



# **Working Together for Seniors**

**A TOOLKIT TO PROMOTE SENIORS' SOCIAL  
INTEGRATION IN COMMUNITY SERVICES,  
PROGRAMS AND POLICIES**

**Federal/Provincial/Territorial Ministers  
Responsible for Seniors**

**November 2007**

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### **Participating Governments:**

Government of Alberta  
Government of British Columbia  
Government of Manitoba  
Government of New Brunswick  
Government of Newfoundland and Labrador  
Government of Northwest Territories  
Government of Nova Scotia  
Government of Nunavut  
Government of Ontario  
Government of Prince Edward Island  
Government of Quebec  
Government of Saskatchewan  
Government of Yukon  
Government of Canada

### **Members of the Social Isolation Working Group:**

British Columbia (Chair)  
Canada  
Manitoba  
Ontario

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DANS LES SERVICES, PROGRAMMES ET POLITIQUES COMMUNAUTAIRES.  
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## **EXECUTIVE SUMMARY**

Social isolation can be defined as less social contact than an individual wishes, and that may lead to negative outcomes such as poor health, loneliness or other emotional distress.

Anyone can become socially isolated but seniors are especially at risk of social isolation. Too many changes too close together can increase the challenge to cope at a time when fewer personal and social resources may be available. Organizations, communities at large and older adults can help to prevent social isolation.

The Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors recognize that social isolation is a significant risk for seniors with serious consequences. Through research and consultations, the F/P/T Working Group on Social Isolation has undertaken to learn more about social isolation and how to promote social inclusion. What the working group has learned has been used to develop this toolkit, to assist organizations and governments to screen existing and planned programs and practices for their impact on social isolation.

The purpose of this toolkit is to:

(1) provide information and data about social isolation amongst seniors, (2) suggest ways that organizations can promote social inclusion, and (3) provide a tool that can be used to screen existing and planned programs and services, for their impact (positive or negative) on social isolation.

Identifying factors that impact on social isolation will enable organizations to eliminate barriers to seniors' social participation and to proactively facilitate participation. Even if programs are not specifically designed to address social isolation, supporting seniors' strengths, enhancing social networks, removing barriers to social participation, and fostering social inclusion will have positive impacts for both individuals and society.



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## Introduction

Social isolation can be defined as less social contact than an individual wishes, and that may lead to negative outcomes such as poor health, loneliness or other emotional distress.

Anyone can become socially isolated but seniors are especially at risk of social isolation. As part of normal aging, seniors experience physical changes such as illness or disability, along with changes in personal lives (e.g., loss of a spouse), that can shrink social contacts and limit activities. Social and environmental factors such as poverty or infrastructure barriers may also increase their chances of becoming socially isolated.

Seniors have experience in managing the rough spots in life that they can draw on in dealing with the challenges of aging. However, too many changes, especially if they occur close together, can make it more difficult to cope at a time when fewer personal and social resources may be available.

*Hilda Wren<sup>1</sup> is a sociable 83-year-old retired single woman who has resided in the same neighbourhood for many years where she has been active on community boards, in a bridge club and in her local church. Over time deteriorating hearing has made it hard for her to continue with her usual activities but she only gave them up when she surrendered her driver's licence.*

*Hilda adjusted to these changes by joining a local seniors' centre which she could get to by bus. As there was no bus service to her church, friends picked her up. Eventually, however, Hilda's friends' circumstances changed due to their own health problems and they were no longer able to regularly attend church themselves.*

*Gradually Hilda has become almost completely housebound. Her arthritic knees have made it hard to get around, especially in the winter. Taxis are beyond her means. She seldom gets to the seniors' centre, therefore she no longer knows many people there. Meanwhile, her neighbourhood has been changing around her, a helpful neighbour moved away, and she feels less secure. Her main contact these days is a sister in another province.*

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<sup>1</sup> All examples are composites and names are fictitious



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The consequences of social isolation are significant. Emotional distress such as loneliness and depression as well as poor physical and mental health are associated with social isolation.

*Hilda feels lonely and anxious. Some days it hardly seems worthwhile getting out of bed, and it is hard to make herself eat properly or exercise. Her medical appointments have become her social life and her doctor is suggesting she move into a nursing home.*

Stories like Hilda's are not unusual. Hilda made many adjustments to her changing circumstances until she eventually ran out of options. There were many points along the way where someone could have intervened to prevent or minimize the impact on Hilda. Some of the things that contributed to Hilda's situation were beyond her control, such as her friend moving away and the lack of transportation.

If the organizations she was involved with, and her community, were more aware of the risks of social isolation and able to take action to help, things might have been different. As Hilda's attendance dwindled first at bridge, then at church and the seniors' centre, someone could have followed up with her to see why. This might have led to informing her of services so that she could address her transportation needs and perhaps access in-home visiting and care services.

Individuals, organizations, communities and governments can help to prevent social isolation. People like Hilda would be able to remain socially involved, her mental, emotional and physical health might improve and she could continue to contribute to her community.

## Purpose

The purpose of this toolkit is to:

- (1) provide information about social isolation amongst seniors
- (2) suggest ways that organizations can promote social inclusion
- (3) provide a tool that can be used to screen existing and planned programs and services, for their impact on social isolation.

## Background

The Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors recognize that social isolation is a significant risk for seniors with serious consequences. Through research and consultations, the F/P/T Working Group on Social Isolation undertook to



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learn more about social isolation and how to promote social inclusion by completing the following:

- a literature review outlining the key issues regarding social isolation facing seniors<sup>2</sup>
- a meeting of experts on social isolation to identify factors contributing to social isolation among older Canadians, and to provide recommendations relative to isolation to the working group<sup>3</sup>
- a profile of social isolation in Canada<sup>4</sup>
- a scan of public program and policy components to determine their effect on social isolation<sup>5</sup>
- A secondary profile of social isolation in Canada<sup>6</sup>.

The results have been used to develop this toolkit to screen existing and planned programs and services for their impact on social isolation and inform the suggestions provided about how to intervene. The toolkit is also underpinned by the following core principles of the *National Framework on Aging*<sup>7</sup> developed by the F/P/T Ministers Responsible for Seniors through an extensive consultation with seniors and other stakeholders. These principles are:

- **Dignity:** being treated with respect, regardless of the situation, and having a sense of self-esteem
- **Independence:** being in control of one's life, being able to do as much as possible and making one's own choices

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<sup>2</sup> B.C. Ministry of Health of Health, Children's, Women's and Senior's Health Branch (2004) Social Isolation Among Seniors: An Emerging Issue.

<sup>3</sup> Hall, M. (2004). Report on the Federal/Provincial/Territorial expert consultation: Workshop on social isolation and seniors. Winnipeg, Manitoba.

<sup>4</sup> Keefe, J., Fancey, P., Andrew, M., and Hall, M. (2006). A profile of social isolation in Canada. Prepared for Federal/Provincial/ Territorial Committee of Officials (Seniors)

<sup>5</sup> MacCourt, P. (2007) Review of Federal/Provincial/Territorial services and policies: An analysis of impact on social isolation. Prepared for Federal/Provincial/Territorial Committee of Officials (Seniors)

<sup>6</sup> Keefe, J. & Fancey, P. (2007) A Profile of Social Isolation in Canada: Phase 2, Final Report. Prepared for the Federal/Provincial/Territorial Working Group on Social Isolation

<sup>7</sup> Federal/Provincial/Territorial Ministers Responsible for Seniors (1998). Principles of the national framework on aging: A policy guide



- Participation: getting involved, staying active and taking part in the community; being consulted and having one's views considered by government
- Fairness: having seniors' real needs, in all their diversity, considered equally to those of other Canadians
- Security: having adequate income as one ages and having access to a safe and supportive living environment.

## What is social isolation?

Social isolation can be defined as less social contact than an individual wishes, and that may lead to negative outcomes such as poor health, loneliness or other emotional distress.

Not all socially isolated seniors experience negative consequences. For example, some seniors may prefer to be alone and do not experience loneliness.

*Bonnie Kowalchuk has reduced her activity at the local senior centre and, as she is recently widowed and in poor health, there is some concern that she may be socially isolated. In fact, Bonnie is quite introverted, enjoys reading, has a number of friends and family she talks with frequently on the telephone, participates in a television church and enjoys several TV serials.*

In contrast, for seniors like Hilda Wren, changes in circumstances have accumulated and led to unwanted social isolation. As we saw, changes can be gradual and pile on top of one another. The degree of impact is linked to the economic, personal and social resources that people have available to cope with the changes.

## What are the effects of being socially isolated or excluded?

Social isolation is a concern because of the negative impact on individuals and their families. Research has found that social isolation and exclusion are associated with:

- increased chance of premature death
- lower general well-being
- more depression
- more disability from chronic diseases
- poor mental health
- increased use of health and support services
- reduced quality of life



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- caregiver burden
- poor general health.

In addition to these personal consequences, socially isolated seniors are not able to participate and contribute to their communities. Many seniors are the backbone of voluntary services. Seniors enrich the organizations they participate in and provide patronage to local businesses and events. Losing these contributions is a significant loss to organizations and to society.

### **Which seniors are at risk of social isolation?**

Social isolation may result from circumstances and situations that involve personal and social factors. Keefe and her colleagues (2006) studied Canadian data to begin to put together a profile of the individual and social characteristics and situations that make seniors in Canada vulnerable to social isolation:

- Seniors were found to be vulnerable to social isolation if they had:
  - limited assistance with routine activities such as meal preparation, shopping, and transportation
  - low emotional support
- Women were vulnerable to social isolation if they:
  - had low support with routine activities
  - had reduced physical leisure activities
  - lived alone.
- Men were vulnerable to social isolation if they had low emotional support.
- Older seniors (age 80 and older) compared to younger seniors (age 65-69) were more vulnerable to social isolation if they:
  - had low support with routine activities
  - had reduced engagement in physical leisure activities
  - lived alone.

Some seniors experience social exclusion in a number of areas of their lives. Keefe and Fancey (2007) measured ways that seniors can be excluded socially in their:

- (1) interactions with family and friends
- (2) involvement in community and volunteer activities
- (3) feelings of comfort in one's neighbourhood

They found that almost three-quarters of seniors experience high amounts of exclusion in at least one of the three areas, most frequently in “involvement in community and



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volunteer activities”. As well, close to half of seniors experience high amounts of exclusion in two or all three areas, especially in “interactions with family and friends” and “involvement in community and volunteer activities”.

Seniors most likely to experience the most social exclusion:

- are older
- are living in urban areas
- have no partner
- have activity limitations due to health
- were born outside of Canada.
- have lower levels of education

Together, these two bodies of research create a picture of who is most vulnerable to social isolation, and who is actually experiencing social exclusion. Organizations can look for these characteristics among their clientele to identify who may be at risk.

## What are the indicators of social isolation?

Social isolation is indicated when there are reductions in a senior’s social participation or social contact that cause loneliness or other emotional distress.

Normal changes related to aging (such as changes in vision and hearing) or crises (such as loss of a loved one or relocation) may make also a senior more vulnerable to social isolation.

*Guy Painchaud recently lost his wife and companion of 45 years. His wife took care of social matters throughout their marriage and he has only occasional contact with family. He joined the local seniors’ centre but felt uncomfortable being one of the few single men attending. His participation dwindled after he gave up his driver’s license due to problems with his vision. Guy is very lonely, becoming depressed and drinking more than he should.*

Losses and other challenges do not necessarily lead to social isolation. Whether or not (or to what degree) social isolation occurs will depend on how well a senior is able to use her/his usual coping skills and on the availability of support from friends, family and community.

*Amoy Chang is an 80 year old widow. She and her husband Lee moved across Canada following their retirement. Prior to Lee’s death he had dementia and*



*Amoy had spent the last five years caring for him at home. Gradually, as her responsibilities increased, she lost contact with most of her friends and became increasingly tired and isolated, as Lee could not be left alone. Her social life consisted of home support workers and other health care workers. Amoy maintained contact with the outside world through a chat room for caregivers on the internet and through email contact with old friends. Following Lee's death Amoy joined a widows group which helped her with her grieving and provided her with new social contacts.*

## **What are the contributing factors (risk factors) for social isolation?**

There are many individual, social and environmental factors related to late life that increase seniors' risk of social isolation.

The literature review completed by the F/P/T Working Group indicates that the following factors may place seniors at risk for social isolation and loneliness:

- disabilities
- loss of a spouse
- living alone
- reduced social networks
- aging
- transportation issues
- place of residence
- poverty
- low self-esteem
- poor health
- gender

Generally the more risk factors present, the greater the likelihood of social isolation occurring. For example:

- lack of information and poor health are associated with poverty, especially for seniors from minority groups and for seniors with disabilities
- poverty is linked to education and skill disadvantages, which further limits participation
- low income affects the ability of family members to provide care



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- low self-esteem is linked to the risk of financial abuse and contributes to social isolation
- loss of a spouse frequently leads to living alone and to a reduced social network which together escalate the risk of social isolation

*Raj Singh is a retired divorced day labourer without a company pension or savings. He lives in a city where rents are very high, leaving him with little disposable income to pay for the medications for his chronic back pain or for dental care. His dental problems restrict his food choices. He has significant mobility problems that make him feel vulnerable outside of his apartment so he seldom leaves home. He is functionally illiterate and has not filed income tax for several years and therefore does not receive the income support or rent subsidy to which he is entitled.*

Social isolation may result from conditions in our society that exclude some seniors from full social participation. Seniors who experience ageism, abuse, racism, sexism or homophobia may restrict their activities resulting in increased risk of social isolation. Social isolation is linked to the undervaluing of seniors in our society - negative images of seniors make them feel not needed, not valued and not able to contribute.

### **What are the protective factors?**

Protective factors can be defined as traits, situations or circumstances that contribute to seniors' social integration. There are numerous protective factors that can reduce the risk of social isolation:

- being in good health
- adequate income and housing
- residing in a neighbourhood where one feels safe
- communication skills and resources to find and obtain needed services
- satisfying personal relationships
- having a social support network
- feeling connected to and valued by others
- having access to health services
- experiencing meaningful roles in society
- having secure housing
- having access to transportation
- having higher levels of education and social support.



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*Caroline Bird is a First Nations woman who lives alone in a rural community. She lives out of town, does not have a driver's licence and lives on a low income – factors that put her at risk of social isolation. However, she has helpful long-time neighbours who visit and take her to town regularly and she receives home care weekly. She also has two dogs that keep her active and provide companionship.*

As Caroline's situation illustrates, some of the factors that might protect seniors from risks associated with social isolation can be modified. For example:

- increasing social activity leads to better physical, mental and emotional health and lower utilization of health care services
- enhancing social support
  - helps protect people from the negative impact of stressful life events
  - is associated with reduced risk for poor health, depression and alcoholism
  - contributes to higher quality of life, increased life satisfaction and better mental, emotional and physical well-being

## How can organizations promote social inclusion in their programs & policies?

Organizations can support seniors' inclusion in their programs by recognizing and eliminating any barriers to seniors' participation and by proactively facilitating participation. This is true even if programs are not specifically designed to address social isolation. For example, although many of the programs and services submitted by F/P/T jurisdictions examined for their effect on social isolation<sup>8</sup> were not designed to directly address social isolation, components that positively affect social isolation and social integration of seniors were identified.

The results of the scan of F/P/T programs and services revealed key features common to programs with positive effects on social isolation. These key features are listed below along with suggestions for how organizations might integrate them into their program design and service delivery. Some examples of programs from the F/P/T scan are included.

**1. Involve seniors in planning, implementing and evaluating the programs and policies that affect them.** Seniors know what is relevant and meaningful in their lives,

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<sup>8</sup> MacCourt, P. (2007) Review of Federal/Provincial/Territorial services and policies: An analysis of impact on social isolation. Prepared for Federal/Provincial/Territorial Committee of Officials (Seniors)



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the circumstances that could place some seniors at risk for social isolation, and have ideas about how to promote social inclusion.

- Recruit seniors as board members to increase the likelihood that programs and policies will reflect seniors' interests and values.
- Form inter-organizational advisory groups made up of seniors who receive services so that planning and services can be assessed from a seniors' perspective. In Nunavut, support for the development of Elder Councils is provided by *Nunavut Culture, Language, Elders and Youth (CLEY)* staff, promoting the value of Elders and the importance of their input in programs and policies. In Quebec, forums for regional discussion and coordination of issues related to aging have been created to ensure seniors can unite and make their needs/issues better known to government. These *Regional Steering Committees on Seniors* are made up of representatives of seniors organizations, agencies that work with seniors, and representatives of public institutions, within each Region. The committees' consultative role is formally recognized and funded by the Quebec government, the Conseil des aines and regional decision-makers, thereby acknowledging the importance of seniors' social, civic and professional participation and their contribution to social development.
- Involve seniors in program design to increase the likelihood that potential barriers to seniors' participation will be identified. *Taking Action for Seniors* in Quebec funds community based projects that aim to enable seniors to participate more fully in civic, social and professional life. Eligibility for grants stipulates that seniors be involved in development and implementation of projects.
- Involve seniors in program delivery. *Older Adult Centres or Elderly Person Centres* in Ontario serve seniors with a range of needs and offer preventative, health education and support services, in addition to providing social and recreational programs. Some seniors serve as volunteers while others are participants in the programs. Seniors' input and active participation in programming create a comfortable environment that is welcoming to other seniors and likely to be appropriate to their interests, promote wellness and provide enhancement of individual and community life.
- Create more age friendly organizations by recruiting seniors as ambassadors, system navigators, and greeters and buddies for new clients or participants.
- Involve seniors in program evaluation as respondents but also in administering questionnaires and interpreting results.
- Involve older adults as peer-leaders.
- Consider employing older adults as program leaders or volunteer leaders.



**2. Consult on an ongoing basis with the seniors in your community. Conduct a local scan of resources available to older adults and identify local resources that can be utilized in the delivery of your program.**

- If your community has schools that are under utilized, consider locating seniors' programs there, enhancing opportunities for intergenerational contact.
- Where geographic location or winter weather is a barrier to seniors' participation (including volunteering), consider what components of your service could be offered in the winter months through home visiting, telephone or computer. The *Newfoundland Seniors Wellness Committee* provides support and information to seniors by phone.
- If you have identified a gap in resources, what can your organization/community do to fulfill this gap? If your organization doesn't have the mandate to provide this service, who can you partner with in your community to ensure that this need is met?

**3. Identify vulnerable populations and respond creatively to those with differing abilities and needs.**

- Seniors with cognitive challenges often require smaller groups in quieter environments than other seniors, and will require assistance to access services.
- Seniors who become depressed or anxious as a result of health conditions, losses (e.g., widowhood, relocation of family), or other social circumstances (e.g., caregiving), may lack the motivation or energy to participate socially. By knowing about individual circumstances there is opportunity to offer support when these changes occur and before the senior becomes socially isolated. Emotional support provided by home support workers or volunteers can form a bridge between seniors and their community until the depression or anxiety is treated and social activity is resumed.
- Connect people who share similar risks to reduce their sense of isolation and to help develop new social networks. Support groups (for example Stroke Groups, Alzheimer Caregiver Groups or Widows Groups), can lead to the development of coping skills and provide opportunities to share experiences.

**4. Target groups with increased vulnerability to social isolation.**

- Caregivers of other older adults have increased vulnerability to social isolation. The *Saskatchewan Home and Community Care* programs support family members by providing assistance with the loved one's personal care and by providing the caregiver with a break. This assistance reduces the burden of care and increases the chances that the caregiver will be able to remain socially connected.



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- Seniors who are housebound can benefit from outreach services that provide social contact and emotional support, such as offered by the *Prince Edward Island Peer Helpers*.
- Some seniors who do not speak English or French are at increased risk of social isolation. The *Newfoundland Building Bridges* project aims to identify the barriers to social participation unique to seniors from minority groups.
- Seniors who feel unsafe in their neighbourhoods may feel too unsafe to venture outside of home. Those who may have experienced discrimination (e.g., racism, homophobia) or who are frail may feel especially threatened. The RCMP *Crime Prevention/Community Programs and Victim Services* provides several crime prevention programs such as *Home Security and Street Safety*, programs that can provide seniors with information to increase their sense of security. The *Ontario Security Checks/Reassurance Checks* service and *Friendly Visiting* service are support services delivered by volunteers who regularly check on the safety of seniors living alone. Consistency of the volunteer as well as the check itself provides seniors with a sense of security. Seniors who feel safe in their homes are more likely to remain living independently.

### 5. Identify and address barriers to participation

- Economic: many seniors have low incomes and direct and indirect costs of participation can present barriers. Eliminating or reducing program fees, serving nutritious snacks or meals as part of programs, and providing free transportation can all be helpful.
- Language barriers can be addressed by grouping seniors as much as possible with those who speak the same language, by recruiting volunteers from the same linguistic community, or by offering the service in partnership with the linguistic community.
- Literacy barriers may mean that some seniors do not know about a program or if they do, can not access it due to reading and writing requirements. Many seniors will not acknowledge their difficulties so it is important to ensure information about programs is offered creatively and in a variety of formats. For example, DVDs or CDs are available about some chronic health diseases as an alternate to written material. When material is written it needs to be in plain language and well illustrated. Those working in agencies need to be sensitive to the possibility of literacy barriers and trained to discreetly accommodate them (e.g., fill out forms for the person; read directions aloud in groups).
- Disabilities may make it difficult for some seniors to leave their homes. The federal *Home Adaptations for Seniors and Residential Rehabilitation Assistance*



*Program for Persons with Disabilities* can be accessed to pay for modifications in the seniors' home that facilitate independence, such as wheel chair ramps.

**6. Use flexible preventative and multifaceted wellness approaches that address the psychological, social and physical aspects of healthy aging.**

- Programs and services that provide opportunities for seniors to connect with each other can support social inclusion - this can be as simple as introducing people to each other at recreation programs, providing refreshment breaks at formal presentations, or holding informal information sessions in seniors housing.
- Health fairs are offered in many communities and provide seniors with information about maintaining health - these can include information about the importance of remaining socially active.
- Some seniors who would not attend a social or “talk” event might attend a walking group or volunteer as drivers. The *Newfoundland Smart Program* promotes physical activity (which is a protective factor for social isolation) through exercise programs provided to seniors in their homes by volunteers.
- Fall prevention programs such as the *Manitoba SafetyAid* program for low-income seniors addresses the risk of falling (which often leads to impaired mobility and increased risk of social isolation).

**7. Make efforts to approach seniors who are isolated or who are at risk of becoming isolated.**

- Consider proactive networking with health and social services, places of worship and other community groups to solicit referrals of seniors at risk of social isolation.
- Some seniors may limit social participation because of a lack of confidence to enter new situations or limited social skills to develop relationships with others. Peer Support programs such as those offered by the *Prince Edward Peer Helper Program* can be useful to these seniors by providing friendship and supporting participation in community activities.
- For housebound seniors the *British Columbia Seniors Peer Program* matches seniors with a volunteer who visits with them on a regular basis, while the *Newfoundland Peer Advocate Program* provides telephone support.
- Follow up with seniors when they unexpectedly reduce their use of services or withdraw from activities.
- Provide information and education about social isolation to seniors, family, caregivers and to the general public so that they can identify older adults at risk.
- Establish a method to evaluate these efforts on a regular basis.



**8. Increase accessibility to services by providing information and education to seniors using a variety of methods that are sensitive to potential barriers (e.g., literacy, communication impairments).** For example, the *British Columbia Health and Seniors' Information Line* provides information to seniors about provincial and federal health and social services through a 1-800 telephone number (accessible by those with hearing impairments and to linguistic minorities). Trained staff respond to questions about services for seniors, assist in filling out forms and provide contact information for other agencies. The *Collaborative Seniors' Portal Network* provides an example of how technology can be used to make community programs more accessible. The Portal, originally developed in partnership with the Ontario Seniors' Secretariat, Veterans Affairs Canada and the City of Brockville, now features 23 Ontario communities and offers seniors, their families and service providers easy access to information and services offered or funded by all three levels of government and the broader public sector agencies they fund. Access is 24 hours a day, 7 days a week, free, and can be accessed from home regardless of geographic location or challenges such as weather, caregiving or mobility issues. This service is especially useful to family members who live at a distance from their older relatives and who are trying to find services for a parent in his/her own community.

- Ensure promotional material is age-friendly by including positive pictures of seniors, quotes from seniors and using everyday language. Have seniors review materials before they are sent out.
- Consider partnering with cultural groups to ensure material is culturally appropriate to seniors in their communities, and to have information translated.
- Ensure organization staff can be reached by telephone without complicated voice mail instructions.
- Consider posting information on web sites to increase accessibility outside of regular business hours and accessibility for family members who are geographically removed.
- Consider promoting services through informal articles in seniors' magazines, newspapers and newsletters.
- Provide current information about services in places seniors are likely to frequent, such as physician offices, pharmacies seniors centres, banks and churches, temples and mosques.
- Create reciprocal links to other organizations providing services to seniors to facilitate referrals.



## **9. Ensure staff and volunteers are provided with ongoing training opportunities and supported.**

If programs are to have a positive impact on social isolation among seniors, those who provide services need to understand social isolation, how to identify those at risk and how to form trusting relationships with older adults.

- Ensure that orientation for new staff and volunteers includes information about indicators of social isolation and awareness of risk factors.
- Train those who work or volunteer with seniors in mentoring, friendship development and building social connectedness.
- Ensure that volunteers have clearly defined roles and that their contributions are recognized.
- Volunteers should have necessary administrative support and a program coordinator with whom to discuss concerns.
- Identify opportunities to provide ongoing training to staff and volunteers.

## **10. Address transportation needs.**

Transportation has been identified as a determinant of health by the World Health Organization. Transportation is the means by which seniors access their communities' resources. Many seniors who previously provided their own transportation by private car may give up their drivers' license at some point. In rural and remote areas, and especially for those living outside of towns, there may be few public transportation options.

- Develop local responses to transportation needs. Due to the huge variation in the geographic location (e.g., rural and remote, northern, farms, urban), complicated by winter weather, strategies to meet the transportation needs of the specific local seniors' population, and that draw on existing community resources, are needed. Nova Scotia's *Community Transportation Assistance Program* allows low density communities to apply for grants to create "inclusive transportation for those with transportation disadvantages". It is up to each community to determine priorities and develop responses. In *Quebec the Department of Transport Rural Transportation* project has addressed this issue by initiating a program that allows rural communities to set up public transportation services to address the specific population's needs and that build on a pooling of resources. Innovative approaches include:
  - para-transit and school bus resources
  - taxi services provided to eligible seniors
  - vehicles adapted to meet needs of disabled and are managed by the health sector
  - volunteer drivers
  - car pooling initiatives.



- Program budgets could include flexibility to provide transportation to their programs, when required. Organizations could:
  - provide transportation directly to seniors, like Adult Day Programs do for their clients
  - share vans with other organizations
  - provide bus or taxi fares
  - establish ‘taxi clubs’ where seniors plan trips together and share costs.

## How can organizations promote social integration in their community infrastructure?

The development of age-friendly infrastructures and community support (including housing, transportation and communications) have improved capacity to enable greater numbers of older adults to participate in and remain connected to society. Organizations can, through their activities singly (using the suggestions above), and in collaboration with others, promote the social integration of seniors in their communities.

### 1. Increase awareness of social isolation as an issue affecting seniors.

- Participate in seniors’ health forums and fairs and ensure that information is provided about the importance of remaining socially active.

### 2. Work against ageism.

- Monitor how your own organization and others present seniors to identify and address any ageist stereotypes.
- Promote the value of seniors’ experience and perspectives. In Nunavut the *Nunavut Culture, Language, Elders and Youth (CLEY)* community program staff record Elders’ knowledge of Inuit values, traditions and language so that their knowledge can be preserved for future generations.

### 3. Promote age friendly communities.

- Advocate for greater community access for seniors through, for example, age-friendly signage, safe sidewalks, appropriate transportation, snow removal and safe parking.

### 4. Share your expertise with the seniors’ community.

- Support existing seniors’ networks as policy consultants and advisors - volunteer for the boards of seniors’ organizations.



**5. Partner with government and non-government organizations to reduce duplication and to share knowledge and resources.**

- Share ideas about what works to help address social isolation.
- Develop links with other organizations that serve seniors so that a whole-of-community view can be developed of services available to seniors and of unmet needs.
- Consolidate established networks, increasing referral pathways. Develop links between local gate keepers (churches, funeral services, home support) and formal infrastructure.
- Consider collaborating with other organizations to educate volunteers and staff about social isolation amongst seniors.
- Consider sharing some resources amongst organizations, such as volunteers' pools, vehicles, and promotional campaigns.

**6. Consider applying for grants that facilitate seniors' social inclusion.**

- The federal *New Horizons for Seniors Program* supports local projects that encourage seniors to contribute to their communities through social participation and active living.

**Further information and resources may be available in your province or territory, or from the Federal New Horizons program in your area. Check with your provincial or territorial ministry responsible for seniors. For information on New Horizons see <http://www.hrsdc.gc.ca/en/isp/horizons/toc.shtml> or call:**

**Toll free (Canada and the United States)**

English: 1 800 277-9914

French: 1 800 277-9915

TTY device: 1 800 255-4786

Agents are available Monday to Friday from 8:30 am to 4:30 pm local time and from 9:00 am to 5:00 pm in Newfoundland.



## GUIDELINES FOR USING THE SENIORS' SOCIAL INTEGRATION TOOL

The Seniors' Social Integration Tool (SSIT) has been developed to support discussion and assessment of an organization's or community's programs and policies in terms of the potential impact, positive and negative, on seniors' social integration. It is not simply a checklist. The SSIT worksheet is provided to assist you in using the SSIT questions and a template is provided for documenting your goals.

1. Provide a brief description of the program or policy being reviewed.
2. Discuss each question.
3. Beside each question, check *Yes, No, Not Sure, or NA (Not Applicable)*.
4. Add the checks in each of the four columns, and then compare the totals.
5. Analyze the results using the following criteria:

**YES > NO?** If the total for the Yes column is the greater than the total for the No column you are well on your way to a positive policy/program. Always look for ways to improve your policy/program. Go back and determine if there are areas that could be changed which would increase the number of Yes responses.

**NO > YES?** If the total in the No column is greater than the total in the Yes column you need to re-examine the policy/program for content and overall intent. There are ways that social inclusion can be promoted. A good source of input is from seniors themselves.

**NOT SURE > Either Yes or No**

If the total in the Not Sure column is greater than the total in either the Yes or the No columns you need to gather more information before proceeding with your policy/program.

**N/A (NOT APPLICABLE) > Either YES OR NO**

If the total in the N/A column is greater than the totals in either the Yes or No column go back and critically examine your program/policy. Are there really this many categories that do not apply to your policy or program?



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Or do you need to know more about the risk factors and impacts related to social isolation?

6. Based on your analysis identify specific areas where your program or policy could be improved to support seniors' social integration.
7. Develop and document goals, and the action strategies required to meet them, using the goal template provided. Note the resources needed, when you plan to meet your goals and how you will know you have achieved them.
8. Schedule regular evaluation of your organization's programs and policies. You will be able to track change by comparing SSIT scores.

**SENIORS' SOCIAL INTEGRATION TOOL**

<b>Are seniors involved in the programs and policies that affect them through:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Program planning				
Service implementation				
Program evaluation				

<b>Does your program/community recognize the increased risk of social isolation associated with the following:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Living alone				
Being female				
Being a single man				
Caregiving				
Low income				
Older age				
Reduced social network				
Experiencing loss (spouse, home)				
Non-English or French background				
Lower education and/or literacy				
Low self-esteem				
Disabilities				
Chronically ill/poor health				
Experiencing ageism, abuse, sexism, racism or homophobia				



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<b>Are effective measures taken to address these barriers to social participation?</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Transportation issues				
Geographic isolation				
Low income				
Language				
Cultural differences				
Lack of confidence				

<b>Is social inclusion promoted by:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Building awareness of the impact of social isolation on seniors among seniors, staff, volunteers & general public				
Preventative and wellness approaches that address healthy aging				
Creating age friendly environments				
Working against ageism				

<b>Are efforts made to approach seniors who are isolated by:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Providing outreach or in-home services				
Connecting via telephone				
Connecting with gatekeepers such as mailpersons, building managers, churches, temples and mosques				
Partnering with volunteers from appropriate cultural and linguistic communities				

<b>Does your program/community provide age friendly information:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Plain language to address language/literacy				
Large print, appropriate format and pictures				
Non-print based information				
In languages other than English or French				

<b>Do staff and volunteers in your program/community have:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>



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Knowledge about social isolation and pertinent resources and services				
Appropriate training to identify those at risk				
Skills to build relationships				

<b>Does your program/community have linkages and partnerships amongst government and non-government organizations that:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Share expertise with the seniors' community				
Share ideas about what works to help address social isolation				
Share information to develop a whole-of-community view/approach to seniors social integration				
Consolidates established networks and increase referral pathways				

<b>Does your program/community build community capacity to address social isolation by:</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>N/A</b>
Collaborating in providing education to volunteers and staff about social isolation amongst seniors				
Providing education to seniors & the public				
Sharing volunteers pools, vehicles, promotional campaigns				
<b>TOTALS</b>				



## TEMPLATE FOR DOCUMENTING GOALS FOR INCREASING SENIORS' SOCIAL INTEGRATION

<b>Goal/Objective:</b>
<b>Action strategies:</b>
<b>Resources needed:</b>
<b>How we will know we've achieved the goal:</b>
<b>Target date:</b>

<b>Goal/Objective:</b>
<b>Action strategies:</b>





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<b>Resources needed:</b>
<b>How we will know we've achieved the goal:</b>
<b>Target date:</b>

## **GLOSSARY OF KEY TERMS**

Protective factors can be defined as traits, situations or circumstances that contribute to seniors' social integration.

Social exclusion is a determinant of health as defined by the World Health Organization and results from poverty, relative deprivation, racism, discrimination, stigmatization and unemployment.

Social isolation can be defined as less social contact than an individual desires that may lead to negative outcomes such as poor health, loneliness or other emotional distress.