a referral has been made additional wait times can occur while a service becomes available. Seniors face significant wait times for critical services like supportive housing which can take up to a year or more through B.C. Housing.

Underfunding for community-based seniors' organizations creates scenarios where seniors are without the advocacy and support to get the appropriate referrals needed. Seniors experience frustration and helplessness in situations like these where their need is immediate and serious. A wait time of a year or more is no small matter to a 90-year-old senior. Setting realistic expectations and being able to make alternative plans relies on an understanding of wait time lengths.

Recommendations

Poverty and underfunding are complex issues that require multiple approaches to address their most detrimental effects. There are opportunities for coordinated and collaborative efforts across multiple agencies and organizations, including ones that are not specific to seniors, such as:

- Creating partnerships and providing cross-agency referrals in order to offer the best support for seniors, where each organization has specific strengths and areas of expertise to bring to the table
- Building partnerships to generate new ideas and bring people together to garner greater support in calls for change
- Developing collaborative partnerships to build up competencies across agencies
- Communicating well to ensure follow through so that seniors don't fall through the cracks
- Holding cross-agency training and events in order to make better resource allocation decisions
- Building working groups or considering other convening methods to utilize the diversity of skills and expertise to address issues specific to a community or region. Outcomes of such collaborations include:
    - Establishment of information hubs
    - Building of resource libraries
    - Coordination and availability of targeted outreach activities
    - Strengthening of funding applications
    - Acting as a resource where complaints and frustrations can be expressed so that improved responses can be directed to the appropriate body thereby freeing up the limited time frontline workers have to support seniors

In Summary

- Chronic depletion of funding has a wide-reaching impact on seniors in British Columbia.
- While official reports already place B.C.'s seniors as the most impacted in Canada, the true scope of poverty is actually significantly greater as many seniors live marginally above the poverty line.
- Precarious housing and homelessness are increasing for B.C.'s seniors.
- Unstable housing has profound effects on one's physical and mental health.
- Unseen impacts of unstable housing relate to how a senior can access services. This includes ability to communicate with official government bodies, issues related to access to digital tools and technologies that also impact access to civic participation, and the necessity of accessing community-based seniors' organizations for Information and Referral supports.
- Underfunding of community-based seniors' organizations forces these organizations to dedicate precious time to intensive and competitive activities including grant-writing and fundraising, drawing resources away from frontline activities to support seniors.
- Community-based seniors' organizations work hard to keep seniors independent and healthy, essentially ensuring that there is a decrease in the demand of government-funded services such as hospitals and care homes, a cost-saving measure that is not often acknowledged.
- Organizations are coping with the lack of funding in creative ways. These collaborations and partnerships have many potential benefits including efficient resource allocation, stronger coordinated services, cross-agency skill building, and greater impact when calling for change at higher institution and system levels.

Chapter 7: Complex System Navigation

Seniors' needs can be diverse - rarely is an issue resolved after approaching only one service or support. Navigating a complex and at times fragmented public service system is challenging for seniors and for community-based seniors' organizations tasked with assisting seniors. The increasing move of services to the online realm compounds the complexity of system navigation.

Working through some examples of what system navigation looks like helps to illustrate the challenges seniors and community-based seniors' organizations face when providing Information and Referral service in B.C.

Correspondence Issues

Documentation and services often come directly from the government and other agencies by mail. As described earlier, assuming all seniors can be reached at a fixed address to receive important communication can be problematic. Some seniors choose to address this issue by using a trusted community-based seniors' organization as their mailing address.

However, issues related to access and use of digital tools and technologies (i.e., cellphones or email addresses) can be a barrier to letting a senior know that documents have arrived for them. With the closure of public spaces due to COVID-19, many seniors are not receiving important documents. Cognitive decline and competing priorities may lead to seniors misplacing documents in their own home if no one is there to assist them in keeping track. For follow-up or information inquiries, one is usually expected to review the agency's website or call a particular phone number.

Here, issues related to the digital divide are also apparent. Once a senior, or frontline worker assisting the senior, is able to make the call new problems can arise. Namely, the use of automated phone systems and directories can be challenging and confusing. The design of systems that require certain buttons to be pressed for particular issues may not reflect the specific issues or multiple issues a senior is hoping to receive assistance for. For example, if a senior is low income and needs to apply for both income assistance and a bus pass. When this senior calls the Ministry of Social Development and Poverty Reduction, "1" is for the application for income assistance and "2" is for the application for a bus pass. Which button should this senior press? Times placed on hold can be long, adding frustration and stress.

Once a connection is made, security questions are asked. This can be challenging for seniors for a variety of reasons such as cognitive decline or an inability to remember addresses, especially if they have moved a lot. Other situations may require the service user to produce some tax information or other verification from documents and forms, items the senior may not have access to.

Completing forms, requesting information, using services and making payments often assume that a service user has a credit card, online banking, and an email address. This leads to a circular problem where one issue must be resolved to access information for another issue. As an example, a credit card payment is required for a permanent resident card as well as an online account with Canada Revenue Agency, which in turn requires an email address and sign-in information verified through online banking or details from one's tax forms.

Frequent Service Changes

I&R services rely on information about supports, resources, and services being up-to-date. Inconsistency in what services are offered, changes to phone numbers and weblinks, and re-direction through online or phone directories can be frustrating and confusing for seniors and community-based seniors' organizations. Frustration, confusion, language barriers, complex problems, and digital divide issues drive seniors' desire for in-person I&R

service support. Keeping track of updates and changes to information can be time consuming. This is particularly a burden for time-constrained and resource-strapped community-based seniors' organizations, especially those dependent upon a rotating cast of volunteers.

Recommendations

Recognizing that there is no perfect system to address the varied multitude of needs of B.C.'s seniors, the participants in this study provided recommendations for steps forward, as detailed below.

Simplifying System Navigation

A simplifaction of system navigation would be beneficial for both service providers and users and should involve:

- Funding, training, and support for staff to do systems navigation in order to assist the service user
- Allowing system navigation and I&R services to be offered in different formats to suit the service user (i.e., in-person at a dedicated space, by phone, through outreach, through a web-based service)
- Assisting the service user by providing a script or information ahead of time to ensure the service user is prepared when they contact an agency
- Finding additional ways to confirm a user's identity
- Simplifying phone navigation by reducing the number of prompts one needs to reach a particular department or to speak with a representative
- Providing specialized numbers for seniors so they can contact government departments and agencies such as Service Canada and Canada Revenue Agency without having to go through the same numbers that are used by the population as a whole

Centralizing or Pooling Service Directories

While it is necessary that many aspects of directories are specialized by topic or geographical location, there is room for better centralization or pooling of information. Success hinges on the ease in which one can use a system, and minimal wait times and an option to speak with a representative in-person is ideal.

Centralized service information with a dedicated team should be available to ensure information is credible and up-to-date and would include:

- Multilingual options
- Specific versions dedicated to seniors, families or caregivers, and service providers to ensure each party has the information they need
- Summaries of information highlighting resources (avoiding descriptions that are too long or too short)
- Collaboration with community-based seniors' organizations who can advise on the categorization of services within a directory along with the necessary level of detail (e.g., a simple and useful format might show: the name, contact details of key people and what issues they can resolve)

In Summary

- System navigation is complex and is often not responsive to the needs of seniors.
- A significant amount of information, resources and directories have moved online, which can be highly inaccessible to many seniors.
- Phone-based information can also be confusing and complex, requiring the service user to go through multiple prompts or provide verification information that they are unable to access.
- The categorization of current services doesn't take into account how certain issues faced by seniors are interconnected. This leads to confusion and frustration on how to best navigate services.
- One-to-one in-person navigation remains the preference for many seniors.

Chapter 8: Volunteers as Service Providers

Volunteers, often seniors themselves, are a significant source of labour in the provision of Information and Referral services within community-based seniors' organizations. As discussed earlier, use of volunteers is one of the main models of service delivery in B.C. The work of volunteers is extremely valuable and can be very rewarding, yet many obstacles are noted.

Many seniors accessing Information and Referral services express a strong preference for working with another senior. They see peers as more likely to have a better understanding of the their experiences and to offer a nonjudgmental, empathetic response.

Three areas are identified as challenges by this study: the demands on volunteers and subsequent support needed; the turnover and retention of volunteers; and specific issues relating to the COVID-19 pandemic.

Volunteer Experiences and Supports

Volunteers are, for the most part, seniors themselves and face many of the same obstacles and issues that are barriers for the seniors to whom they are providing I&R services. Volunteers are deeply invested in the problems and issues that their peers are seeking assistance for. Many experience a difficult emotional burden when they are unable to resolve or address a senior's need. Resources to train, equip, and provide guidance and mentorship are in short supply in over-worked and under-funded community-based seniors' organizations.

Volunteer Retention

Training volunteers is a huge endeavor for community-based seniors' organizations. Volunteers themselves are in short supply and the demand for Information and Referral services is high. Volunteers' availability is inconsistent and dependent upon an individual's health and access to transportation, among other factors.

Volunteers who are students or practicum placements move on after their allotted time. These factors result in inconsistency and hamper the engagement and rapport needed for a successful service-user–service-provider relationship. Service users also express frustration at having to "start all over again" when dealing with a new volunteer. Privacy and confidentiality concerns can also hinder effective communication in the transition of service provision between volunteer service providers.

COVID-19 and Volunteers

Social distancing measures put in place in response to COVID-19, have had profound effects on volunteers. Information and Referral services that pivoted to remote options have been inaccessible for many volunteers and community-based seniors' organizations. Volunteers, like the seniors seeking services, can also be impacted by the digital divide.

Organizations may not have the capacity or resources to provide equipment, training, and support for volunteers to continue their work. Many volunteers derive immense benefits to the social interactions provided by their frontline work, and the loss of this work can have a profound impact on their health and social connectivity.

Recommendations

- Seniors who have experience as volunteers in community-based seniors' organizations are a valuable resource; they can take on leadership and coordination roles to support the dissemination of information and gather on-the-ground input to bring back to the organization. They can be a great asset in the training of other, newer volunteers.
- Organizations can provide and promote clear pathways to attract new volunteers. Volunteers are often former service users and are eager to give back.
- Outlining the benefits of volunteering will help attract and retain volunteers who would:
    - Learn new things
    - Develop one's purpose and gaining meaningful experiences
    - Gain a sense of belonging to a community
    - Feel a sense of reciprocity by giving back to one's community
- Engagement with volunteers is on-going work. Organizations should be prepared to find ways to build their relationship with volunteers by:
    - Assigning diverse and meaningful tasks
    - Being open to creative suggestions from volunteers
    - Involving volunteers in decision-making and keeping them informed of organizational activities
    - Building a team environment among volunteers
    - Reimbursing any out-of-pocket expenses incurred while performing I&R service activities, as outlined by an organization
    - Finding ways to express appreciation and recognition of volunteers' work
    - Promoting and training volunteers on maintaining work/life balance and boundaries
- Volunteer retention and satisfaction would be advanced by:
    - Equipping, supporting and training older adult volunteers to adjust and transition to other methods of volunteer service (ie. remote vs. in-person)
    - Direct telephone lines for trained volunteers to reach public services such as Service Canada, similar to the direct line used by volunteers for the Community Volunteer Income Tax Program (CVITP)
    - Dedicated telephone support lines for emotional well-being

In Summary

- Volunteers are the backbone of many community-based seniors' organizations.
- The labour of volunteers is essential to building rapport with seniors in the community and seniors themselves have expressed a strong preference to be working with a peer.
- The work done by volunteers is undervalued and under-acknowledged by many institutions.
- Community-based seniors' organizations are encouraged to find ways to attract and retain volunteers through dedicated training, support, and team-building.
- However, retention of volunteers and the resources to support and train them is tied to the issue of under-funding of community-based seniors' organizations.
- COVID-19 has complicated or halted the work of volunteers which has negatively impact both service users and volunteers.
- COVID-19 measures have exposed the digital divide and due to the increased move online, inequities have widened as service providers are unable to assist service users in-person.
- Suggestions for engaging volunteers centre on discovering what drives a person to volunteer.
- Fostering the beneficial aspects of the work that volunteers experience will assist in retention of volunteers. This ensures greater consistency and service user engagement.
- Retaining volunteers is cost-effective for institutions. The investment by agencies in dedicated supports, such as Canada Revenue Agency phone lines for volunteers, is one way to ease the work of volunteers.

Chapter 9: Key Challenges for Information and Referral Services

Earlier chapters have highlighted a number of important issues reported by participants that are relevant to the mission and role of community-based seniors' organizations. It is useful to understand these in the context of the likely future directions for development of Information and Referral programs.

For example, the AGE-WELL Network of Centres of Excellence has identified eight Challenge Areas for innovation in coming years, including mobility and transportation, healthy aging and wellness, social connectedness, financial wellness and employment, as well as more health-related technologies (AGE-WELL, n.d.).

It is worth outlining these Challenge Areas further in this chapter (these are taken from AGE-WELL NCE and SFU STAR Institute reports AGE-WELL's Eight Challenge Areas for Research and Innovation and Key Issues in Aging in the 21st Century).

Supportive Homes and Communities

Aging in place is about being able to live independently in one's home and community. Helping older people to 'age in place' at home benefits their quality of life and also provides a more appropriate and cost-effective alternative to residential long-term care.

While aging in place may bring social, psychological and health benefits, there can also be a significant downside on an everyday level. Living at home in old age can be a place of negative experiences, such as neglect, isolation and loneliness.

There is often a lack of culturally appropriate community care, appropriate and affordable housing and family support. Being safe and secure at home and in local communities can be improved by age-friendly design to reduce risks for accidents and injury and to provide rapid responses when a person needs help.

Policy Priorities

- Offer flexible, supportive and affordable housing options (e.g., care-ready design)
- Develop and provide community supports to enable older adults to live at home and socially engage in their community as long as possible (e.g., home adaptations, alternative housing options, transportation, meal services, as well as personal care)
- Develop age-friendly communities and environments
- Provide resources to identify and report discrimination, violence, and abuse
- Help aging adults feel secure, confident, and safe in their homes and neighborhoods
- Protect the right to basic security

Health Care and Health Service Delivery

While most seniors enjoy active and healthy lives, declining health is a reality for many Canadians as they get older, due to the onset of chronic disease and frailty. Providing the best possible healthcare for seniors is a major policy priority and everyone should receive care that is appropriate to their needs.

It is important to provide more preventative and community-based alternatives to long-term residential care to help people to manage their own health conditions and live independently at home. One of the major challenges facing countries across the world is how we can create sustainable services in the face of increasing numbers of older people.

In many ways the problem is more about making better use of the financial resources and human capital that are already in place, ensuring equitable access to all and delivering care that is responsive to individual needs and individual preferences to age at home within one's familiar community.

Policy Priorities

- Healthcare for seniors is very wide-ranging, including:
  - End-of-life care
  - Personalized care
  - Control of infectious disease including HIV and STDs
  - Medication management
  - Mental health
  - Home care
  - Restorative care and rehabilitation
  - Long-term care
  - Falls and injury prevention
  - Chronic disease management
  - Caring for frail people and those with complex needs
  - Preventative healthcare
  - Hearing and vision loss
- Develop sustainable and innovative policy and service initiatives that are aligned with the challenges and opportunities of the longevity revolution
- Move from reactive to proactive services where there is a better balance between restorative, preventative and community-based care and acute and long-term residential care
- Ensure age-friendly services that are inclusive and accessible to all, irrespective of ethnicity, location, education and income
- Create better mechanisms for seniors and caregivers to participate in service planning and decision-making
- Promote person-centred, integrated services and a continuum of care that is responsive to the changing needs and preferences of people as they age
- Support research, information and data to underpin evidence-based policy and decision-making
- Work towards the adoption of eHealth and telecare solutions across the health services
- Ensure best practice in healthcare and high levels of professionalism, skills and training across services
- Ensure that the formal healthcare sector, family caregivers, the non-profit sector and the direct-to-consumer market work interdependently
- Improve care coordination and access to information regarding healthcare services
- Involve older adults in determining priorities for policy and services
- Improve access to information about community care options and support

Autonomy and Independence

Most people want to continue to live independently in their own homes and communities as they grow older. Age-related physical and cognitive changes can undermine a person's ability to live independently and carry out everyday activities and tasks. Developing solutions and supports to help people to live independently has major benefits for their well-being and self-esteem and reduces demands on the caring services.

Policy Priorities

- Promote healthy lifestyles to help seniors live independently and actively for as long as possible
- Providing resources and supports for self-care and self-management of health conditions
- Creating inclusive age-friendly environments and communities that reduce barriers
- Providing seniors and caregivers with the tools and resources to manage and regulate their daily lives
- Create supportive homes and living arrangements
- Developing assistive technologies to remain independent throughout life
- Provide accessible information on health and social services and community supports

Cognitive Health and Dementia

Cognitive decline and dementia in later life is something that impacts the lives of many older Canadians and their families. Currently, there are no truly effective treatments for dementia, so our short and medium term responses need to focus on postponing the onset of cognitive decline through healthy and active lifestyles and providing better supports for older adults with dementia.

A key issue is how to support family caregivers, who provide the vast majority of day-to-day care at home. Early diagnosis of dementia may help older adults and families to better manage at home. There is growing evidence that maintaining a healthy, socially-engaged and active lifestyle may improve cognitive health and delay the onset of dementia.

Policy Priorities

- Raise awareness of health problems associated with dementia to reduce the stigma that prevents people from seeking aid
- Develop evidence-based care standards for the prevention and management of dementia
- Accelerate investments in dementia research
- Support the role informal caregivers play and provide assistance through services and financial assistance
- Encourage healthy and active lifestyle choices

Mobility and Transportation

Mobility is essential for older adults' continued health, social participation and quality of life and they require convenient and appropriate options to meet their mobility and transport needs, both within and outside their homes and communities.

The main means of transportation for most adults is driving. While most seniors continue to drive safely, many have to stop due to declining physical, mental or sensory abilities. Very frail seniors and those with physical and mental disabilities can also face significant challenges in moving around their homes and neighborhoods.

Policy Priorities

- Better access to convenient and affordable public transport
- Developing alternative transportation options, such as bicycling, walking, ridesharing
- Making driving and mobility aids safer
- Managing driving cessation and restrictions
- Maintaining and restoring mobility in aging
- Enhancing mobility aids
- Supportive designs for mobility in aging: housing, communities, and transportation

Healthy Lifestyles and Wellness

Being healthy is about making positive and conscious lifestyle choices that promote and sustain physical and mental health, including nutrition, substance use (e.g., smoking, alcohol), exercise and self-management of health issues. More generally, social engagement and being active are important for developing and maintaining optimal health across the lifespan.

Having a healthy lifestyle is often seen in terms of individual actions, but there are important social, economic and contextual factors that contribute to health outcomes including social isolation, physical environment, socio-economic status, education, access to information and culture.

Policy Priorities

- Support access to physical activities that are affordable regardless of their age and physical and mental functioning levels
- Inform and support people to maintain a healthy, balanced diet and ensure their access to affordable and nutritious foods
- Educate people about safe practice around substance consumption and abuse
- Support healthy living across the lifespan to

cultivate positive attitudes and behaviors to enhance health and well-being
- Create and sustain a safe physical environment to minimize risks of injury
- Prevent chronic disease and enhance health through positive changes to living and working environments
- Advance people's understanding of what it means to age well, what needs have to be met to age well, and what the trajectories of aging well might be
- Address social and economic factors that contribute to negative health outcomes and disparities

Staying Connected

Social participation is about being able to remain actively engaged within society, the economy and within our families and communities. Being involved in volunteering, work, leisure, religious and cultural activities and civic engagement may improve the well-being of seniors and increase the social and human capacity of their communities.

However, social participation often decreases with age due to illness and disability, loss of social contacts or fear of rejection or discrimination. Social isolation and loneliness at all ages is a key issue in modern society. Older people are particularly at risk due to living alone, health problems and disability, sensory impairment, and significant life events, such as death of a spouse.

Reduced contact with family or friends may lead to various adverse physical and emotional outcomes. Developing initiatives to counteract social isolation will help seniors to enjoy a healthier lifestyle and remain active participants in society.

Policy Priorities

- Advocate for local communities to establish volunteer programs to strengthen people's connections across generations, genders, and cultures, and encourage digital inclusion
- Invest in community-based groups that are organized by seniors
- Support seniors associations and promote self-help groups
- Develop programs to encourage senior immigrants and refugees to participate in the community
- Promote social connectedness by creating age-friendly intergenerational communities that facilitate connections between all ages
- Identify ways to use technology to improve social connectedness
- Advocate for affordable transportation options to encourage mobility among the older population
- Focuse on promoting active and healthy aging so that seniors can overcome social isolation

Financial Wellness and Employment

Financial wellness in later life is crucial for both seniors as individuals and society as a whole. Despite the image of wealthy baby-boomers, many people face financial hardship as they grow older. Low income has implications for health and social engagement and increases risk for major problems such as homelessness.

Population aging has financial and social implications for the sustainability of public welfare systems throughout the world. How can governments make best use of the available financial resources to ensure that seniors continue to have a decent income and quality of life? Supporting people to remain in the workforce as they age will contribute to their financial well-being.

Age-appropriate workplaces, training and education initiatives will help people to remain in the workforce and for companies and organizations to recruit and retain workers in key areas such as healthcare and other labour-intensive industries.

Policy Priorities

- Identify appropriate methodologies that would reduce poverty and income inequalities among the senior population
- Provide income, family, and community support so that seniors have their basic needs met (food, water, shelter, clothing, and health care)
- Recommend financial consulting services for senior to help them manage their income and wealth efficiently
- Provide realistic, cost-of-living-appropriate pensions to allow seniors to meet their daily needs and preferences
- Commit to providing sufficient social protection benefits to meet seniors' basic needs
- Ensure pensions are sufficient to see them through their senior years
- Have in place sufficient social protection benefits to reduce the risk of periods of poverty
- Provide affordable accommodation to counteract homelessness among seniors
- Promote affordability of essential utilities, products and services
- Drive organizational culture change to promote the participation of senior workers
- Develop technology-based solutions to support senior workers in the workplace
- Support education, re-skilling and training programs for older workers to help them remain active and productive in the labour market and to help companies retain and support aging workers

Recommendations

Exciting developments are underway to advance cost-accessible, innovative, and feasible products and services that are adaptable to seniors' needs. Community-based seniors' organizations have implemented creative adaptations to the best of their ability including:

- Providing Information and Referral services across multiple platforms
- Responding to physical and cognition needs by using:
  - Large print
  - Direct and concise summaries (i.e., the use of bullet-points to deliver information)
  - Voice-activated systems
  - Hearing amplifiers
- Translating to account for diversity of language and cultural backgrounds
- Using note-takers to assist seniors when accessing a service or making plans
- Training staff and volunteers to recognize that cognitive abilities fluctuate and are on a spectrum; respecting seniors' choices and involving them in decisions affecting them
- Developing initiatives to support engagement and connection with hard-to-reach seniors by:
  - Investing in dedicated outreach workers
  - Assigning a senior representative to connect with other seniors in shared housing
  - Building rapport to establish trust with seniors who have mistrust in service providers
  - Establishing relationships with those that are around the senior (e.g., neighbours or other community members) to provide a "community of care"
- Encouraging Information and Referral services to be collaborative and to establish connections through:
  - Building managers of supportive housing
  - Pharmacies and other health professionals' locations and staff
  - Community and cultural centres (e.g., neighbourhood houses)
  - Existing programming and activitie offered by community-based seniors' organizations
  - Local radio, newspapers, television, podcasts, and more.
  - Social media connections

Community-based seniors' organizations are approached not only to address requests and inquiries made by a senior, but also to serve the needs of a senior's caregiver/support. Caregivers and other support networks experience high levels of stress and fatigue. They may be seniors themselves, or responsible for many family members at once.

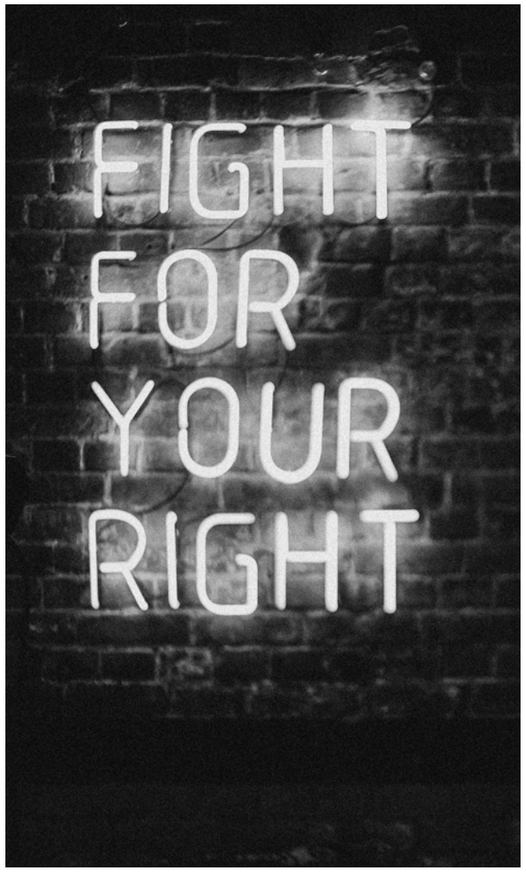
Caregivers often have little to no respite and are inadequately compensated, supported, or recognized for their work. The unfolding of the COVID-19 pandemic has drastically reduced caregivers' access to supports and services.

In Summary

Underpinning the themes described in this report are overarching factors that influence the success and uptake of Information and Referral services in British Columbia. Key considerations are highlighted below:

- Recognition and adaptations are needed to address the physical, mental, and cognitive issues impacting seniors' lives.
- Information and Referral services must be offered in different ways in order to remain accessible to seniors and caregivers.
- Information and Referral services much find creative ways to support seniors who access their services. Community-based seniors' organizations are doing just that, including:
    - Diversifying material and channels in order to reach seniors (i.e., adapting font sizes, using Facebook)
    - Providing support and services to those around a senior such as family or community-members
    - Adapting Information and Referral services in respect to different language and cultural backgrounds
    - Identifying methods to stay connected with hard-to-reach seniors (i.e., outreach, senior representatives in shared living situations)
- Information and Referral services will grow in reach and impact through the promotion of services offered and the establishment of collaborative partnerships with other community-based agencies and individuals.

Finally, recognition that the dual impacts of the digital divide and COVID-19 have exacerbated seniors' connectivity to vital programs and services as well as the support that caregivers require.



Chapter 10: Conclusion

Stratification of the digital divide emerged from this study as an overarching concern. The three inter-related theoretical approaches illustrated in this chapter - human rights, intersectionality, and asset-based perspectives - clearly describe what must be considered when further developing the role of seniors' I&R services and the community-based seniors' organizations that deliver the services that impact the lives of B.C.'s seniors.

While in-depth examination of these theoretical approaches are beyond the scope of this study, below is a brief overview of how each of these perspectives is understood in the realm of Information and Referral services and seniors in B.C.

Human Rights Perspective

Human rights are fundamental rights that individuals cannot live without. These are needs, not wants. Human rights are identified as core needs, and societies globally acknowledge that people have a moral or legal ground to claim these rights. Human rights in the context of this study, centre on the unequal distribution and access to resources and supports in a community.

Information and Referral services aim to rectify this inequality by connecting seniors to resources and supports they are entitled to. Inequalities for seniors have worsened over the last few decades. The digital divide, and now COVID-19, has widened these disparities. It is imperative that seniors have access to digital tools and technologies since the services and resources seniors are entitled to have increasingly shifted online and public health measures require physical distancing. Therefore, seniors' access to technology is their human right.

Addressing this human right is complicated as there are multiple factors that may prevent access to technology such as cost, maintenance, and accessibility of digital tools, technologies, and infrastructure; the uptake of technologies without ensuring adequate training, support, and accessibility; and thoughtful design when considering how a service user will interact with digital resources and digital supports.

A human rights perspective also underpins the reality that addressing the digital divide requires confronting oppression and ageism. One facet behind the digital divide is the unaffordability of digital tools and technologies. Capitalist design for telecommunication has led to industry monopolization and monetization.

Companies are obligated to create wealth for their shareholders and diversify their products to attract new customers. Yet, if fundamental supports and services identified as human rights are transferred to a digital realm, then providing access to that realm is mandatory and cannot require an individual to transverse a monetized gateway to gain access.

Another facet behind the digital divide is confronting attitudes and beliefs that seniors are incapable, disinterested, or uninterested in using digital tools and technologies. Current products on the market rarely target seniors and their specific needs. Lack of knowledge in how to use products prevents many seniors from using said products.

Seniors and their allies must confront ageist attitudes around seniors' desires or disinclinations. The discussion about seniors' lack of uptake of new technologies must shift from blaming seniors themselves to requiring necessary support and training for seniors to feel confident.

Intersectionality Perspective

Where the human rights perspective framed access to resources, supports, and services as a fundamental right to which each individual can claim equal access, intersectionality shapes how to approach senior support in

ways that are best suited to the individual. It goes beyond the demand for equal distribution and access to resources.

Intersectionality sheds light on the reality that seniors are not a uniform group and providing tailored support requires a collaborative effort between varying organizations, agencies, groups, and institutions. It is the recognition that individuals occupy several different social identities at once, and the intersections of these identities complicates how their needs will be met.

Understanding the intersections that make up an individual, Information and Referral services and community-based seniors' services must be adaptable and accommodating. It is not enough to uniformly offer a service or resource. To lessen inequities means finding ways to ensure all seniors, no matter their backgrounds, are afforded access.

For various agencies to overcome fragmentation, it is necessary to convene and determine how expertise and resources can complement and support one another. Here, there are opportunities for various parties to intersect and gain multiple understandings of how to address a particular issue. Seniors' needs are diverse and can be shaped by age, language, gender and sexual identity, cultural background, citizenship status, housing status, physical health and mental health, and so forth. A person's issues are rarely resolved through access to one individual provider.

Collaboration and partnerships among invested agencies, organizations, and institutions can yield productive, feasible, and desired outcomes. Finding common language and shared objectives is one step to bridge the silos of community groups, academics and researchers, and governmental bodies.

For example, governmental bodies aim to deliver mandated services to the whole population in the broadest manner that is cost and resource efficient. From a different perspective, academics and researchers can be driven by intellectual curiosity to better understand and conceptualize areas related to physical processes, societal interactions, or the interface of humans and technology. Community-based organizations are advocates and navigators who facilitate connections between people and services.

All three of these sectors, as they relate to seniors, share a common overall objective of supporting the health, wellbeing, and independence of seniors. There are immense benefits to these diverse groups interacting with one another and utilizing their different approaches in ways that are best tailored to seniors' needs.

Asset-Based Perspective

Individuals and communities continually find ways to support themselves. Activating and convening the diversity of skills and assets offered by an individual, group, or organization can be key to finding creative ways to address issues and successfully maintain accomplishments.

In the context of Information and Referral services for B.C. seniors, community-based seniors' organizations have long recognized the importance of utilizing the assets they have to serve members of their communities. Use of available assets is critical when resources such as time and money are constricted.

Community-based seniors' organizations have worked to identify the specific needs of their members, community, or region. They have made use of volunteers and collaborative partnerships to address the needs of the seniors they provide service to.

While each organization has made good use of the important assets they possess, there is opportunity for cross-agency resource sharing to greatly increase the benefits organizations can offer to seniors. Community-based seniors' organizations are well adept at being creative and innovative, and the response to COVID-19 has amply demonstrated this. Next steps are preserving these successes and finding ways to sustain learnings and drive innovation forward.

Bibliography

1. AGE-WELL (n.d.), The future of technology and aging research in Canada, available at: https://agewell-nce.ca/wp-content/uploads/2018/05/Booklet_8_Challenges_English_2019oct2_digital.pdf (accessed 7 July 2020).

2. Fraser, N. (1996). Social justice in the age of identity politics: Redistribution, recognition, and participation. The Tanner Lectures on Human Values, Stanford University.

3. Hugman, R. (2008). Social Work values: Equity or equality? A response to Solas. Australian Social Work, 61(2), 141–145. https://doi.org/10.1080/03124070801998400.

4. Hulko, W., Brotman, S., Stern, L., & Ferrer, I. (2020). Gerontological social work in action: Anti-oppressive practice with older adults, their families, and communities. Routledge.

5. Ife, J. (2008). Comment on John Solas: "What are we fighting for?" Australian Social Work, 61(2), 137–140. https://doi.org/10.1080/03124070801998392.

6. Ife, J. (2012). Human rights and social work: Towards rights-based practice (3rd ed.). Cambridge University Press. Ivanova, I., Daub, S., Cohen, M., & Jenkins, J. (2017). Poverty and inequality among British Columbia's seniors. Canadian Centre for Policy Alternatives.

7. MacDonald, B.-J., Andrews, D., & Brown, R. L. (2010). The Canadian elder standard: Pricing the cost of basic needs for the Canadian elderly. Canadian Journal on Aging / La Revue Canadienne Du Vieillissement, 29(1), 39–56. https://doi.org/10.1017/S0714980809990432.

8. Mattsson, T. (2014). Intersectionality as a useful tool: Anti-oppressive social work and critical reflection. Affilia, 29(1), 8–17. https://doi.org/10.1177/0886109913510659.

9. Mikkonen, J., & Raphael, D. (2010). Social determinants of health the Canadian facts. York University School of Health Policy and Management.

10. Office of Auditor General of Canada. (2019). Report 1—Call Centres (2019 Spring Reports of the Auditor General of Canada to the Parliament of Canada). https://www.oag-bvg.gc.ca/internet/English/parl_oag_201905_01_e_43338.html.

11. Office of the Seniors Advocate. (2019). Monitoring seniors services 2019. Office of the Seniors Advocate. https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/12/MonitoringReport2019.pdf.

12. Raising the Profile Project. (2017). Raising the profile project. http://www.seniorsraisingtheprofile.ca/.

13. Saleebey, D. (2013). The strengths perspective in social work practice (6th ed.). Pearson. University of Westminster. (2017). Making sense of Social Prescribing. University of Westminster.

15. Service Canada. (2018). The old age security program toolkit. https://healthyagingcore.ca/sites/default/files/2019-04/OAS_Toolkit-EN-Interactive.pdf.

14. Sixsmith, A. (2020), "COVID-19 and AgeTech", Quality in Ageing and Older Adults, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/QAOA-07-2020-0029.
15. Statistics Canada. (2010). Population and demography. Retrieved from https://www150.statcan.gc.ca/n1/en/pub/11-402-x/2010000/pdf/population-eng.pdf?st=-tsoptDd.

16. United Nations, Department of Economic and Social Affairs, Population Division. (2017). World population ageing 2017. Retrieved from http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf.

17. Yan, M. C., Lauer, S., & Riaño-Alcalá, P. (2017). Incorporating individual community assets in neighbourhood houses: Beyond the community-building tradition of settlement houses. International Social Work, 60(6), 1591–1605. https://doi.org/10.1177/0020872816633889

Appendix A: Interview Questions

May I invite you to share your experience on:

1) Working with seniors before and since the global pandemic, especially Information and Referral services?

2) Working with seniors using technology?

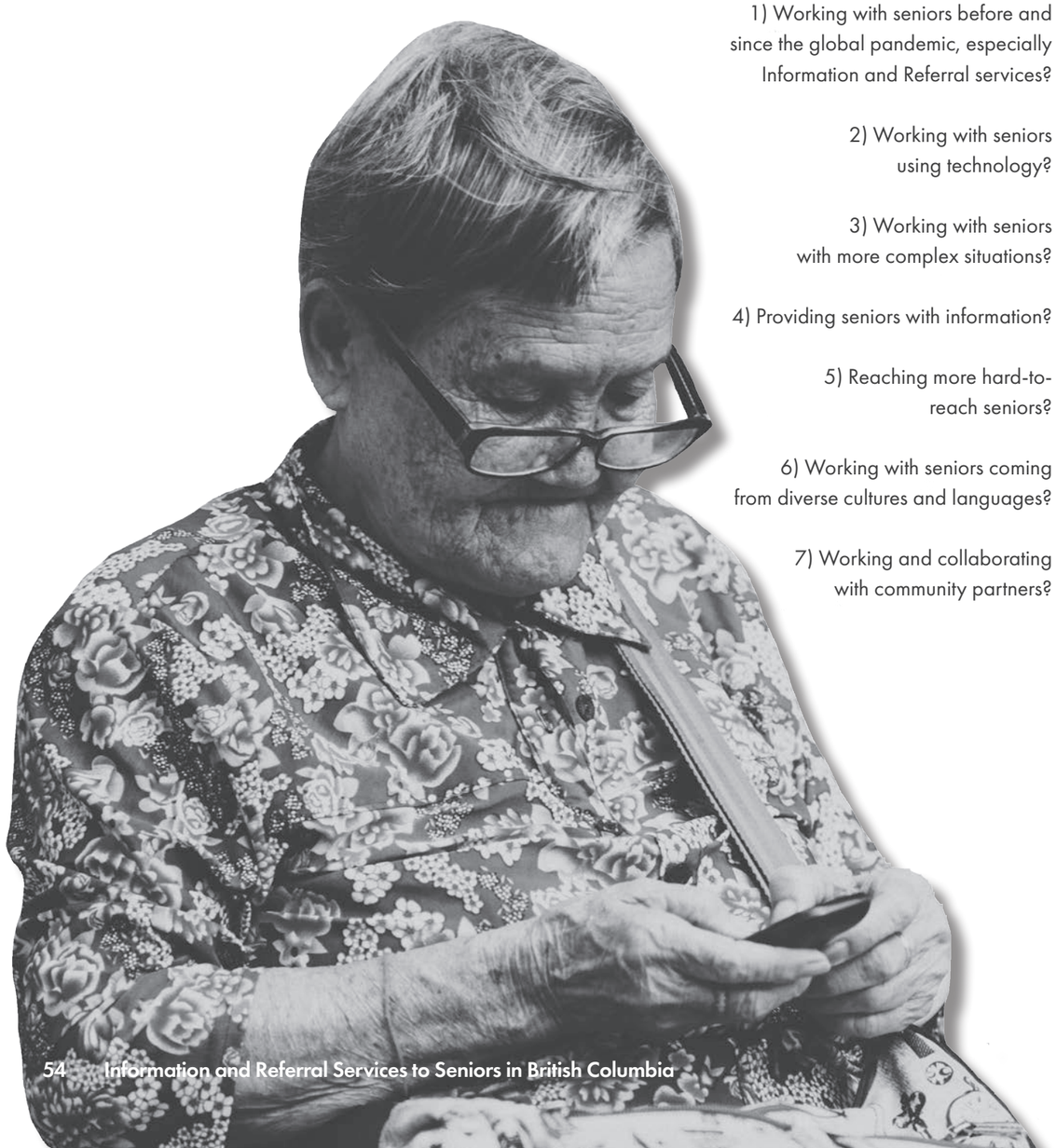
3) Working with seniors with more complex situations?

4) Providing seniors with information?

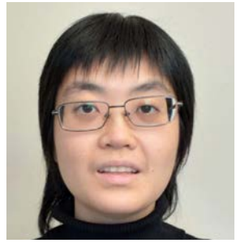
5) Reaching more hard-to-reach seniors?

6) Working with seniors coming from diverse cultures and languages?

7) Working and collaborating with community partners?



Author Biographies



Karen Lok Yi Wong completed her MA in social policy at the University of York, United Kingdom, and completed her MSW in social work at the University of British Columbia, Canada. Karen has conducted research and analyzed policies on older adults and healthcare including palliative care, long-term care, and family caregiving, and has published and presented widely academically and professionally. She is a registered social worker in B.C., Canada, and has practiced in diverse settings related to older adults such as home support, a community senior services center, long-term care, and the hospital. Karen is also a long-term volunteer of the Alzheimer's Society and is active in the B.C. Association of Social Workers Seniors Community of Practice and Multicultural and Anti-racist Committee.

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