

‘Mind the Gap’: Tensions, Transitions and Tactics in Canadian and Norwegian Community Services for Older Adults

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Introduction

This article compares community services provided to groups of seniors living in the cities of Bergen, Norway and Toronto, Canada. We investigate the policy contexts, the gaps that are left unattended in each jurisdiction, as well as how selected community organizations serving older adults tend to the gaps. We seek to address the following questions: What do groups of older adults in Toronto and Bergen experience as gaps between their needs and the services that are available to them? How are the gaps understood and managed by service providers? Through an exploration of how agencies operate to address needs, and circumvent, or adapt to perceived gaps, we show how the experiences of service users’ and community organization reflect the limits of supports for older adults.

We first provide the background policy context. Next, we outline our ethnographic methods, using interviews and observations to gain the perspectives of service users and providers. Our findings are thematically grouped: ‘tensions’ highlight the overarching difficulties, connected for instance to affordability or mobility, that, in various ways make service gaps visible; ‘transitions’ explore patrons’ experiences of

transitioning between stages of life and between service levels; and finally, ‘tactics’ highlight the approaches organizations take to navigate and adapt to the changing needs of different older adults while providing their services.

As Moen and DePasquale (2017) have argued, there is a need for more research addressing the role and function of community organizations in care, including the extent to which they serve as ‘care convoys’. They describe care convoys as “a collection of individuals who are personally connected to care recipients and manage or oversee their daily care, provide them with instrumental and emotional support, and advocate for high-quality medical care” (Moen & DePasquale, 2017, p. 55). According to Moen and DePasquale, care needs are subject to four inter-related trends that can have implications for how care convoys are formed: an increase in care needs as individuals live longer; a heavy reliance on families as public care provision declines; families, particularly women, juggling unpaid care along with their paid work; and the increased use of technologies in care, reducing ‘hands-on care’ (2017, p. 46).

These developments are, as we see them, connected to the dominant aging in place policy discourse over the past 20 years, which assumes that most older adults want to stay in their own homes as long as possible (Buffel et al., 2012; Blix & Ågotnes, 2022). Despite this discourse, the support required to continue living in one’s home and community is not always sufficient. How older adults live, prosper and are integrated in the community, especially when they have specific language, cultural and accessibility needs, are important questions that require urgent attention. With these developments in mind and drawing on the theoretical concept of ‘care convoy’, we discuss how

community organizations can function as care convoys, exploring how they address care gaps, and act as important liaisons between care systems and families.

Background

Care for older adults (as for others) is organized and provided differently across geographies and times, often typologized as Esping-Andersen's welfare models (1990). Different care models, or systems, consist of different funding schemes, described as taxation, health insurance and private out-of-pocket payments, or a combination of the above (Roland et al., 2022), that influence both the forms of, and access to, care systems. The funding sources, depending more or less on individual affluence, are also related to the welfare mix, or the distribution of public, private and informal care provision within a given system. This welfare mix also has relevance for the main focus of this article: Community service organizations and how they fit into the larger picture.

The threshold to receive care in long term care institutions and through formal home care services has increased in the past couple of decades, leading to more intense services provided to fewer, increasingly frail people (Roland et al., 2022). Despite these general (albeit Western) trends, there are important differences among countries regarding the division of responsibility between sectors and providers, including in Norway and Canada. These differences have consequences for the scope of service delivery and the function of community service organizations.

The Norwegian welfare state is based on the principle of universalism, which implies that health and welfare services should be provided equitably to all citizens, regardless of age, gender, ethnicity, financial status, and place of residency. Statutory services, such as home-based care and long-term care, are a municipal responsibility but

are regulated through national juridical acts and public block-grant funding. However, a high degree of local autonomy exists regarding the accommodation of services to local conditions (Vabø, 2012). The public expenditures in the public older adult care sector are comparatively high in an OECD context (Christensen & Wærness, 2018), albeit with local differences (Førland et al., 2020). Although the voluntary sector is strong, care for the older population is predominantly a public responsibility in Norway (Christensen & Wærness, 2018). In different terms, the welfare mix has not been as evenly distributed between public, non-profit and for-profit providers in Norway compared to most other countries (Enjolras et al., 2021). The role of the public sector might, however, be changing given ongoing calls for austerity due to demographic changes (Blix & Ågotnes, 2022). Still, *public* responsibility for both governance and provision remain the preferred and dominant mode in Norway.

Services for older adults across Canada including in Toronto reflect the considerable influence of neoliberalism enacted through shifting costs to individuals, shifting service provision towards for-profit actors and the adoption of new public management approaches by the state to measure accountability for public funding (Braedley & Luxton, 2010). Older adults receive complex health care in residential settings or from home care nursing and personal support, while community service organizations, such as those participating in this study, provide social care, including some limited health supports, congregate meals, volunteer visiting and day program services. Community service organizations get financial support from federal and municipal sources for social care services, provincial fee-for-service contracts with governments for health-oriented services (e.g. home care, meals, day programs) and top

up the rest with user fees and charitable donations (Daly, 2007). As Kemp and Denton (2003) argue, responsibility for the care and support for older adults is primarily a responsibility of individuals and families and is at a societal level accompanied by discourses of concern about an over-extended welfare state and soaring costs. Daly (2007, p. 72) identifies that while the state plays a larger role in funding health-oriented services, “social care has been privatized and given over to family and friend networks.”

Methods

The findings presented in this sub-study are derived from the first Canadian and the first European city studied in an ongoing large, multi-year, 12-city international comparative case study (<https://imagine-aging.ca/>). The project’s overarching goal is to identify and understand promising practices that lead to age-equitable communities, with particular attention to the differing needs of various groups of seniors and those who provide their care, attending to if and how inequities are addressed across different jurisdictions, a preferred term in the project as the geographical areas of interest sometimes are on a provisional as opposed to national level. The fieldwork is conducted by teams of researchers from different international jurisdictions, and with varying expertise. The notion of different or fresh eyes and collaborative analysis lends an additional, critical reflection to our observations and analyses. The approach is ethnographic, comprised of key informant interviews with policy makers, service providers, service users and family members; field observations of the cityscapes and within purposively selected service delivery organizations, as well as analyses of policy documents and media stories. Data for this article were collected just prior to the pandemic, in December 2018 (Toronto) and December 2019 (Bergen). Based on our findings, we hypothesize that conditions for

organizations may have worsened since the pandemic, highlighting the potential vital function of community service organizations.

Ethics review for the study was conducted at York University, Canada, and for individual investigators at their own institutions. Field work in the individual cities was conducted by 12-20 researchers over a one-week period. We congregated to conduct the city ethnographies, including meetings with policy-makers and with 8-12 purposively selected organizations.

For this article, we analysed a sub-set of the study's data: field notes based on observations and interviews (n=32) with 35 different participants (three interviews were conducted with two participants), from two organizations in Toronto and in Bergen that offer a variety of social and cultural services to older adults. Our semi-structured interview guide addresses the following themes: background about experience of aging; perspectives on age-friendliness, experiences and interactions of aging in their city; and the relationships and quality of services and care accessed. More interviews were conducted at the Toronto sites compared to the ones in Bergen (see Table 1) speaking to the size of the organizations and the number of patrons who frequented them, reflecting also differences in the size of the cities. Observations were done in organizations' program spaces, as well as in public spaces, lasting from early morning to late evening. We observed how programs were enacted compared with how they were described in interviews, how participants were engaged, also including the social life of the organizations outside of specific programs.

One Toronto organization is a multi-service agency providing a range of day programs, post-acute, medical care offices, and home care services to older adults,

catering mostly to one cultural group originating from the same country, most of whom spoke the same language (hereafter referred to as 'Toronto organization A'). All participants in this organization were considered older adults of different genders. The other Toronto organization is a provider of a variety of language, social, arts and cultural programming, some health services, an informal meeting place with a cafeteria, and home support services (hereafter referred to as 'Toronto organization B'). The organization is primarily directed towards seniors with Jewish heritage from a variety of national and cultural origin, living in supported and rent-geared to income housing. The Bergen sites included one organization offering meals, support programs and settlement services, including legal and language assistance (hereafter referred to as 'Bergen organization A'). The patrons are a combination of street-involved Norwegians living in poverty, many of whom struggle with substance use, and who are older adults either in chronological or experienced age, and recent migrant workers of more varied age groups, many of whom lacked legal rights in Norway. The other site is a café and second-hand store run by volunteers and serving as an informal meeting place for the local community/neighbourhood (hereafter referred to as 'Bergen organization B'). The organization does not explicitly target older adults, but were mostly frequented by older adults living in surrounding areas and mostly women. Additional field observations undertaken on a bus route driving to and from Bergen Organization B are also included in the data. The majority of participants in the formally recorded and verbatim transcribed interviews were female (63%) and service providers (66%) (see Table 1). Informal conversations and observations during programming with service providers and service users were recorded in written or audiotaped field notes. The field notes were the

individual researchers’ narrative accounts and preliminary interpretations of what happened in the sites, and included contextual information about time, place, and the actors involved. As such, the field notes were both descriptive and reflective, that is, reflecting the individual researchers’ experiences and reflections (cf., Polit & Beck, 2012, p. 548f).

Table 1: Sites and participants

	Total # Interviews	Total # Participants	Total # Participants by Gender (%)			Role	
			Female	Male	Undisclosed	Service Provider	Service User
Toronto Organization A	11	12	7	5		6	6
Toronto Organization B	15	17	10	6	1	13	4
Bergen Organization A	2	2	1	1		2	
Bergen Organization B	4	4	4			2	2
Totals (%)	32	35	22 (63%)	12 (34%)	1 (2%)	23 (66%)	12 (34%)

Verbatim transcribed interviews and field notes were thematically reviewed multiple times by the authors with the main themes presented below. Sections of the texts that appeared to be relevant to our initial research questions were marked and all authors added memos, that is, short phrases, ideas, or concepts that occurred to us (cf. Creswell & Poth, 2018, p. 188). In the next step of the analysis, we met to discuss the preliminary findings. Through this dialogue, we moved on to describing, classifying, and interpreting the data, and thereby, to refining our research questions before returning to carefully scrutinising the texts with the revised research questions as our lens. Thus, the analysis was an iterative interpretative process moving back and forth between the data (texts), our research questions, and the evolving themes; tensions, transitions, and tactics. Our

varied sources of data provided opportunities for data triangulation, both in the sense of space triangulation (data on the same phenomenon collected in multiple sites) and person triangulation (data collected from different groups of people) (cf. Polit & Beck, 2012, p. 590). Moreover, the authors' varied methodological, disciplinary, and clinical expertise from social sciences, health policy, and nursing, and our different place of residency (Canada and Norway) provided rich opportunities for researcher triangulation, which reduced the risk of biased interpretations (cf. Polit & Beck, 2012, p. 592f).

Results

Our analytical process led to the identification of three themes – tensions, transitions and tactics – that all speak to the various ways organizational staff, older adults seeking services and their families, acknowledged and dealt with the service gaps encountered. We were particularly interested in how they were ‘minding the gaps’ within their organization and jurisdiction. Having ‘the minding of gaps’ as an analytical optic, our findings first reveal the *tensions* that occur between what service organizations can offer and what older adults need, focusing mainly on mobility and affordability issues, speaking also of the needs not covered elsewhere. The second theme to emerge is how gaps are experienced during *transitions*. Here, our findings show how gaps can become particularly troublesome in some life-stages for older adults, connected for instance to isolation and belonging. Finally, given how organizations experienced challenges connected to funding as well as accommodating the various needs of their patrons, who were often in rapid physical or cognitive decline, our findings delineate their *tactics* of organizations to mind the gaps in order to serve their populations as best they could.

Tensions: Diversity, affordability and mobility

The organizations studied in Toronto offer services for seniors from a wide diversity of backgrounds, and varying lived experiences, all of which shaped their needs as they aged. For instance, some older adults migrated to Toronto following experiences of war and other traumas. Service providers within these organizations shared with us how important it was to understand and respond to needs regarding trauma and past experiences when designing and operating their programs. Staff talked about the importance of attending to seemingly small but exceedingly important issues. One example proffered was the need to avoid having patrons who were Holocaust survivors having to line up for food, since it evoked devastating memories. One staff member also noted other considerations with respect to food: ‘...even after the war, there was shortage of food, so people can put away food, right? So, they tend to take food home with them’ (Staff member, Toronto, Organization A).

Language and literacy were highlighted as significant issues in all the agencies studied in both Toronto sites and one of the Bergen sites, as there were many patrons who did not speak English or Norwegian, or only very little. We also observed that organizations approached these issues differently. The Toronto sites promoted their services to particular cultural communities. Staff members spoke a diversity of languages and were from a variety of cultures at both sites, and many shared a common language and cultural history with the older adults. Service providers expressed how important it was to have staff that could speak the same language as the patrons, pointing out that even when older adults had learned a second language, they still needed to access services in their first language as aging was sometimes associated with losing proficiency

in second languages. A key challenge in Toronto included finding enough staff with the identified cultural background and language skills, who also had expertise in providing services to older adults.

In Norway, there has traditionally been less attention to diversity of language and culture, in society in general and in services for older adults specifically, which are primarily directed at and adapted to the majority Norwegian-born population. Recent migration to Norway has led to new challenges. One agency in Bergen provided free lunch meals and paralegal services to two main groups of patrons - Norwegian pensioners and younger Roma migrants - while also being used by other groups of street-involved people. The director of the agency commented on some current schisms:

There is a situation with pensioners using this cafeteria and using the house itself, all the services, who have been using ... for many, many years. And they were users of the house even before we started to receive a lot of migrants. And they pretty much see that as their house, and to a certain extent it's their house. Everyone who uses this house is kind of an owner, as well (Staff member, Bergen, Organization A).

Tensions from a growing diversity among the services users were also noted:

Color is very visible, and the lack of Norwegian as a first language is very hearable. And, of course, different cultures have different ways of acting. People coming from countries south of Norway, which are most countries in the world, tend to speak louder and make more presence in a room than a typical Norwegian. So, yeah, there is a vocalized racist discourse amongst many of the elders, unfortunately.

We're trying to challenge it whenever we hear it. ... declare it a racism-free environment (Staff member, Bergen, Organization A).

It was also noted how, with limited staff and funding resources, distributional challenges arose regarding space, supplies (e.g. warm food) and services (e.g. counselling). These challenges created tensions between the different user groups and increased the divide between them, with each striving to be perceived as the rightful group of the organization. While the organization aimed to fill the gap in state programming for these and other street-involved people, it nonetheless continued to try to address the needs of lower income Norwegian-born seniors.

Digital literacy, including access to technology, was identified as creating or exacerbating gaps in service provision, producing unwarranted variation between groups of services users in both jurisdictions. As one volunteer explained: the current focus on digital technologies is effective for 80 percent of the population, but catastrophic for the remaining 20 percent. This sentiment was echoed at another organization in Bergen, highlighting how migrants, in particular, found it difficult to access and navigate digital systems and tools, thus contributing to an even larger gap between needs of and access to services.

In Toronto, we heard how for older adults the critical issues are a matter of both affording to attend the services and being able to get to where the services are provided. Our data from Toronto and Bergen presented both similarities and differences regarding how gaps in affordability and mobility were experienced. In the data from Toronto, we found several examples of affordability causing barriers to accessing services. Staff members expressed concerns for families experiencing increased costs following older

adults' growing care needs, especially as they knew that families could not afford the next level of care. One staff member articulated the sentiment: 'So they can get a bed in the long-term care, but who is going to pay for it?' (Staff member, Toronto, Organization A).

Both Bergen and Toronto are cold, wet cities for most of the year. Having warm inviting indoor spaces to meet others is important to prevent isolation, but these can be difficult to find, especially free or affordable alternatives. In some instances, Toronto agencies waived the service fees for users who were in particularly difficult financial situations. One female, older adult told us:

... I saved a little bit of money in my life, but I had another problem... my daughter she was going through a rough marriage, so she had to leave the husband and she was abused for so many years, and my granddaughter. So, all my money went into that. So finally, I came here to the centre; I'm finally there. They're very nice to me, they're helping me here, yes... They have waived the membership (Patron, Toronto, Organization B).

In Bergen, affordability issues took a different form entirely. Poverty among older adults was described as a muted or silent issue, connected to stigma and shame. Still, affordability was an issue. In the second-hand store, the visitors described how they enjoyed having a meeting place where they did not have to spend money, and where they could sit down and enjoy coffee and waffles for free. For the other Norwegian organization, offering meals and support services to older adults considered poor was one explicit aim.

Other gaps related to the intersection of accessibility needs and availability.

Toronto is a large, geographically spread-out city. It has a public transit system, public mobility vans and non-profit and private options for transport. For booking the vans the mobile app for booking rides, and the non-flexible schedules for mobile transportation created barriers for some users. One staff member noted the following:

Wheel-Trans, which is otherwise excellent ... only costs \$2.10 to be able to, but ... a machine calls you back to confirm your drive, and it used to be that the machine would say things slowly so you could understand, but now she just got a call back and it was ... she was so thankful it was on her machine because it was so fast, the way it talked, that she had to listen to it three times. So, she wants Wheel Trans to slow down their automated message. She says the other challenge with Wheel Trans is it only operates until 5:00pm, and ... because it doesn't go north, it creates this barrier (Staff member, Toronto, Organization B).

In Bergen – a city characterized by many steep and narrow streets, a rapid rail line and buses and some private bus options – participants emphasized the importance of transportation systems adapted to specific needs. The service line was a small bus doing rounds in one local community. One fieldnote shows how this customized approach solved gaps related to equity of access:

This bus wasn't quite what I thought. It stays in the general neighbourhood, but what it does is go up and down all the little streets that wind up the hills to all the different houses and building complexes, and the streets were very windy and narrow. And a regular bus could not go up there. So, it seems like there's good bus service on the main roads ... but not on the side parts, and people just couldn't get to the bus. We

talked to the bus driver beforehand while he was waiting to take off. And he said that the bus was not just for older adults. So, people think it's for older adults but it's for anybody. And he knows the people, and we saw that when we went around. One woman who wasn't actually getting on the bus that day happened to be outside and when he stopped, they had a little chat (Fieldnote, Bergen, Organization B).

Furthermore, one informant talked about how she used the bus every Friday to do her weekly shopping, whenever her family could not help. She raised the issue of what would happen to those without family nearby if the service line stopped running, which apparently was a possibility. In general, problems with transportation in the Bergen sites were raised less than in the Toronto sites, where having enough public transportation adapted to their specific needs was noted by many participants.

Given the complexity of poverty experienced by older adults, organizations in Toronto routinely addressed their inability to afford even modest fees. Furthermore, as health care needs increased, organizations dealt with clients unable to afford additional costs associated with more services or more care. This created challenges for organizations, attempting to fill in gaps when needs of patrons change and their own funding model does not follow needs. In addition, being unable to get somewhere for services can lead to a participation gap or social isolation. In Bergen, grouping older adults born in Norway with younger newcomers or street-involved groups presented challenges for addressing each group's unique needs for space and programming. We found that in cities, and during inclement weather, getting to places was also related to being unable to access major transport routes from home if the main bus stops are inaccessible, infrequent bus runs, or an inability to access digital booking procedures.

Transitions: Isolation and connection

Older adults can experience profound changes as they transition across a life-course, for example from employment and independent living to retirement or needing supports and services. Even when supports are in place to contribute to a smooth transition (for example a good pension or supportive family) our study indicates that many experience bumps or gaps in these life transitions. These are connected to cost and mobility, as we have seen, but also to health, age, social status, ethnicity and gender. In our data, we observed how these various aspects intersect, providing diverse older adults with differing sets of resources as well as limitations. In both jurisdictions we found that transitions were accompanied by social isolation, resulting in challenges for organizations and services to provide the right service when it was needed.

The aim of the one Bergen organization to provide a warm welcoming place to go was accomplished with the provision of a nice coffee shop environment. It ensured that older adults could meet others without the pressure of having someone to their home:

Many of the old people who are coming here would never, ever accept visits from their friends. They meet them here, but they would not accept to have them at home because they are ashamed of showing how they're living, or they can't afford to maintain a decent temperature in the house, or they don't have anything to serve them because there's also an expectation, a growing expectation, that you have to serve something else than a cup of coffee (Staff member, Bergen, Organization A).

Social isolation was something the agencies were conscious of addressing because it is a critical issue for older adults. Importantly, some of the daily routines that keep people connected cease when people retire from paid employment. One Toronto participant

explained the problems he experienced moving from labour force to retirement in this way: 'If I don't have something scheduled in my day, like I just feel lost' (Patron, Toronto, Organization B). Another (Toronto) man disclosed very early in the interview that he was 'suffering from depression,' and it was only because his daughter found out about the day program that he was in attendance although he had started 'liking to be here.' In describing the relationship between retirement and depression, he noted that 'I thought I had prepared for retirement, but I wasn't prepared.' Having somewhere 'to be' made it possible to navigate this newly found time and allowed him to expand his horizons by taking new classes and meeting new people.

Simply having a place to go seemed to be an important part of mitigating isolation for many older adults we interviewed. For instance, the transition from the labour force to retirement was more fraught for this participant as it was accompanied by his depression. He noted that:

[My] friends, they don't understand, right? ... They are all my age, they have health issues, but you know, it doesn't seem to bother them, right? So, they see things normally still... they can't understand sometimes why I'm very reluctant to go here or go there (Patron, Toronto, Organization B).

One Toronto staff member commented on the importance of older adults having opportunities to engage with others in similar circumstances:

They get to talk to other seniors, and they realize that they're not alone. Their experience is very similar to other immigrant experiences, right? They're not thinking, 'why me?' ... They develop friendships. They start doing things together,

and that's the whole idea ... to develop those connections...(Staff member, Toronto, Organization A).

Feeling connected and having a place to go for social interaction post-retirement was also a theme in the Bergen interviews. In the community second-hand store, several participants told similar stories of how the store provided a place to meet and to socialize, in an otherwise lonely, everyday life. In this neighbourhood, few such places existed, and while the city centre was in relatively close proximity and easily accessible through city light rail, most people expressed that they wanted to stay in their neighbourhood. One woman talked about another social club for seniors in the neighbourhood that was active for several years and had provided a similar space. The membership had recently declined from approximately 30 to 11 in a short timespan due to members moving to nursing homes or passing away. Recruitment to join that social club had become difficult, although attempts were made through flyers in the hallways of the low rises nearby. Instead, the store filled the gap for older adults to see each other, with no need to spend money. It became a place where friends, former colleagues and neighbours could meet casually, thus tending to a gap in informal rather than formal care. They certainly didn't come for the trinkets, because 'when you reach a certain age, you have all you need' (Patron, Bergen, Organization B). The sentiment was echoed by a volunteer:

But there are many regulars, many regulars. And I think that fulfils one of our aims to be a meeting place in the community. And not only pushing money and pushing things but being an open place for people. I think there was – it's a hole that we have filled, hopefully. I think it's – we see it at people coming again (Volunteer, Bergen, Organization B).

Informants in Bergen also described the advantages of the store located in close proximity to several low-rises and a large, assisted living facility, where many of the patrons lived. In both cases, many potential patrons lived within walking distance to the store. It was described as an integral and an integrated part of the neighbourhood, not demanding extra effort – such as those involving family, public transport, or taxi to get there.

In summary, in both Toronto and Bergen, having a connection to a place that encourages older adults' participation in programs eased the transition from the world of work. Furthermore, having a warm, inviting place to go was critical to maintaining a sense of belonging.

Tactics: Supports and services gaps

Transitions for older adults are connected to greater reliance on others, a need that was often addressed in various ways by ensuring places to meet. However, gaps also resulted from difficulties matching services and supports to the changing needs of older adults, as seen from the perspectives of the service organizations. Several staff members at the Toronto sites spoke to the difficulties encountered when older adults' care needs reached the limitations of services offered through their agencies and required more or a different level of service provision. In one case, an individual was experiencing anxiety, and repeatedly trying to leave the centre. This woman's daughter was called to take her home, a situation that brought additional complexities, with the explanation that this behaviour was beyond what the centre was able to deal with: 'So, she's going to be home and probably her mental health is going to decline because she's going to be socially isolated, and then it's going to create new set of problems for her children' (Staff member,

Toronto, Organization A). In this way, the maximum available services from community-based programs are not necessarily aligned to the maximum needs experienced by individuals and families, creating a service gap that families might not be able to easily negotiate.

Several Toronto staff spoke about the reality of changing needs of older adults participating in their services. Some talked openly about the service limitations and the resulting gaps that occur when individuals begin to require more assistance than the agency can provide. One staff member described how, following her absence from the organization for a time, she became acutely aware of the changes to several individuals on her return.

I realized how much they have changed, not only, not only their appearance ... but their cognition, and this is a big problem because our programs are for highly functioning seniors, okay? ... We can't provide the support she needs... But what's going to happen now? ... Where does she go? (Staff member, Toronto, Organization A).

Several participants noted a lack of smooth transitioning as their needs shifted. This gap was often expressed in the Toronto sites, with many participants noting that the boundaries between different levels of care did not align. Older adults described outgrowing one service or agency but being ineligible for the higher level of care. In the face of this, a couple of staff members talked about hiding or minimizing some of the indicators of higher needs (e.g., referring to someone observed as receiving full assistance with eating as 'needing a little help'). This minimizing of assistance could help delay the discharge from the community service.

Reflecting more robust welfare state supports, but also their changing group of seniors who used the services, one of the Bergen organization's staff members described the need for organizations to pivot and be flexible regarding changes to their patrons and various contexts. There was a constant struggle of, on the one hand, designing appropriate services, and, on the other, adapting to changing political and legislative structures. Staff members described how they constantly adapted to new challenges, such as changing migration patterns or new labour trends, by being flexible and changing the various staff roles. Proactively participating in the local policy field and creatively adapting to funding shifts were also highlighted, in order to adjust to the most pressing issues of their patrons. Navigating the complex system of various private and public service providers was also highlighted as challenging for their patrons, noting in particular those with language differences, sometimes connected to pension rights when moving from one country to another.

In summary, compared to Bergen, more service gaps occurred in Toronto between community-based and more formalized parts of the health and social care system, all of which receive funding from different levels of government and cover different levels of need. Informants spoke about the gap in service as the older adult required more care than that offered by the community agency. Family members were often called on to fill gaps in Toronto, and most of the assistance we observed or were communicated to us came from daughters or wives. The tactics employed in Toronto were to minimize the need to prolong the person's access, or to call on family. In Bergen, the gaps were not so much about someone unable to transition to a higher level of service or care, but rather about how to better tailor the services to meet the needs of an increasingly diverse group of

seniors, including both those born in Norway and newcomers. The tactics employed involved juggling and struggling to meet an individual's needs. Also in Toronto, staff members described how tactics were employed to support older adults despite the eligibility criteria for the specific services were no longer met and filling their needs was a challenge.

Discussion

Our findings reveal the importance of community programs in positively influencing the initial transition from independence to needing more support for older adults in both jurisdictions. Our analysis suggests intersections within and among the themes, in both jurisdictions. For example, like Grenier, Phillipson and Setterson (2020), we found that precarity in old age can take many forms, for instance when moving from labour force involvement to retirement as well as increasing reliance on family, friends, and services. Relatedly, retirement can also contribute to financial constraints, resulting in a lack of access to needed services. Yet, our data also suggest that while gaps exist in both Bergen and Toronto, there are differences worthy of note. The identified gaps unsurprisingly supported well-established differences between the larger welfare state contexts. Neoliberal-informed approaches to services for older adults were more prominent in the Toronto sites than in the Bergen sites.

Our findings also indicate that there are differences between the two jurisdictions in the experiences of care gaps for diverse groups, related to language and culture and even age. The two sites visited in Toronto actively advertise their appeal for multiple cultural groups. There, we saw examples of the approaches to the intersections of age and culture. Conversely, data from Bergen suggest that cultural and ethnic diversity remains a

silenced issue, displaying a ‘colour-blind discourse’ (Gullestad, 2002; 2006), in which all are considered to be treated equally. While this seems promising with regards to inclusiveness, the general approach can also be questioned given how service gaps can be experienced *differently* between various groups, presupposing approaches adaptable not only to changing needs over time, but also different needs for different older adults.

Although a lack of adequate income experienced by older adults was mentioned in both locations, the implications of this varied considerably. In Toronto, staff shared examples of families unable to afford long-term care, and patrons who reported being unable to access the community services they wanted. In Bergen, staff reported how poverty was silenced, and a source of shame with some older adults too embarrassed to invite people to their homes for visits. Thus, poverty among Bergen participants seemed to influence their activities at home, rather than prevent their access to services. Contrarily, access to services and supports were problematized at the Toronto sites. Staff members were, for instance, observed under-communicating the care needs of older adults with more comprehensive care needs than they could meet. They did so because they knew that these older adults would experience challenges with accessing and affording more comprehensive long-term care. Another factor may also be a recognized aversion in Ontario to nursing homes (Um et al., 2020, p. 10). Staff members recognized and possibly supported this aversion, acting to delay this level of care.

Access to transportation is also an issue illustrating differences between Toronto and Bergen. The preference for adaptive services within one’s neighbourhood is evident in the Bergen sites. This corresponds with Latham-Mintus (et al., 2022) who found that

alternative modes of transportation increase social participation in general. The access to and level of comfort with digital technology also mediated accessibility to transportation.

Times of transition also resulted in care gaps. In Toronto, several staff members spoke about the gap caused when individual needs were too complex for one level of care, but not complex enough for the next level. These conversations acknowledge a policy approach that supports inequity in access, and the resulting and serious implications for those who experience it, finding themselves without support for a time. Conversely in Bergen, while the need to pivot in response to changing needs and financial considerations was expressed, these conversations did not convey the same level or extent of gap in services. Instead, in Bergen, there were discussions about designing appropriate services, suggesting a greater flexibility in providing needed services and a smaller gap in services.

As such, our findings show that the care gaps that older adults experience are not only connected to state funding supports, and community services, but also to the need, availability and willingness of significant others who may be functioning as care convoys (Moen & DePascal, 2017) to fill the gaps in access to services, and to directly provide care. It has been reported elsewhere that family caregivers are most often women, both in a Nordic (Ulmanen & Szebehely, 2015; Skinner et al., 2021) and Canadian context (Barken, et al., 2016). Our findings also highlight the influence of broader, gendered inequities that result in family and friends, who are most often women, being a vital part of the care convoys, for instance in finding services for parents or providing transportation. In addition, there were gendered ways in which affordability was experienced, as seen in Toronto where one woman patron described that she had to

carefully select the programs and services she attended due to financial difficulties.

Norwegian older adult care has - at least until recently - been considered a public responsibility, but evidence suggests that daughters in particular do or will eventually take on more responsibility (Skinner et al., 2021).

In summary, the community organizations in Bergen and Toronto effectively functioned as a form of care convoy by attending to service gaps for older adults left unaddressed by others, while also leaving some of these unaddressed themselves (willingly or not). In many ways, these organizations were often operating at the limits of their own organizational reach, pointing to ways that they might be better supported. Within the frame of the differing welfare models in the two cities, but also the cultural context more broadly, most notably ethno-cultural diversity versus a greater degree of cultural and linguistic homogeneity, what was attended to and what was unaddressed, differed significantly. Unsurprisingly, the levels and funding for formal health and social service supports were more robust in Norway than in Canada, leaving the community organizations with less care gaps in Norway. However, in Norway, most of the approaches were 'one size fits all'. The organizations in Toronto seemed more adept at serving a more diverse population, as long as they were within the eligibility criteria, were able to pay as needed, and could arrange transportation to get there. Organizations in Canada frequently lacked the resources to individualize programs to suit specific needs but could often address group needs, illustrating a service gap between community and formal health care that families needed to fill themselves or to purchase in the marketplace, both of which reflect the neo-liberal welfare model for care in Canada.

Despite the differences, community organizations in both Toronto and Bergen functioned as care convoys, that is, intermediary organizations “that buffer individuals from the larger bureaucratic forces of markets and governments, including ... institutionalized unpaid and paid care regimes” (Moen & DePasquale, 2017, p. 55). In both Toronto and Bergen, we found that the organizations filled gaps between the informal and the formal care systems. While we identified promising practices, and despite the differences between the four unique organizations, challenges nonetheless remain in both jurisdictions, requiring individuals, families and these community organizations try to address them.

Limitations

This study draws on data comparing selected organizations serving older adults in two cities in different countries, limiting generalizations to other contexts. Furthermore, given that the organizations were purposively selected on the grounds of showing some kind of promise with regards to the overall topic of the study, other organizations within each jurisdiction might differ. Still, the organizations are positioned in specific contexts, and therefore also speak to it, also illuminating the differences between them.

Conclusions

Our findings add additional weight to the idea that the process of ageing does not always transpire as linear and smooth but rather as irregular, and as marked by older adults’ shift from paid work to retirement, and their varying needs to access services. Transitioning, we found, is not easily or normatively traversed by older adults, making it difficult for service organizations to fill gaps. While our findings show gaps exist in both

jurisdictions, there are noteworthy differences. We found gaps from a weakened welfare state and greater personal responsibility for the needs of older adults at the Toronto sites. This raises questions of equity and the minimum types of supports that should be available to all. In Bergen, we found promising examples of how organizations were able to change and adapt, thus perhaps serving as efficient care convoys, or as limiting the need for family members to serve as care convoys. In contrast, the way in which organizations addressed the diverse language and cultural needs of older adults in Toronto suggests a promising capacity to attend to diversity in ways that need to be considered for Bergen. Importantly, in both sites, having spaces where older adults could gather informally, sometimes within their own neighbourhoods or communities for little or no cost, proved promising, particularly to circumvent loneliness and isolation. By doing so, the organizations filled a care gap for older adults.

Disclosure statement

The authors report there are no competing interests to declare.

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