Seniors Newcomers Coping with Crisis

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Abstract

In this applied research project, we conducted qualitative open-ended interviews with senior newcomers to learn about their experience during COVID19 and lockdowns. The finding revealed key themes and areas of particular hardship and lack of adequate services. A list of recommendations is offered.

Introduction

The COVID-19 global pandemic has brought to light many of our social inequities and revealed the faultlines in our cities and communities. Among the most vulnerable populations were seniors. Death tolls in long-term homes surged, community groups closed, and many seniors went through a period of isolation and chaos. The pandemic placed seniors at a high risk of severe health consequences, including negative concerns of social distancing measures (Solly & Wells, 2020).

In this applied research project, Seneca College has partnered with a community organization which serves the needs of immigrant seniors. The Intercultural Iranian Canadian Resource Centre (I2CRC) contributes to building strong communities by supporting urban newcomer communities, namely seniors.

I2CRC board members expressed their need for an applied research study on how to cope with future crises. This applied research explores the ways seniors within this community have coped during the pandemic, and what their needs were during the COVID-related lockdown of 2020. This lockdown lasted from March 2020 to June 2020, totaling in 4 months of complete isolation. The newcomer senior population whom I2CRC served had expressed hardships, namely isolation and feelings of melancholy during periods of lockdown and the period of pandemic. When the city of Toronto came out of lockdown and group gatherings were permitted, the organization arranged to meet with their population. In that gathering, board members heard seniors' stories of coping during the lockdown. Board members expressed a need to explore their population's coping mechanisms and needs during the times of lockdown and isolation in order to be prepared to deal with the issues that may arise at times of potential future crises for their members.

Senior newcomers do not always have the support networks of care and interaction that other seniors groups may have. The organization felt the urgency to delve deeper into their population's needs such as coping with loneliness, feelings of sadness, depression, and despair at times of crisis. This population struggles with language barriers, lack of networks, and lack of extended family relationships as a result of immigrating to Canada later in life. As a result, the COVID-19 pandemic revealed a necessity for the organization to be more prepared for future hardships, not limited to a pandemic.

The negative effects of social isolation have led to the emergence of programs to increase social connections in other organizations and social locations (Morrow-Howell et al., 2020) in order to improve the quality of life for seniors and combat the social isolation they experience during times of trouble. Therefore, I2CRC also have expressed a need to adapt their models of care in times of emergency. It is for this purpose that they require applied research.

To be better prepared for any upcoming crises, it is important to understand the coping mechanisms during the latest pandemic (i.e., COVID-19). Thus, it is important to first understand how their newcomer members coped during the lockdown, what their unfulfilled needs were, how they grappled with their isolation or feelings during that time, what the organization's existing model of care during times of calamity is and how the organization can change their existing model to address these needs.

This applied research project will offer ways that organizations who serve this population can transform to better serve the needs of their members at times of disruption and crisis. The research questions we sought to answer through this project were: How did the senior newcomer population cope during the COVID-19 pandemic? What were the needs of the older adult newcomer population during COVID-19? How can I2CRC and similar organizations address these needs and better support older adult newcomers?

Literature Review

Rethink Inclusion of Older-Adults During Crisis

Older adults are more vulnerable to the issues arising from the isolation during lockdown. There is an importance to implement measures that address older adult specific needs, to combat social, financial, technological and medical inequities that have affected many of them (Lagacé, 2020).

This demographic group has weakened physically, mentally, and socially during social distancing and lockdown measures. Would a more drastic measure be taken if the virus targeted younger people? During this crisis, the question of whether this is an issue of ageism has been raised (Lagacé, 2020).

Literature on seniors points to the need for more personalized coverage for older adults and more resources readily available to this population. For this reason, organizations are working to rethink the inclusion of seniors during times of isolation and crisis.

Mental Health Care Services for Older Adults During COVID-19

The most prevalent solution that has been recognized is the expanded use of virtual care. Whether by video or by telephone, Canada has been able to develop a telemedicine infrastructure (Flint, Bingham, & Iaboni, 2020). The development of telemedicine infrastructure is essential as COVID-19 has pressured seniors to remain at home in fear of contracting the virus. Telemedicine is the distribution of health-related services and information via telecommunication technologies such as mobile health apps and video conferencing. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions. This allows seniors to receive the care they need right from their home.

Mental health and caregiver organizations have expanded their online presence. With information about the potential effect of the pandemic and related public health measures on mental health. As well as strategies for coping, including links to web-based counselling and advice on how to make the best use of technology. Peer-support group activities have also been moved online. However, as this project reveals, in the absence of technological literacy in the case of many of the newcomer seniors in this project, these services were not used.

The current pandemic could potentially lead to more sustained integration of virtual care into geriatric psychiatry practice in the future, leading to more person-centered care and improved access to care.

This has highlighted the need for more and better-trained staff, better job security for personal support workers, more innovative ways of delivering care, and greater government oversight that is provided in a less bureaucratic way.

Theory & Methodology

Theoretical Framework

Relational thinking is defined as "a mode of understanding the social world as a complex web of related phenomena " (Biazar, 2015). This anti-racist, feminist theory of social relations points us to view human experience in its totality, as opposed to fragmented points in time severed from the individual's life history and social location. A social relations framework also encourages one to explore how government policies play out in the day to day lives of citizens. The current challenges experienced by the older adult newcomer population cannot be seen as mere outcomes of the pandemic, but rather, they are interconnected to the totality of the immigrant experience and the hardships of resettlement in particular when migration happens later in life. Nor can the recommendations made in this paper be seen outside of government policy and service. An anti-racisit, feminist social relations lens allows one to see the interconnectedness of the hardships of migration, language loss, deskilling and reskilling, and resettlement. And when these phenomena are intermingled with race, gender, class, ability, and age, a global pandemic will only magnify their impact. Therefore, the findings of this study and the suggestions to follow cannot be solely a response to alleviate the challenges of the pandemic, but they must also address the ongoing difficulties experienced by the older adult newcomer population. Meaning, adult education, English language education, and in general resettlement services have been centered around a younger demographic while the special needs of older adult newcomers have not been considered in many of these services.

Participants and Data Collection

The participants of this study consisted of 9 older adult newcomers from Iran, 2 caregivers who provided support to a senior newcomer during the pandemic, and 2 board members of our partner organization, I2CRC. All older adult participants identified as female and all research participants were approached and recruited by the organization. An older adult newcomer was defined as an individual aged 65 or older who had settled in Canada later in life. Furthermore, the term 'newcomer' or 'recent immigrant' refers to those who have recently immigrated to Canada for up to five years (Statistics Canada, 2010). However, when the individual immigrating is a senior, the initial stages of settling into the country differ in socio-cultural aspirations. In addition, the comprehension and comfort in speaking and moving to a foreign country is a more significant challenge for senior newcomers, which resulted in a barrier for social integration (Government of Canada, 2021). As a result, for the purpose of this research, we have digressed from the traditional definition of 'newcomer' as identified by Statistics Canada. The senior newcomer participants of this research study had all been in Canada for over five years. Accordingly, authors restricted the aims of this research study to focus on newcomer seniors over the ages of 65 who have been in Canada for over 5 years to analyse the extent of their socio-cultural troubles during COVID and their time of lockdown.

We used a qualitative research method in which each participant took part in a virtual open-ended interview (ranging from 60 to 90 minutes) either through telephone or a web-conferencing platform, and all interviews were recorded. The individual interviews with the

older adult newcomers and one caregiver were conducted by the primary investigator in Persian, and the remaining interviews were conducted in English by the primary investigator and one research assistant.

Data was recorded and reported using the Systemic and Reflexive Interviewing and Reporting method (SRIR), which is a growing trend in qualitative research (Loubere, 2017). This method was the most desirable for data reporting for this project, as it involved collaborative interviewing, reflexive dialoguing of the research team, and selective transcription of key quotes. The older adult participants often digressed during the interviews and elaborated about their children's education and details related to their grandchildren's lives, and the researchers did not intervene or interrupt. The SRIR method allowed for the participants to fully discuss their experiences, while the research team could focus their analysis on key emerging themes.

A Systemic Interview Report (SIR) was collaboratively generated for each participant following their interview, and the researchers engaged in reflexive dialoguing to identify emerging themes, common threads, and areas of importance and shared experience as well as highlight differences of opinion and conceive potential areas for theoretical development. A final focus group with the older adult participants was conducted to verify the common themes found in the interviews. The 13 SIRs were then compiled into one Preliminary Analysis Report (PAR) as a summary of the cumulative data analysis following group reflexive dialogues among the research team.

Limitations and Challenges

This study is not without limitations. A limitation that affected the study is the language barrier between participants and the research team. The majority of interviews were conducted in Persian since many of the seniors could not communicate and express themselves in English. However, not all members of the research team were fluent in the language. This limitation, however, was offsetted by the research team as they engaged in continual reflexive dialoguing and discussions about what was shared during the interviews in relation to theory and previous literature. Furthermore, due to time and cost constraints as well as the use of SRIR method, a full verbatim transcription was not generated. Selective transcription of key quotes were shared in each Systemic Interview Report connected to each participant.

Findings

Social Location and Layers of Marginalization
The degree of hardship experienced during the pandemic can be linked to the social location of our participants. In addition to being older adults and immigrants, many disclosed they had a disability, financial constraints, limited knowledge of the English language, limited to no knowledge of everyday technology (i.e., computers and smart devices), and limited to no knowledge of public transportation. These participants experienced greater difficulty during the pandemic, including higher levels of mental health issues. Additionally, the relationship status, living conditions, and financial position of the older adult newcomers also influenced their degree of hardship. Those with better financial situations and living conditions struggled less and expressed the benefits of helping others during the pandemic as well as those living with a partner and/or other family members.

Each element of social identity and location added to the layers of marginalization experienced by the older adults, and these were magnified during the pandemic. Some of the older adult participants had basic needs that were unmet due to financial constraints, which revealed challenges of day to day life as they relate to one's class. For example, all senior participants expressed a degree of worry during the COVID pandemic; however this worry was class-based. One participant worried about the direction that the world is heading in the aftermath of the pandemic and another participant was worried about how she will eat when she loses her teeth as she could not afford dental care:

"This occupies my mind. If I can't fix my teeth, what will happen to me? I just have to eat soup."

Another participant mentioned she was not well enough to clean her own apartment after knee surgery. She had contacted several community and government agencies for support, but received no help. She finally saved money to hire someone to clean her apartment for a few hours taking money out of her grocery budget for the month.

This was another common theme from the interviews - older adults with disabilities often received inadequate support for basic needs, and many participants expressed that current government initiatives were insufficient:

"Groceries have gone up but we're still getting the same amount. Our expenses have gone up.

You have to now order things to come to the door so it's twice as expensive."

In short, COVID has made the seniors poorer than they were. They had to use taxis and uber for transportation because they were too scared to take public transit. They had to order groceries online which on top of the delivery fees is more expensive. A lot of government facilities closed (like rehab facilities, or government dental services) while private one stayed open, but they could not afford the private ones. In the beginning of COVID, the residents of a building that a participant was living in got calls from Senior Housing asking them questions about their needs, whether they needed someone to do their groceries, whether they needed rides, whether they needed advocacy for more financial help. They all responded with enthusiasm to these but they were never contacted again and no one reached out to them to fulfill those needs that they had expressed they needed. Board members of I2CRC, however, regularly reached out to their members inquiring about their needs and at times delivered basic staples to their doors. It is important to mention here that these board members are all working as volunteers and the goods which they delivered had been donations.

Community and Peer Support
Informal peer support groups have formed among the older adult participants whom we interviewed. These groups center around senior buildings and their weekly gatherings which I2CRC had organized prior to the pandemic. One person with a car often takes the group shopping, or if one is going to the store, that person takes orders for the others. One participant said that she would love to stay in bed till noon but she gets up and gets dressed because someone might need her. They have each other's keys in case they don't hear from one of them. In general, they have formed groups of four or five and they really check on each other and help

each other. Especially if there is a younger person or one of them that knows English better than the others, that person helps with day to day errands, telephone calls, or technology needs. It appeared they would rather turn to their peer support group than their children.

"My kids don't have time and if they do, they don't have much patience."

Another participant spoke about how at times she takes her iphone or ipad to her children's home in order to show a problem that she has been having with the device. However, at her son's house, she ends up taking care of her grandchildren and doesn't see her son long enough to ask for technological help. Prior to the pandemic, they had weekly Monday gatherings at an I2CRC space where they would take their devices and ask for help. At their last Monday gathering, as it had become clear that there would not be another one for some time, the organization created a Telegram chat group for their members to stay connected, which many spoke positively about. One participant spoke about how watching the videos and reading the messages in that chat group was a very pleasant part of her morning routine. Another spoke about how some members write "good morning" and "good night" at the beginning and end of each day gives them a sense of connection.

When discussing their connections with the community organization, many older adult participants did not see themselves as receivers of service, but rather, "helpers" and "contributors." I2CRC has been very successful at providing opportunities for their senior members to help each other and as such see themselves as peers of board members and I2CRC as their own space rather than receivers of services provided to them by the organization. That is, they did not identify as members of the "senior population" whom the organization served, but as peers to the staff, referring to the seniors as "them" versus "us". In fact, during our recruitment process, several members took issue with the word 'senior' rejecting the term's connotation of weakness; hence, we changed to the phrase 'older adult' and avoided using the former. Additionally, the participants found it rewarding to support their peers, even if they did not identify as the main recipients of service:

"I helped them; in reality I was helping myself."

In addition to local peer support groups forming during the pandemic, global support relationships had also been created. One participant mentioned she had set aside money to send to a friend in Iran who was experiencing financial difficulty and found this act of service to be reassuring and fulfilling. Since their weekly outings to coffee shops and restaurants had ceased during COVID, the money saved was being sent to help their peers abroad thus forming a global peer support group.

"The money I was going to spend going to coffee shops and restaurants, I put aside and sent for her."

Finally, there was a desire among the older adults to continue engaging in peer support. They recognized that others among them are in need, and there was a willingness to connect with one another within the community to share resources and form meaningful relationships.

"We shouldn't wait for someone to ask us for help. If I hadn't asked her, she wouldn't have told me she needed help."

"We have to search for those people who are alone and talk to them."

Though many of the older adults relied on their children for help and indeed many indicated that their children did help them, they also indicated that this may not be the most effective means of receiving help, as their children often had busy lives or lacked patience when helping their parents. Once again, older adults looked to peer support when family members were unable to provide help.

"Some of my friends, they're so dependent on their kids; they don't even know how to use the bus…. And their kids don't have time to teach them...the other ones have to wait to see when their son or daughter will come by to take them out. I taught many of them how to use the bus."

Mental Health

The ongoing pandemic has brought forth growing mental health concerns for the older adult newcomer population. Feelings of despair, loneliness, worry, and hopelessness were prevalent in the interviews, leading some participants to cry when sharing their stories. One participant previously experienced suicidal thoughts and sickness during lockdown, and had been taking medication for her mental health.

"I was so sad. I cried so much. I kept getting sick… I was so nervous."

"I kept saying, 'I'll never see my kids again. I have to die. I wish I'd die.' I'd ask God to end my life."

In addition, the older adult participants also indicated growing levels of forgetfulness during the pandemic. They were unable to remember English phrases and phone numbers, which they had previously known:

"Before I didn't need a phone book. I memorized all the phone numbers. Now I don't even know my own name."

Forgetfulness also created challenges in adapting to the digital world, as adult children and grandchildren would teach the older adults how to use smart devices, but they would quickly forget how to navigate the technology. As such, this would often lead to greater frustration for both the older adults and their caregivers, as the continual re-teaching was seen as a nuisance to some, leading to relational constraints between them.

The older adults recognized a decline in their mental health and wellbeing during the pandemic, particularly due to their lack of social interaction and the uncertainty surrounding the virus. Older adults are aware of the changes in their physical and mental state, and they recognize a need for mental health support. However, many either did not know how to receive mental health support or could not afford to see a mental health professional.

"I didn't go to therapy because I don't know how to go. My family physician talks to me."

"I used to be happy; I used to laugh with everyone. I didn't used to dwell on things. But now it's been one year, I'm devastated."

Their lack of access to mental health and emotional support had led to physical problems.

"Instability of life for a senior brings an unstable mind. And this instability brings with it many physiological problems."

"Therapy is the biggest need; after all this, everyone is going to need therapy."

"I got very sick during corona. I was sick all the time… the doctor kept saying it's because of my nerves…before corona, I was a happy person."

Coping

The participants had created coping mechanisms and had creatively navigated their lack of access to services either on their own or with the help of their peers. Several of the older adult newcomers connected the pandemic crisis to other major life events that created turmoil in their lives. One participant recalled the death of her husband and said she utilized the same coping methods throughout the lockdown, such as listening to radio psychologists. Another participant connected the pandemic to her divorce, saying she tolerated the shock in a similar manner - painting, reading books, talking to dear ones - which have given her a sense of calm in the current crisis. Several senior participants connected COVID-19 to a trauma that they had suffered in the past. They used the same coping mechanisms they used during divorce, grief and loss, living with an abusive spouse, childhood abuse, and other hardships they have endured during their lifetime. Another participant talked about how as a child she was continuously brutally verbally abused and she would be crying but she'd see a flower and come home and draw that flower and that is how she coped all during her childhood abuse, by drawing the beauty around her. This same person said she took up drawing again during COVID-19.

Others spoke of finding alternative methods of therapy such as laugh therapy and laugh yoga. Those who knew how to find and access zoom meetings expressed joy and peace in taking part in nightly zoom meditation groups. Another participant who had years ago seen a psychotherapist but could not see one now spoke of 'imaginary therapy'. She spoke of having a conversation with the therapist in her mind and imagining the process of what she would say to the therapist and what the therapist would reply. A participant spoke of what we are calling here 'second-hand therapy'. A friend with similar problems who was seeing a therapist told her peer group about the advice and techniques that her therapist had taught her and the rest of the group followed the same approach.When asked how the participants coped during moments of sadness, one participant stated:

"I'd cry. I cry very calmly. And after crying, I'd meditate. Sometimes during meditation, I'd cry."

In general, the participants who were able to find and access YouTube videos of psychologists and inspirational speakers spoke highly of these activities. And further, those who knew how to take part in real-time Zoom meetings expressed great delight in participating in poetry groups, light exercise groups, literary discussions, and meditation and spiritual group gatherings.

Others filled their time differently. One participant said that she had about fifteen books in her home when the lockdown was announced. She read each book five or six times. Another participant stated that her daughters had set times that they called each day; each telephone conversation took half an hour. On the "very hard days", she took a pill for her nerves.

World Views - Political Versus Spiritual

The world views of the older adult newcomers seemed to impact their outlook on life, as well as the pandemic. Those who were more politically inclined indicated a tragic worldview. The pandemic has led many to engage more with global news, perhaps as a result of being at home and watching more television. Multiple participants expressed feeling worried and unsettled from watching the news and imagining the future. Hearing of rising COVID cases in Iran was a common source of worry and angst among the participants.

"My nerves are mainly shattered over Iran. Very shattered."

"I'm worried all the time. Especially when I hear the news about Iran, I feel bad. Or when I hear the death toll, I feel bad. This really bothers me."

In keeping with caring for their peer support group, one participant spoke about how she hides her "worry for the whole world." She puts on a brave face when speaking with her peers and tells them the opposite of what she truly believes - "this will pass soon", not to worry about the world, just take care of yourself. In fact, she believes that the world is heading towards a dystopia. She states that for the purpose of research, she is being truthful; however, with friends, she keeps the conversation light:

"I'm now being open and honest with you, but when I talk with others, I'm careful that our conversation doesn't go towards something that I cry."

Some participants held religious or spiritual worldviews. These participants appeared to have surrendered to any outcome and had found relative peace in their religious or spiritual activities. Those who prayed or practiced meditation used their spirituality as a means of coping, showing a surrender and acceptance of the current circumstances:

"I try to abandon this worry to nature [the universe]. Meaning to say, I am not so strong. I will do as much as I can. Call. Keep in touch. Give advice. But beyond that, I can't do more."

Recommendations

The most prevalent need is to provide various services for seniors. By providing these services, we are alleviating these extra tasks for their caregivers as seniors will have access to help that they can refer to on a daily basis. We realize that the recommendations we are making are contingent on government policy and funding and they cannot be implemented on volunteer labour alone. And in fact, the care that I2CRC has provided up to now with sheer passion and volunteers has been commendable. Government funding is desperately needed for organizations and our seniors. One participant says:

"Number one we need financial help. Especially seniors who were under Ontario Disability and then they came on Old Age Security. They are not secure anymore. For dental work, we have to pay, which we don't have. For an eye doctor, we have to pay, which we don't have. For a good pair of glasses that's always on our eyes, we have to pay, which we don't have."

"Groceries have gone up but we're still getting the same amount. Our expenses have gone up. You have to now order things to come to the door so it's twice as expensive."

Regardless, below are recommendations that the research team has compiled based on the needs of the older adult participants of this project.

Volunteer Bank of Health/Mental Health Professionals & Expansion of Publicly-funded Services

A volunteer bank with health and mental health professionals which provides access for seniors and caregivers to receive information and avenues to connect with physiotherapists, nutritionists, therapists, and community, home, and crisis services would be extremely helpful for the seniors, their caregivers, and organizations who serve them.

Our senior participants have voiced their experiences with stress, sadness, and frustration throughout the lockdown. Depending on their living situation, their mental health and health issues differed. However, they all experienced negative emotions that affected their overall happiness during lockdown. For instance:

"The worry. The worry of what if I lose my dear ones. This worry eats away at me."

The cost for talk therapy was a barrier for some participants. Government-funded mental health therapy in their native language is one of the greatest needs that this project revealed.

In addition to mental health therapy, physiotherapy is a great need as many seniors suffered from mobility issues. The closure of publicly-funded rehabilitation centers and physiotherapy was a source of angst for those who could not afford to pay and attend private clinics. Another participant stated:

"If I could afford to go to the physiotherapy, I would have. I couldn't continue it though. Several times my sister helped. Many times my daughters helped. The physiotherapist gave me a discount."

Once more, participants were unable to afford the medical help they needed which was not covered by the government services provided for seniors. This has led to seniors looking into creative ways to avoid costs and get the help they need. Especially, throughout the duration of the lockdowns, seniors have experienced increased issues surrounding mental and physical health.

English Language Education for Senior Newcomers

English language proficiency increases self-confidence, feelings of health and well-being through building connections, community engagement, and importantly independence which many participants indicated is crucial. However, many federally-funded Language Instruction for Newcomers (LINC) classes are modelled for younger newcomers with focus on workplace English training. As illustrated above, many seniors suffer from memory loss and lack of opportunities to practice in the English language as they have not had many opportunities to converse or practice the language. Seniors require specific English language learning support, approaches, and instruction which many English as a second language (ESL) classes do not offer. Thus, there is a strong need for ESL classes specifically designed for seniors. Furthermore, publicly-funded English language classes are not offered to Canadian citizens. Our research showed that many of the senior participants took on the role of childcare providers of their grandchildren for several years. As such, they were unable to develop their skills, language or otherwise. By the time their grandchildren had gone to school, several years had passed and they were no longer eligible for free programs and training.

The importance of English language communication skills is not lost on the participants. One participant stated:

"Someone who's been in this country for years, should know English."

Another participant stated:

"Learning English and technology are very important for us … being old doesn't mean we should be outside of life's events."

Seniors who were more independent and had interactions with non-Persian speaking individuals were better at conversing in English. This allowed them to practice the language more often and improved their ability to interact outside of their community. As well as improving their ability to travel and shop without the need of a caregiver to translate English.These participants often played a prominent role in their peer support group.

Meanwhile, other participants were forgetting English during the lockdown and periods of isolation even after years of living in Canada since they had no outside interactions. Their inability to remember many words and phrases also added to this problem. One participant stated:

"I've forgotten English. I asked my husband, when we wanted to say 'where should we go?' what did we used to say?"

The decline in communicating in the English language limited seniors in interactions outside of their peer groups and further contributed to their memory loss and social isolation as they were not practicing the language during the COVID-19 lockdown.

Technical Support and Training for Seniors

Many seniors have had issues with technology and constantly forget how to use their devices. We recommend technical support and training in a safe and comfortable atmosphere specifically desgined for seniors. Many participants were shy and embarrassed to repeatedly ask their children and friends with technical inquiries.

Those who knew how to navigate the online world were happier, busier, and had a more positive outlook. One participant, who knew how to use zoom, used it 3 times a week for different wellness events. This allowed her to talk to friends and fulfill her needs for social interaction as she was able to access events on her own. Another participant took part in online (Zoom) ESL classes and did not complain about forgetting the language during COVID.

Meanwhile, participants who were not technologically savvy experienced periods of isolation. For example, one participant's only mode of contact with her grandchildren was Facetime and Zoom but because she had become forgetful, at times she could not remember how to open the apps. Sometimes she could open the apps and other times she did not remember how to open them. It is important to note here that only 4 of the 13 interviews were hosted on Zoom. Meanwhile the rest were done through phone calls as the majority of the participants did not know how to use Zoom.

As with ESL programs, online and technical training for seniors requires a distinct approach to instruction and engagement. Seniors require an approach which considers their mental and physical needs. Such an approach is patient and rife with scaffolding.

Governmental Dental Services for Seniors

We recommend an expansion of publicly-funded dental services for seniors as this became a common topic in the individual and focus group interviews. Low income seniors have trouble affording dental care in general. Several participants explained that if she needed dental work, they borrowed money to get the work done and pay that money back in increments.

"Number one we need financial help. Especially seniors who were under Ontario Disability and then they came of Old Age Security. They are not secure anymore. For dental work, we have to pay, which we don't have."

Thus, seniors' inability to have the proper services provided by the government has added to their financial problems. As a result, seniors delay dental work which in turn adds to their worry because they know that they will one day lose their teeth if they cannot pay for the dental work that they need. The urgent need for dental care was magnified during the pandemic as several participants mentioned that the public dental care services that they had gone to in the past were shut down during the pandemic while private dental offices were open. One participant who could not delay an urgent dental need for government offices to open ended up going to a

private office. The office was much nicer but she had to borrow money in order to pay for this private service.

*Government-Funded Cleaning Services for Senior*s

Some seniors are unable to clean their homes due to mobility and health issues. At times, their caregivers clean their homes putting an added strain on the caregiver.

A senior participant stated:

"I need someone to do my laundry because bending to put my clothes in the laundry is very difficult for me. My kids have come several times and have washed my sheets. But how many times can you expect that?"

As a result, she saved money and finally hired a cleaner to come for a few hours. This had led her to have to shift her expenses to finance this need for a cleaning service. This meant that the participant had less allowance for groceries during that month. Therefore, we recommend services to help seniors who are now unable to clean their homes and do their laundry. Participants mentioned that access to free cleaning service is different depending on the senior home.

Opportunities for Peer Support Building

In addition to the participants expressing areas of need in regards to cleaning and home maintenance, in which services have been limited due to social distancing restrictions. There has also been indication of financial hardships from medical expenses for those with disabilities. Although there is an admittance of need, both financial and physical, the older adults also simultaneously expressed a desire to be independent. The participants recognized a need for better government support, while others showed a greater inclination towards peer support.

"...we need to connect at a human level. We need to speak with each other, we need each other's reassurance."

We, therefore, recommend opportunities in which senior newcomers can assemble without spending money. These occasions would allow senior newcomers to build peer support groups that have shown to be crucial throughout the pandemic.

Employment, Financial Support, and Opportunities for Seniors

Some seniors are still looking to work and earn a wage, stay active, and help others. Board members have mentioned that seniors are asking I2CRC for jobs and that many want to work to stay active. While some look for work as they cannot bring money from Iran because of the low money exchange.

One participant stated: "how can a senior live with their fixed income." The income they receive from the government is inadequate and not covering all their expenses. Thus, they are reaching out to others for opportunities. As they are unable to usually continue their past careers

in the new country, they look for new ways to stay involved professionally. Not only do some seniors want to stay active, some of them need the money to provide for their families.

Database of Guides for Seniors

We have provided a guide of services for seniors [See Appendices]. For example, participants have had trouble learning bus routes and for that reason are unable to commute and move around the city independently. Not surprisingly, seniors who were able to travel to places on their own were more independent and did not rely on caregivers. Contrarily, seniors who were able to access Wheel-Trans and other public transportation but did not know how to order groceries online had to go to grocery stores despite mobility issues.

Those who had learned to use Toronto's public transport system were independent and active. One senior participant took the TTC by herself. She learned by asking friends about how to get around. She did all her errands herself and found addresses and ways to go by TTC on her own. Rarely, if she could not go somewhere, she would ask her son to take her. She stated: "I did all my business myself for eighteen years." She stated that those [her peer] who were unable to do things on their own – "Their dependence is what's upsetting them."

For that reason, by providing seniors access to ways that they can become more independent, they will be able to move around without the need to continuously ask for help or wait for a caregiver. In addition, those who were more independent felt less isolated. Meanwhile, those who were dependent felt helpless without the help of friends, family, and caregivers.

Help and Remote Social Opportunities for Seniors

Due to the need for physical distancing, many seniors have faced challenges with picking up essentials like groceries. These challenges were made worse by the new reality of having to wait in long lines at some stores, which may not have been possible for all seniors.Many seniors, particularly those with low-income, did not have digital access or were unable to go online or afford the added fees for delivery services. Hotlines such as the friendly neighbour, connect a network of volunteers throughout the city who can help with picking up groceries, household essentials and food bank items during this difficult time. As well, seniors experienced isolation and loneliness during times of lockdown, so services mentioned in the appendices provide seniors with social interactions through friendships with youth via phone communication, letters, and virtual events.

Discussion and Conclusion

In our project, we conducted open-ended interviews with older adult newcomers. We learned about their experiences during COVID-19, and what their needs were during lockdown. Likewise, we conducted interviews with board members from our partner organization, I2CRC. As well as individuals who have provided care to the older adult newcomer population - to hear about their experiences in supporting this population. Afterwards, we conducted focus groups with our participants to further explore their experiences. Upon completion of all interviews and

focus groups, we looked for common themes in our data to examine what the most pressing needs were of our chosen population.

Our findings have revealed key themes that have been prevalent, this includes the success of current activities and initiatives, peer support groups, layers of marginalization, and mental health. We recommend enhancing publicly-funded programs and initiatives and resettlement services to include older adults. Greatly needed are senior-specific ESL and academic programs, aid in technical support and training, Zoom training, providing easy access to government services and expanding services such as dental and house cleaning, financial support, education and volunteer opportunities, as well as funding for organizations who provide services for this population such as I2CRC.

The senior newcomers expressed various ongoing challenges that existed prior to the pandemic but were heightened during this period. Their lack of knowledge of technology (i.e. computers and smart devices) and their limited English ability have made it very difficult to navigate the digital transition during the pandemic. As many services have moved online, the participants expressed a need and desire to learn basic technological skills. In the absence of these skills, they were left dependent on their children and caregivers, or worse in solitude and isolation. In addition, having limited-to-no English ability has made it difficult to understand government correspondence through mail which during the pandemic may have held life-saving information. One participant indicated she was having trouble when she received letters and emails regarding her COVID-19 vaccination:

"For instance, my second vaccine is on the 24th. The email has come. I don't know whether the email [vaccine date] has changed or not. This bothers me. I don't understand the letters."

For future research, we recommend exploring English language pedagogy specific to seniors as well as technology and online training using methods specific to this population. Future research should explore the development of new frameworks and pedagogy for teaching ESL to seniors. Current methodology is generalized for adults, international students, and workplace language training; however, teaching ESL to seniors requires instruction that is sensitive to the distinction of this group. This pedagogy needs to account for forgetfulness or more severe illnesses like early-onset Alzheimer's. We need pedagogy that is relevant and appropriate for the older adult life stage.

As we are in the second year of a global pandemic, there is a need to reflect on the lessons. This pandemic revealed already existing inequalities for our vulnerable newcomer-seniors which were only magnified during the pandemic. We not only need to address and deal with the damage that was caused during the pandemic, particularly the mental health issues that arose in our senior population as well as the hardships that this population has faced throughout the years. We need to work towards not only supporting our senior population, but also examine how newcomer seniors resettlement needs differ from other immigrants.

Lastly, we need to explore ways for non-profits like I2CRC to secure funding for future work. This may be government funding, or other funding sources. We should also explore the

possibility of resource sharing among organizations with the same goal, and potentially build partnerships among these community groups.

The focus of this study was on how the senior newcomers coped during the global pandemic, their mental health, daily activities, coping mechanisms, use of technology, and social circles affecting the individual's ability to manage themselves during the lockdown of COVID-19. However, this study has led to a deeper realization of how migration works and what it looks like when it is done later in life. And how resettlement works and what it looks like when services provided do not consider the intricacies of resettlement as a senior.

Current services for resettlement have placed younger adults at the center and operate around them. Our research participants were in their 80s or 90s and had immigrated to Canada in their 60s. The story of adult kids sponsoring their parents who come and live with their kids and raise their grandchildren is common. Many seniors raise their grandchildren when they come to Canada as their children do not have access to childcare. As a result, these grandparents do not find the time to go to English classes or any classes. Or if they do take a course, like aesthetician because they are raising their grandchildren, they cannot work at it and it does not turn into a job. By the time, the grandchildren have gone to school and no longer need the full time care of the grandparents, several years have passed and the newcomer senior no longer qualifies for the services provided for a newcomer. And the story of the adult kids who then after a few years move away from Toronto while the senior stays behind not having yet learned the language or bus routes etc. is also not uncommon. One participant says "They bring us here … you have to stay at their house, take care of their kids and then when their kid is old enough, good bye. Go to a senior home. Until their kids are young, they need us."

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Appendix A

Volunteer Bank of Health/Mental Health Professionals

a. Physiotherapists: https://www.pthealth.ca/service/ohip-physiotherapy-services/
b. Nutritionists: https://www.unlockfood.ca/en/Seniors
c. Therapists:
   https://myicbt.com/home?gclid=Cj0KCQjw6NmHBhD2ARIsAI3hrM0lcySgndlZnHOdp
   f0uViWG1EtJxkPHo0Xya9rRukwPWySmlak7NL4aAg6CEALw_wcB
d. Senior Mental Health Helpline: https://torontoseniorshelpline.ca/

Appendix B

Language Barriers and Education for Senior Newcomers

a. ESL for seniors:
https://ymcagta.org/employment-and-immigrant-services/immigrant-services/language-assessment-and-referral-services#PROGRAMS

https://www.immigrantservicescalgary.ca/free-language-resources

b. Academic Fee Waivers for Senior Citizens: https://sfs.yorku.ca/fees/waivers/

Appendix C

Technical Support for Seniors

a. https://www.techserveto.com/

b. https://www.seniorstechservices.ca/

c. https://www.connectedcanadians.ca/programs

Appendix D

Governmental Dental Services for Seniors

a. https://www.ontario.ca/page/dental-care-low-income-seniors

b. https://eohu.ca/en/ontario-seniors-dental-care-program-osdcp

c. https://www.smilecaredental.ca/blog/ohip-dental-coverage-free-dental-care-ontario-2021

d. https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/dental-and-oral-health-services/free-dental-care/

Appendix E

Government Funded Cleaning Services for Seniors

a. https://www.ontario.ca/page/homecare-seniors

b. https://www.torontocentralhealthline.ca/listservices.aspx?id=10106

c. https://www.redcross.ca/how-we-help/community-health-services-in-canada/home-care-services

Appendix F

Employment, Financial Support, and Volunteer Opportunities for Seniors

a. Employment Services:
   https://www.toronto.ca/community-people/employment-social-support/employment-support/employment-seekers-in-financial-need/
b. Financial Support:
   https://www.toronto.ca/community-people/employment-social-support/benefit-finder-tool/#0
c. Volunteer Opportunities: https://www.sparkontario.ca/seniors

Appendix G

Database of Guides for Seniors

a. Services and events for seniors: https://www.canadianseniorsdirectory.ca/
b. Senior Enrichment Services:
https://myneighborhoodalliance.org/index.php/seniors/?gclid=Cj0KCQjw6NmHBhD2AR
IsAI3hrM3AOFVYq2913e670P3P937mfGaaYHDxiJtnh9cLYlQHAAvra1igKI0aAjtXEA
Lw_wcB
c. Senior Resource Guide Toronto:
https://toronto.cmha.ca/wp-content/uploads/2017/03/services4seniors_reduced.pdf
d. Travel Training:
http://www.ttc.ca/PDF/TTC_Accessibility/Travel_Training_Handbook_2020-06-18.pdf

Appendix H

Help and Remote Social Opportunities for Seniors

a. Friendly neighbour hotline: http://uhnopenlab.ca/project/hotline/
b. Writing letters to seniors: https://loveforourelders.org/
c. Student-Senior Isolation Prevention Partnership: https://www.ssipp.info/
d. A Friendly Voice: https://afriendlyvoice.ca/