A&O

Support Services for Older Adults

Connecting the Dots:

Authentic Social Engagement of Older Adults

February 10, 2017

Summary Report

November 2017

Table of Contents

Summary

Canada's population is aging at an unprecedented rate. In 2013, Canadian seniors made up approximately 15 percent of the total population. By 2036, this number is expected to increase to between 23 and 25 percent. In 2038, there will be about 30 seniors for every 100 adult Canadians (between 18 and 64 years of age). This is double the number of seniors in 2013. (Volume 1, Understanding the Issue and Finding Solutions, Federal/Provincial/Territorial Ministers Responsible For Seniors, 2017). In addition, for the first time in history, the percentage of seniors, 16.9 per cent, exceeds the percentage of those under 15 at 16.6 percent (Census Profile, www.statcan.gc.ca).

For seniors to continue to expand their participation in society they need to remain healthy and engaged in their communities. However, research shows that an estimated 30 percent of Canadian seniors are at risk of becoming socially isolated. Social isolation can be related to serious negative health effects and reduced quality of life for seniors. (Volume 1, Understanding the Issue and Finding Solutions, Federal/Provincial/Territorial Ministers Responsible For Seniors, 2017).

- 24% of those 65+ reported that they would have liked to have participated in more social activities in the past year (Statistics Canada, 2012 Health Report).
- 19% of those 65+ felt a lack of companionship, left out, or isolated from others (Statistics Canada's 2008/09 Canadian Community Health Survey).

With the growing number of older adults, social isolation is becoming an increasing risk and a serious concern for older Manitobans.

Introduction

On February 10, 2017, approximately 90 participants attended the Knowledge Exchange: Connecting the Dots: Authentic Social Engagement of Older Adults session. This knowledge exchange highlighted the key concepts of social isolation, social engagement and loneliness. Information was shared regarding emerging practices geared to increased social engagement among older adults. Programs and services were explored that provide authentic social engagement of older adults. This knowledge exchange event was geared towards direct service providers.

This full day knowledge exchange was co-chaired by A & O: Support Services For Older Adults (A & O) and the Winnipeg Regional Health Authority (WRHA), in collaboration with the Winnipeg Social Isolation Working Group (see Appendix 1).

Knowledge Exchange Key Messages

The Social Isolation Knowledge Exchange provided opportunities to highlight the key concepts of: loneliness, social isolation and social engagement; share knowledge about social isolation; look at emerging practices that can assist older adults to increase their level of social participation; and identify best practices that provide authentic social engagement opportunities for older adults.

Dr. Alexander Segall's (Professor Emeritus, Senior Scholar, Department of Sociology, Research Affiliate, Centre on Aging, University of Manitoba) presentation highlighted the following: (See Appendix 2).

- Social isolation like most aspects of human behaviour is quite complex and is characterized by multiple layers of meaning.
- Based on the findings of a study of the health status of older adults published in the *Journal of Aging and Health* several years ago (2008) researchers concluded that "**perceived social connectedness** may be relatively more important to health and well-being of older adults than the perceived availability of social support".
- Similarly, data from the Canadian Community Health Survey revealed that people with a strong sense of community belonging are more likely to report being in good health. In contrast, people who have few social ties and feel socially isolated (or not connected to the community) are more likely to experience poor physical and mental health and die prematurely.
- A lack of social connectedness may be experienced by some but not necessarily all people as a feeling of loneliness and a desire for companionship.
- Loneliness is a subjective phenomenon that is assessed based on the things that people are willing to reveal about their perceptions and their feelings regarding social relationships (e.g., emotional distress - is typically inferred – based on other evidence - since it cannot be directly observed).
- The importance of recognizing that there is a difference between **social exclusion and social isolation**.
    - **Social Exclusion** – refers to a systemic process of marginalization reflecting unequal power relationships between groups in society that involve unequal access to social, cultural, political, and economic resources. Social and economic barriers and discriminatory and exclusionary practices - can limit a person's opportunities to participate fully in society. Living in poverty, or experiencing sexism or racism may result in social exclusion.
    - In contrast: **Social isolation –** is a complex issue that is influenced by personal, community, and societal factors - and typically refers to the limited quantity and quality of contacts a person has with others in their social

network along with a lack of mutually rewarding and fulfilling relationships, a feeling of not belonging, or being meaningfully socially engaged with others.
    - The essence of social isolation is having less social interaction with others than an individual wishes.
- Another highlighted point in the presentation was the need to distinguish between **risk factors vs. indicators** of social isolation

According to The National Seniors Council – an increasing number of seniors may be at risk of social isolation due to factors such as:

- changing family structures and limited social support
- critical life transitions such as retirement, death of family members and friends
- economic factors such as living with low income and a lack of accessible and affordable transportation options
- compromised health status (e.g., multiple chronic health problems such as vision, hearing and mobility issues)
- lack of awareness or limited access to suitable health care and social services.

In addition, specific groups of older adults have been identified as being at greater risk of becoming socially isolated groups such as immigrant seniors (particularly those who face language barriers), seniors who are active caregivers for spouses, siblings, or other relatives – as well as low income seniors (particularly older women living alone), and Indigenous seniors.

- When exploring social isolation today, we need to distinguish between risk factors vs. indicators that social isolation exists, and when examining the many identified risk factors we need to distinguish between immediate vs. long-term risk factors, and modifiable vs. non-modifiable risk factors.
- In general, research has found that social isolation is associated with negative outcomes such as a reduced sense of well-being, feeling unappreciated and unwanted, poor general health, reduced quality of life, and even (as stated previously) an increased chance of premature death. The research evidence indicates that a lack of meaningful social relationships is as strong a risk factor for mortality – as smoking, obesity, or a sedentary lifestyle!
- The relationship between social isolation and loneliness needs further clarification. They may indeed be correlated, but the nature and strength of the association is still not clearly understood. Limited social contacts may or may not lead to feelings of loneliness.
- Finally, we need to consider the difference between feeling lonely and being alone. You have all probably found yourself at one time or another in a social setting in

which you are with many other people, people who you know (e.g. an office party), but find that you feel out of place feel that you don't really belong and consequently you may find yourself feeling lonely.

- According to The National Seniors Council, social isolation may increase the likelihood of loneliness, but a person can feel lonely even when in the company of others and conversely lonely people are not necessarily social isolated.

In addition to the keynote presentation, five (5) community agencies provided highlights of their successful programs that address social isolation among older adults. These programs included:

- A & O - Connect Program & Senior Centre Without Walls
- Transportation Option Network for Seniors
- Winnipeg Regional Health Authority - Adult Day Program
- Senior Resource Finder
- Support Services to Seniors - Interlake- Eastern Regional Health Authority

Knowledge Exchange Key Findings

Risk Factors Identified

- Loss (family, physical abilities, independence, roles, driving/transportation, hearing/vision)
- Mental health concerns
- Loss of social activities
- Lack of routine
- Individuals personal perceptions of feeling alone or isolated
- Life transitions (moving)
- Lack of resources (rural, away from friends and family, lack of health resources)
- Age (80+)
- Living situation (alone, partner, apartment with activities, etc.)
- Finances

How to gather information to assess for Social Isolation

- Ask client for consent
- Ask open ended questions
- Assess family involvement and strength of those relationships
- How often does client have contact with friends, family or health services?
- Ask about changes in life and feelings about these changes
- Assess activities of daily living (ADL's)
- Condition of home/self

- Does client see their doctor regularly?
- Transportation – how does client get to appointments, shopping, etc.?
- Ask client how motivated they are to take part in activities
- What would client like to see happen? What does client feel is missing?
- Is client aware of community resources and willing to take part in these activities?
- Ask about client's interests/hobbies
- If concerned – assess risk of suicide

Key take away messages

- Be respectful of client
- Be directed by what the older adult wants
- Don't make assumptions or judge – ask questions to get client's perceptions
- Perceived support versus actual support is very important
- Be aware of the community resources and be able to refer appropriately

For a complete review of participants responses, please refer to Appendix 3.

Knowledge Exchange Workshop Exercises

Following the keynote presentation by Dr. Alexander Segall “Setting the Stage: Do key Concepts have Shared Meanings” participants reviewed case studies and a video (National Film Board - “Louise”). The case studies were adapted from real life client situations in which social isolation was a potential concern.

In groups, participants were encouraged to review these scenarios and discuss the following:

- Identify risk factors in each scenario
- Identify ways you would gather information to assess for social isolation
- What would you ask clients to assess for social isolation?
- What are the signs of social isolation in the scenarios?

Participants were provided with a copy of the Reach Isolated Seniors Everywhere (RISE) tool. (See Appendix 7 & 8).

Evaluation

Following the workshop, participants were sent an email evaluation form to complete with an invitation to provide additional comments. A total of 22 participants responded out of the 90 who attended the Knowledge Exchange. (See Appendix 4).

Major Survey Findings / Recommendations

- Over 60% of respondents indicated that the table discussions were helpful. Participants appreciated the time to work together.
- Over 90% of respondents indicated that it would be beneficial to establish a Social Engagement Network for Older Adults.

Appendices

Appendix 1: Partnering Agencies

We would like to thank the following partners for their assistance in planning this knowledge exchange event:

- A & O: Support Services for Older Adults Inc.
- ALCOA-MB
- Manitoba Association of Seniors Centres
- Manitoba Health, Seniors and Active Living
- Seniors & Healthy Aging Secretariat
- Caregiving with Confidence
- Transportation Options Network for Seniors
- University of Brandon, Psychology Department
- University of Manitoba
    - Centre on Aging
    - Community Health Sciences
- University of Winnipeg, Department of Geography
- Winnipeg Regional Health Authority

Appendix 2: Setting the Stage: Do key concepts have shared meanings?

Dr. Alexander Segall, Professor Emeritus**,** Research Affiliate, Centre on Aging**.** Senior Scholar, Department of Sociology**,** University of Manitoba

Social isolation and loneliness are challenging issues that an increasing number of older adults have to deal with in later life.

In a 2014 report on ***Social Isolation of Seniors*** – the National Seniors Council – stated that "the number one emerging issue facing seniors in Canada is keeping older people socially connected and active". They go on to report that – families are becoming smaller and geographically dispersed – which has an impact on the size and accessibility of seniors' support networks.

While they highlight the fact that **social isolation** is a prevalent phenomenon – that can have a substantial impact on many aspects of seniors' lives – they go on to acknowledge that the concept of social isolation is **multi-faceted and is often defined inconsistently!**

Consequently – this morning – we are going to address the question – do key concepts such as social isolation have shared meanings?

An increasing amount of attention is being devoted to this "emerging issue" – i.e., studies, reports, and even online webinars addressing questions such as:

- What is social isolation?
- Why is it growing in today's society?
- How does social isolation affect peoples' health?
- Do social media connect us or isolate us?

Questions - that hopefully you will have an opportunity to address – throughout the day.

It is important to understand how social isolation and loneliness are related. We will return to this point shortly – but for now the term - **Loneliness** – typically refers to the distressing feeling (or negative emotional state) that may occur when one's social relationships are **perceived** to be less satisfying than desired.

Loneliness is often described as the subjective counterpart to social isolation – and current research evidence indicates that older Canadians – are growing increasingly isolated **and** lonely.

Last September, a Canadian clinical psychologist – in a CBC interview – stated that loneliness is becoming an epidemic among Canadian seniors … as a growing number of older adults report that they feel lonely. He argued that loneliness and lonely seniors – have become serious public health issues.

Similarly, one of the founders of ***The Campaign to End Loneliness*** in the UK commented that – there has been "an explosion of public awareness" about this serious public health issue.

As I stated previously - my role this morning – is to set the stage for today's discussions – by exploring whether key concepts such as social isolation and loneliness have shared meanings.

(1) Can you clearly define these terms? Can you explain their meaning?

(2) Do you think that the person seated beside you would define social isolation the same way that you do?

(3) More importantly, do you think that these terms – social isolation and loneliness – mean the same thing to you and the clients for whom you provide services?

The language used in this field can be very confusing. While I don't have time to define each of the following terms - I would like you to think about whether there is a difference between commonly used terms such as – social engagement, social connections, social integration, social cohesion, and social capital?

What about terms such as social isolation and social exclusion?

These terms are often used interchangeably – but we need to explore whether they actually have shared meanings.

I was invited to try to help clarify the meaning of key terms – but I should warn you that my comments may actually result in greater confusion – rather than clarification – because I am going to ask you to critically examine your taken-for-granted understandings of the meaning of terms such as social isolation and loneliness.

Social isolation like most aspects of human behaviour is quite complex – and is characterized by **multiple layers of meaning**. To systematically examine these layers of meaning we are going to use the familiar analogy – 'that **life is like an onion**'.

This device is used frequently but the quote that I like the best is by – Carl Sandburg – who said that – 'Life is like an onion. You peel it off one layer at a time, and sometimes you weep'.

We are going to explore the meaning of social isolation by starting with the outer layer (the one that is immediately observable – **public** component) and then progressively move through different layers to try and reach the core (**private**).

LAYER ONE – the outside skin – that is immediately apparent – easily observed = living arrangements (alone or with others), marital status (married, widowed, single – never married).

LAYER TWO – size and composition of your social network – number of people in your personal social network and the frequency of social contacts (i.e., social network analysis – this can be measured objectively by observing social networks and documenting interaction patterns = stars and isolates).

LAYER THREE – by the time we get to this layer of meaning – things are not as readily apparent. We know that meaningful social relationships are characterized by **reciprocity**. In other words, the most rewarding social relationships are the ones that are reciprocal in nature (mutually rewarding) I do things for you and know that I can count on you when I need your assistance or support.

Therefore, this layer involves belonging to **supportive social networks** (i.e., the nature of your relationships quality vs. quantity of social connections). Social support takes many forms – **instrumental** support (practical assistance with activities of daily living); or **emotional** support (having a confidante someone to talk to and confide in who makes you feel cared for and valued); and **informational** support (someone who offers advice, guidance in decision-making).

Social support provides us with a sense of self-worth and the types of resources we need to deal with life's challenges – particularly as we age.

It is critical to recognize that **perceived support** is as important as **received support.** Evidence suggests that - this may apply as well to social isolation – since things that are perceived as real are real in their consequences.

LAYER FOUR – focuses our attention on - **perceived social isolation** – For example, do you feel that you have the number and type of social relationships – and the level of social support - that you would like to have? Do you have meaningful social ties with family members, friends, and neighbours? Do you feel connected to the community?

Most importantly, do you feel that your **social engagement** is **authentic** = genuine? Today's title is– ***authentic social engagement of older adults.***

Do you feel that you are able to make meaningful contributions to these social relationships? Recall my earlier comment about reciprocity … without this you may feel that you are being discounted or discredited and become concerned that you are a burden on others.

According to the National Seniors Council – social isolation involves not only a lack of social contacts and social roles – but also the absence of mutually rewarding relationships.

Based on the findings of a study of the health status of older adults – published in the *Journal of Aging and Health* several years ago (2008) – researchers concluded that – "**perceived social connectedness** may be relatively more important to health and well-being of older adults than the perceived availability of social support".

Similarly, data from the Canadian Community Health Survey reveal that people with a strong sense of community belonging are more likely to report being in good health. In contrast, people who have few social ties and feel socially isolated (or not connected to the community) – are more likely to experience poor physical and mental health and to die prematurely!

LAYER FIVE – (CORE) – may have to peel away many layers to get to the core and also deal with the fact that people may not be willing to disclose their private feelings such as feeling lonely.

A lack of social connectedness may be experienced – by some but not necessarily all people - as a feeling of loneliness and a desire for companionship.

Loneliness is a subjective phenomenon that is assessed based on the things that people are willing to reveal about their perceptions and their feelings regarding social relationships (e.g., emotional distress - is typically inferred – based on other evidence - since it cannot be directly observed).

The onion analogy is helpful – to illustrate that social isolation is characterized by multiple layers of meaning – but it also has limitations. It is relatively easy to see and count the layers of an onion and to know when you have reached the core – but human behaviour and emotions are much more complex and challenging to understand.

Now I would like to raise a number of issues which hopefully you will have an opportunity to consider further during today's discussions.

(1) First it is important to recognize that there is a difference between **social exclusion and social isolation**.

Social Exclusion – refers to a systemic process of marginalization reflecting unequal power relationships between groups in society that involve unequal access to social, cultural, political, and economic resources. Social and economic barriers and discriminatory and exclusionary practices can limit a person's opportunities to participate fully in society.

Living in poverty, or experiencing sexism or racism may result in social exclusion.

In contrast:

Social isolation – is a complex issue that is influenced by personal, community, and societal factors - and typically refers to the limited quantity and quality of contacts a person has with others in their social network – along with a lack of mutually rewarding and fulfilling relationships, a feeling of not belonging, or being meaningfully socially engaged with others.

Therefore the essence of social isolation is having less social interaction with others than an individual wishes!

(2) Need to distinguish between –**risk factors vs. indicators** of social isolation.

Risk Factors

Seniors are a very diverse segment of the population (wide age range, etc.) and consequently risk factors may impact individuals and groups of seniors differently. In general, the greater the number of risk factors present the higher the probability that social isolation may occur.

According to The National Seniors Council – an increasing number of seniors may be at risk of social isolation due to factors such as:

- changing family structures and limited social support
- critical life transitions such as retirement, death of family members and friends
- economic factors such as living with low income and a lack of accessible and affordable transportation options
- compromised health status (e.g., multiple chronic health problems such as vision, hearing and mobility issues)
- lack of awareness or limited access to suitable health care and social services

In addition, specific groups of older adults have been identified as being at greater risk of becoming socially isolated groups such as immigrant seniors (particularly those who face language barriers), seniors who are active caregivers for spouses, siblings, or other relatives – as well as low income seniors (particularly older women living alone), and Indigenous seniors.

The **RISE** document in your package (RISE = Reach Isolated Seniors Everywhere) contains a lengthy list of risk **factors/indicators** of social isolation.

We will discuss this in more detail shortly but for now I want to comment briefly on the difference between risk factors and indicators of social isolation. How do you determine whether someone is actually socially isolated? On what type of evidence do you base your decision?

In other words, what are the signs or **Indicators** of social isolation? Given the multiple layers of meaning described earlier it could be argued that multi-level measurement is required to identify socially isolated older adults.

Quickly try to illustrate the difference between risk factors and indicators with a couple of examples from the health care field. When you reach my age (mid 70s) you are used to physicians telling you that you have high blood pressure and/or high cholesterol. Why is this important?

According to the Heart and Stroke Foundation of Canada – high blood pressure is the number one risk factor for stroke and a major risk factor for heart disease. Blood pressure measurement is used to determine whether you are at low, medium, or high risk. The RISE document tries to quantify risk of social isolation and categorize the level of risk as potential, moderate, serious.

Similarly, high cholesterol increases your risk of stroke, heart disease, and the long-term risk of having a heart attack.

What are the signs or indicators of these medical conditions (as opposed to the risk factors)?

Stroke

FACE – is it drooping?

ARMS – can you raise both?

SPEECH – is it slurred or jumbled?

TIME – to call 911 right away.

Heart Attack

(1) chest discomfort – pressure, squeezing pain

(2) upper body discomfort – neck, jaw, shoulder, arms

(3) sweating

(4) nausea

(5) shortness of breath

(6) light headedness

When exploring social isolation today we need to distinguish between risk factors vs. indicators that social isolation exists, and when examining the many identified risk factors – we need to distinguish between immediate vs. long-term risk factors, and modifiable vs. non-modifiable risk factors.

Back to the example of heart disease **modifiable risk factors** = smoking, physical inactivity, being overweight, plus high blood pressure and high cholesterol. **Non-modifiable risk factors** = age, family history of heart disease, race, and ethnic background.

Apply this to the risk factors for social isolation listed in the RISE document.

(3) Need to further clarify the difference between the **causes vs. consequences** of social isolation (For example, what is the causal link between social isolation and loneliness?). Mental health issues such as depression might lead to or result from social isolation. The link between mental health and social isolation is complex and **bi-directional**!

The National Seniors Council recognized that it is often difficult to separate the consequences of social isolation from the risk factors associated with isolation and state that “it is difficult to determine the inter-relationships among these various factors”.

In general, research has found that social isolation is associated with negative outcomes such as – a reduced sense of well-being, feeling unappreciated and unwanted, poor general health, reduced quality of life, and even (as stated previously) an increased chance of premature death.

In fact, the research evidence indicates that a lack of meaningful social relationships is as strong a risk factor for mortality – as smoking, obesity, or a sedentary lifestyle!

(4) As suggested a number of times the relationship between **social isolation and loneliness** needs further clarification. They may indeed be correlated but the nature

and strength of the association is still not clearly understood. Limited social contacts may or may not lead to feelings of loneliness.

(5) To help sort things out I would suggest that we also need to distinguish between **life chances** and **life choices** when addressing social isolation in later life. **Chance** = (someone who is widowed or outlived siblings) vs. **Choice** = (someone who is single and never married).

For example, you may be dealing with two women - both in their 80s, living alone, dealing with chronic health problems (known risk factors for social isolation) but from a **life course perspective** their social circumstances and life experiences may be quite different - as well as their coping strategies. One = recently widowed, experiencing late life health problems with vision, hearing vs. Other = never married, living with lifelong chronic health problems.

The difference between life chances and life choices has important implications for understanding perceived social isolation and feelings of loneliness – and the type of support services that might be appropriate.

(6) Finally we need to consider the difference between **feeling lonely and being alone**. You have all probably found yourself at one time or another in a social setting in which you are with many other people, people who you know (e.g. an office party) … but find that you **feel out of place** …feel that you don't really belong - and consequently you may find yourself feeling lonely.

According to The National Seniors Council – social isolation may increase the likelihood of loneliness – but a person can feel lonely even when in the company of others – and conversely – lonely people are not necessarily social isolated.

It is important to keep this in mind today as we consider possible interventions intended to address social isolation and loneliness among older adults.

End with a comment that was made by an older adult – that for me really highlights the difference between being alone (or not socially engaged) and feeling lonely – when he said - 'if I have to be alone – I would rather be by myself".

I look forward to receiving feedback from you throughout the day as we address some of the issues that I have raised.

Appendix 3: Group Exercise Results

TABLE 1A Exercise #1 A: Case Studies and Discussion		
Case Study #1 James	**Risk factors as identified by knowledge exchange participants**	**How to gather information to assess for social isolation**
• Devastated by death of wife two years ago • Mental and physical health declining • Lives on a farm in rural Manitoba • Often isolated from others • Injury from farming accident = inability to drive into town • Previously enjoyed coffee gatherings • Feelings of loneliness and hopelessness • Feeling of stress • Behind on farm work • Less physically active • Anxiety re: moving away from farm	• Widow/Loss of wife • Caregiver • Living alone in rural area • Possible loss of income/change in SES • Transportation (can't drive) • Mobility (broken hip) • Injury • Depression & grief/Mental health issues • Decreased physical & emotional health • Missing daily coffee group • Not seeing friends • No friends nearby • Feeling stressed - not able to keep up with farm work • Lack of routine • Loss of role • Life transition • Pressure from family to make lifestyle change • His own perception of life stage • He feels alone • Loss of independence • Lack of resources (rural area) • Limited accessibility of health services • Potential for nutritional issues • Imposing limits of himself/feels he is becoming a burden	• Consent • Ask open ended questions • Age? • Assess family involvement and quality of relationships (roles) • Review strengths of relationships he does have (e.g. son, daughter, coffee group) – empower • Family collateral/Work with family • How often does he have contact with children? What is the main mode of contact? Frequency? • How do you educate family (e.g., suicide of older man living beside son & grandson) • Concerned he is at serious risk (? Suicidal) – ask • Talk about feelings of hopelessness; has he pursued with doctor? • There's been a lot of change in your life. Are you OK?

Case Study #1 James (cont)	Risk factors as identified by knowledge exchange participants	How to gather information to assess for social isolation
		• How are you coping? • Ask how he's feeling today • Friend – concerned • Has anyone been over this week? • Have you connected with any friends? • Have you been out? • Assess day to day tasks, cleaning/Are you able to manage day to day tasks? (i.e., how to use appliances, etc.) • Enviro scan – If present in home – condition of home • Personal appearance • Check food, utilities • Check mobility aids/assistive devices • Assess nutrition, eating habits, grocery • Who's doing shopping? • Hearing/sight challenges? • Life choices vs. life chances, perception very NB • Is farm source of income?/Financial situation? (i.e., farm hands/hired help)

Case Study #1 James (cont)	Risk factors as identified by knowledge exchange participants	How to gather information to assess for social isolation
		• Regular family doctor? • Doctor's appointments and transportation? • Discuss why loves farm house so much (find out more) – family history? • Assistance on farm/Do you have any help on farm? • Story of farm – is someone taking it over? • Life goals & wants • Build on desire to get out with friends for coffee – problem solve around this desire • Assess if he's doing exercises – motivated? • Assess motivation overall (to be more independent?) • Does he have Lifeline? • Have you considered a move? • What do you want to do? • What's your plan for the farm/for your future? • Gender issues • Do you know of HT or other transportation?

Case Study #1 James (cont)	Risk factors as identified by knowledge exchange participants	How to gather information to assess for social isolation
		• Formal support? Physio? Counselling? Bereavement support? • Ask if he is aware of local services/supports • Are you open to people/resources coming out to help you? • Solutions: Try an apartment for 1 winter • Work on some of the "fixable" things, e.g., work on mobility, counselling
Case Study #2 Mary	**Risk factors as identified by knowledge exchange participants**	**How to gather information to assess for social isolation**
• 89 year old woman • Recently moved to Winnipeg from Pinaymootang First Nation (Fairford) • Declining health • Children far away • Limited social contact • Separated from husband for over 40 years • Identifies as a lesbian = family conflict • With current partner, Kelly for over 30 years • Partner plans to move to Winnipeg - distance has caused tension • Residential school survivor	• Potential PTSD (residential school survivor) • Health issues/Declining health • Lack of self-advocacy • Changes in routine & home environment • Living alone • 80+ • Children far away/No friends or family nearby • Invisible to neighbours (shy)/Isolated from neighbours • Indigenous • Stigma re: sexual orientation • Separated by distance from partner/Kelly away • Family conflict directed at her because of life choice • Tension with partner • Unfamiliar with new community	• Ask, "How are you feeling?" • Are you feeling lonely or isolated? • Build relationships & trust and regular follow up • Past interests/hobbies – is she still pursuing her interests? • Identify barriers • Appearance – physical & home • Talk to Mary & talk to family (with permission) • Mobility, transportation, & health issues • Awareness of community resources • Recognize her resilience • Talk to her … listen to her … develop rapport and trust … what will help you? … What do

• Shy, reserved, and dislikes asking for help • Feeling sad/missing home in new housing	• Recent move • Loneliness • Removed from "home" twice (school & medical reasons) • Loss of social supports (coming out)	you want? • Have Kelly connect; "support" the two of them • Engage a community youth/elder to come and share; friendship centre … • Open ended questions; tell us about …
Case Study #2 Mary	**Risk factors as identified by knowledge exchange participants**	**How to gather information to assess for social isolation**
		• Tell us what is/was your routine • WRHA Indigenous Health • Home Care Referral • Adult Day Program • Senior's Resource Finder • Indigenous Resources
Case Study #3 Patricia	**Risk factors as identified by knowledge exchange participants**	**How to gather information to assess for social isolation**
• Independent, 94 year old female • Lives in assisted living complex in the city • Numerous health issues • Mobility issues • Weekly visits from children • Does not attend meal program in her building • Purchases meals	• Numerous health issues – mobility, fatigue • Financial • Lives alone • 80+ • Female • Single • Death of a partner? • Lack of transportation • Feels like a burden • Lack of/minimal social contact • Lower income • Lack of	• Talk to her • Why didn't you attend meal program? • Do you feel lonely?/Ask about loneliness • Talk to family – what has she been like throughout her life? • Ask her about her interests, hobbies (past & present) • Ask if there are programs in the building that she would be interested in attending (with support)

from restaurant but is sometimes unable to afford meal orders • Staff visit several times per month but are constrained by time • Periodically attends activities at local church • A lot of time watching TV • Does not want to complain, but would like more company	understanding/awareness • Lack of staff resources • Lack of system navigator • Lack of advocate	• Would you like to have more social interaction? • Ask if she would participate in home care assessment • Ask what she is missing • Does she have any friends? • Does she need mobility aids? • Resources for "Burden Reduction" • Discuss role change • Resources – GPAT, TONS, SCWW, Connect, PRIME, Day Hospital, connect with carpooling for church, meal delivery, Community Financial Services
Case Study #4 Peter	**Risk factors as identified by knowledge exchange participants**	**How to gather information to assess for social isolation**
• 90 year old male • Lives alone in apartment • Wife died 20+ years ago • No family • Does not want to move • Has one friend, Tom, who visits weekly • Previously attended church regularly • Does not consider himself a social person	• Age • Widowed • Childless • Mobility • Living alone • Minimal participation	• Ask Tom what he feels Peter's needs are • Help Tom to help Peter • Are Tom's needs being met?

• Physical abilities have slowly deteriorated • Only able to walk length of apartment • Feels unable to leave apartment • Does not believe in medical treatment • Not interested in being connected with agencies • Accepting of whatever happens next in his life		

TABLE 1B Themes emerging from Exercise #1 A: Across all case studies			
Themes of risk factors for social isolation	**Risk factors as identified by knowledge exchange participants**	**How to gather information**	**How to assess for social isolation**
Demographic	• Household members - Living alone • Location - Living in a rural area • SES/Income – loss of, changes in, lower levels of • 80+ • Gender - female • Marital status - single • Ethnicity - Indigenous • Sexual Orientation – lesbian, associated stigma	*Procedure/Style*	• Consent • Build relationships & trust • Regular follow up • Work on some of the "fixable" things • Talk to and listen to client • Open ended questions • Obtain demographic info • Life choices vs. life chances • Assess client's perception • Ask if client would participate in assessment
Health – Physical, Mental & Emotional	• Physical health status – decrease in health, numerous health issues • Mobility – loss of, decrease in • Energy level - fatigue	*Health – Physical, Mental & Emotional*	• Assess mobility, transportation, health issues • Does client need mobility aids? • Check mobility aids/assistive devices

Themes of risk factors for social isolation	Risk factors as identified by knowledge exchange participants	How to gather information	How to assess for social isolation
Health – Physical, Mental & Emotional (cont)	• Injury - past & present • Past trauma – PTSD, residential school survivor • Mental Health Concerns – depression, grief, decrease in emotional health • Nutrition – inadequate, potential deficiencies	*Health – Physical, Mental & Emotional*	• Assess nutrition, eating habits, grocery • Doe client have a regular family doctor? • Assess risk of suicide when appropriate • Does client have hearing or sight challenges? • Talk about feelings of hopelessness; has client discussed with doctor?
Social Supports	• Proximity to partner, family & friends – far away, distance • Amount of social contact – lack of/ minimal • Connections in community – shy, isolated from neighbours • Quality of relationships – tension, conflict, pressure • Existing social supports – loss of, childless • Social Activities – inability to attend	*Informal/Social Supports*	• Work with family and friends to help client • Are caregiver's needs being met? • Talk to partner & family with client's consent re: client's current needs & history • Assess family & friend involvement and quality of relationships/ roles

Themes of risk factors for social isolation	Risk factors as identified by knowledge exchange participants	How to gather information	How to assess for social isolation
Social Supports (cont)		*Informal/Social Supports*	• Support couple relationship • Review strengths of relationships client has – empower • How often does client have social contact? What is the main mode of contact? • Educate family re: risk factors • Has anyone been over this week? • Have you connected with any friends? • Does client have assistance with day-to-day tasks? • Sources of income/ financial situation
Transition	• Loss of role • Life transition • Changes in routine & home environment/new routines; changes • Unfamiliar with new community • Recent move • Removed from “home” twice	*Environment/Activities of Daily Living*	• Physical appearance • Assess day-to-day tasks – i.e., manageable? • Complete enviro scan & assess condition of home • Check food, utilities

Themes of risk factors for social isolation	Risk factors as identified by knowledge exchange participants	How to gather information	How to assess for social isolation
Transition (cont)	(school & medical reasons) • Feeling stressed - not able to keep up with farm work • Loss of independence • Caregiver • Widow/Death of a partner	*Environment/Activities of Daily Living*	
Self-perceptions	• Lack of understanding/ awareness • Lack of self-advocacy • Imposing limits on himself/feels he is becoming a burden • Minimal participation • Loneliness • His own perception of life stage • Lack of routine	*Individual Experience & Goals*	• How are you feeling? • Are you feeling lonely or isolated? • Past & current interests/hobbies • Identify barriers • Ask: Would you like to have more social interaction? • Recognize client's resilience • What is/was your routine? • Why do you not attend [activity/ program]? • Ask what client is missing • Discuss role change • Life goals & wants

Themes of risk factors for social isolation	Risk factors as identified by knowledge exchange participants	How to gather information	How to assess for social isolation
Self-perceptions (cont)		*Individual Experience & Goals*	• Build on desire for social activity – problem solve around this desire • There's been a lot of change in your life. Are you OK? • How are you coping? • Discuss client's attachment to home environment • Discuss family history • Assess client's motivation • Assess client's physical activity level • Have you considered a move? • What do you want to do? • What is your plan for the future? • Gender issues • Have you been out?
Barriers to Social Engagement	• Lack of staff resources • Lack of system navigator • Lack of advocate	*Community Resources/Formal Supports*	• Present who we are and what we have (info/resources) • Ask if there are community programs that

Themes of risk factors for social isolation	Risk factors as identified by knowledge exchange participants	How to gather information	How to assess for social isolation
Barriers to Social Engagement (cont)	• Lack of resources (rural area) • Limited accessibility of health services • Transportation - lack of, unable to drive	*Community Resources/Formal Supports*	client would be interested in attending (perhaps with support) • Ask if client is aware of local services/supports • Are you open to people/resources coming out to help you? Would you be interested? • Do you know of Handi-Transit or other transportation? • Ask if client is involved with formal supports

TABLE 1C Possible interventions from Exercise #1 A across all case studies	
Area of Intervention	**Possible interventions as identified by knowledge exchange participants**
• Housing	• Move from rural home to urban apartment
• Health	• WRHA Indigenous Health • Home Care Referral • GPAT • PRIME • Day Hospital
• Nutrition	• Meal delivery
• Finances	• Community Financial Services
• Social contact	• Engage a community youth/elder to come and share; friendship centre • Adult Day Program • A & O's SCWW & Connect
• Knowledge of community resources/programming	• Indigenous Resources • Senior's Resource Finder
• Caregiver burden	• Resources for "Burden Reduction"
• Transportation	• TONS • Connect with carpooling services

TABLE 2A Exercise #1 B – Louise video		
Risk factors as identified by knowledge exchange participants	**Signs of social isolation as identified by knowledge exchange participants**	**Factors used to assess social isolation as identified by knowledge exchange participants**
• Lives alone	• Being alone	• Ask about her family/Does your family live close by?
• Lives in rural/remote area	• Location - rural	• Can we contact someone in the family?
• No partner or death of partner		• Do you have neighbours close by that you keep in touch with?
• Death of friends	• Had many social activities in the past, now all alone with few friends	• Does anyone check in on you daily?/ When was your last visitor?
• Minimal participation	• No television	• Would you like someone to come visit you?/Would you like someone to come to help you in your home?
• Limited social contact, assistance & support	• Lack of contact & support	• Who are your contacts?
• Language barrier		• Do you have someone to call in case of emergency who lives close by?
• No friends and family close by		• How do you get to the grocery store?
• Vision impairment		• Ensure she has a safety plan/Do home safety assessment.

Risk factors as identified by knowledge exchange participants	Signs of social isolation as identified by knowledge exchange participants	Factors used to assess social isolation as identified by knowledge exchange participants
• Poor nutrition	• Eating habits	• Is she content or lonely?/Are you happy?
• Confusion & memory impairment		• When did you last have a bath?
• Poor hygiene	• Probable change in personal hygiene	
• Risk of falls & safety issues	• Functioning in winter?	
• Household maintenance & appearance	• Appearance of home • Many signs of neglect may indicate no social visitors for some time	
• Accumulation of items	• Stockpile of sandwiches in freezer	
• Lack of transportation		
• Low level of education		
• Low income		
• Over the age of 80		
Strengths as identified by knowledge exchange participants	**Signs Louise is not socially isolated as identified by knowledge exchange participants**	
• Physically fit	• Still active	
• Uses phone for social contact	• Connecting with friends and making plans for future contact	
• Organized	• Seems happy with routine activities; making list	
• Religious/spiritual faith	• Supports … photos and cards	
• Sense of humour	• She did not perceive herself as being isolated	
• Good reaction time	• Positively reminiscing	
• Cognition/oriented	• Did not allow this to depress her	
• Sense of purpose & goals		
• Positive attitude/zest		

Exercise 3) Knowledge Exchange Takeaways

Respect/Autonomy:

- Respectful of client/Respect for the autonomy of the individual
- Consider the person on an individual basis and treat them accordingly
- Be directed by what the senior wants.
- Seniors need to take responsibility for their own well-being

Assumptions:

- Don't make assumptions/Don't pre-judge/don't assume/ Objective vs subjective perspective – don't make assumption about the effect on quality of life

Assessment:

- Use Rise Handout as a tool to assess where client has a need

Social/Personal Factors:

- "Life chances and choices" – nice way to describe health equity/Chance vs choice
- Perceived support is as important as received support
- Concept of "social exclusion"
- Simple living condition

Discussion/Education:

- Create awareness about safety plan
- Case studies lead to good discussion and sharing
- Loved the "Louise" video – will use it again

Resources:

- Be aware of services and resources/opportunities – Community programs/resources/Knowledge is power. Know your community & supports available
- Panel discussion: Good review of programs and services. Appreciated the rural perspective
- Refer to Senior Centre Without Walls program
- TONS resource
- Homecare assessment required for day program

Miscellaneous:

- Take Home Questions: Liability for transportation if being reimbursed

Appendix 4: Survey Monkey Results

What resources do you currently use in your organization that helps address social engagement of older adults?

- We use all resources available to us to refer and connect our seniors
- Referrals to outside agencies that utilize social engagement services
- Social events like exercise, Bible study, Birthday Parties
- Networking with co-workers to assess if isolated
- All the ones mentioned at the session.
- Hart team
- Adult Day Program, Handi-van
- Senior resource coordinators; A & O: Support Services for Older Adults
- Trying to encourage various agencies to collaborate more and this includes many agencies funded by WRHA who are not always reaching out to seniors and seniors' group as one would expect from these services who are funded to help seniors
- Offering programs and services and having car-pooling as a resource for older adults attending programs and services offered
- Adult Day Program, SSGL, Community Resource Councils
- Personal contacts, luncheons, services & resource help
- SCWW
- Day programs
- MASC
- Variety of resources in house and in the community
- Seniors' Guide
- Implementing exercise programs, working with community partners to identify and address gaps in services, facilitate education sessions
- WRHA, Seniors Resource Council

What resources would assist you in your organization's work to address social engagement of older adults?

- Better resources to help identify isolated seniors and increased visibility of social engagement resources
- Online resources
- I got the RISE tool but not really sure what to do with it
- A & O Senior Center Without Walls
- Best practices, Promising practices, frameworks
- More collaboration between organizations.

- More accountability from funded agencies who outreach to seniors, increase collaboration, more services for those coming out of hospital and not independent enough to attend community programing
- Having any or reasonable options for transportation to programs and services in our community
- Greater awareness of what's available/Information boards for community awareness and promotion
- New ideas to engage older adults
- Greater understanding as to how to access Senior Centre Without Walls
- Inventory of existing resources/service providers
- Funding to allow more contact with distant centres
- More volunteer drivers
- Affordable and appropriate transportation.
- WRHA, Seniors Resource Counsel
- Resource coordinator

What are some challenges you see in assisting individuals who may be socially isolated?

- Locating them and informing them that we are here to help them
- Identifying those individuals who may be lonely, but not isolated, and vice versa, and finding appropriate services to help them become more engaged with their community
- When they don't want to go to any events/Getting them to agree to try recreation programs
- Motivation - not being able to deal with all the barriers to participation i.e. transportation, finances, etc.
- Transportation
- Identification, lack of resources, limited resources
- Public unaware of resources available. We need to market Support Services to Seniors organizations better. People working in silos. People only seeing finances as the only solutions. We have many organizations that can work together to assist each other succeed.
- Geographic location, lack of resources for rural communities, financial barriers, social denial, unwillingness to seek/receive help,
- Privacy policy and laws do not allow our organization to contact people, someone has to refer and the person needs to follow-up
- Time and how to connect
- Identifying, location and need
- Lack of: money, transportation, poor health

- Language barriers, mental health issues, not trusting the service provider or volunteer

As a result of attending this session, the idea/knowledge/resource(s) that I plan to use will be:

- Make sure I use all the resources available to enable seniors to remain independent for as long as possible. I will also focus on not making assumptions about seniors
- Using my understanding of the differences between feeling lonely and being isolated, and assessing the appropriate resources for those who have been identified as lonely and isolated
- Improved assessment of isolation of residents
- I really like the video but not sure where I would use it. I will continue to use the other resources as appropriate
- Asking if they would care to attend programs or would prefer a 1 on 1
- To not be judgmental when speaking with and supporting older adults
- Snow Angels idea from TONS
- More connections between each other; Need to market/showcase what is available already rather than keeping it as a best kept secret
- Encourage more collaboration and discussion between agencies
- Look at the senior themselves instead of what I or the family think are the issues
- A & O, SCWW, Factors are not Indicators, to be non-presumptive of a person's quality of life, networking with people that I met there and collaborating with them.
- Connect with Senior Centre Without Walls program
- Better definitions of loneliness, risk factors, and social isolation
- Assist with planning approaches, problem solving, a positive attitude and the usual "May I help you with that? " works most of the time
- Isolation assessment tools
- Ask more questions about how often they get out & do they want more interaction with people. What do they miss?
- Perceived support is just as important as received support, so making sure awareness of resources and services are out there in the public
- all of them
- List of individuals that I can connect with in the city

Do you feel there would be benefit to a Social Engagement for Older Adult network?

90.9%	Yes
9.1%	No

Appendix 5: Agenda

8:00 to 8:30	Registration
8:30 to 8:45	Welcome and Greetings (Nancy - Facilitator, Madeline & Amanda)
8:45 to 9:30	Dr. Alexander Segall Setting the Stage: Do Key Concepts Have Shared Meanings?
9:30 to 10:30	**Exercise #1 A – Case Studies (2-3 different ones)** • At your tables review case study and identify risk factors for social isolation • How would you begin gathering information to assess for social isolation? • What would you want to ask client to assess for social isolation? Facilitator to get feedback from groups to see if there were common findings / approaches to assess for risk factors. - RISE tool to be provided / included in folders (risk factors)
10:30 – 10:45	**Lifestyle Break and Networking**
10:45 to 12:15	**Exercise #1 B –- Louise Video** • What are the risk factors? • Did you see any signs of social isolation in the video? • 2-3 factors used to address the issue of isolation? (i.e. what would you want to ask?) •
12:15 to 1:15	**Lunch and Networking**
1:15 to 2:15	Agencies addressing social isolation. • A & O - Connect Program & Senior Centre Without Walls • Transportation Option Network for Seniors • WRHA - Adult Day Program • Senior Resource Finder • Support Services to Seniors -

	Interlake- Eastern Regional Health Authority Agencies to note: -What is the program? -What is the purpose of the program? -What are the challenges/barriers? -What are the learnings?
2:15 – 2:30	**Lifestyle Break and Networking**
2:30 – 3:00	Table discussion re: video and case studies **Exercise #2** • How can your program(s) reach out to Louise / case study? • Are there any barriers to helping Louise / case study? • What resources exist for Louise / case study? • What if assistance is refused? What 1-2 places would you refer clients to if they requested help for social isolation **Facilitator to ask:** • Do you think there should be a central referral place?
3:00 to 3:15	**Wrap up and Next Steps:** • Each table to report on 1-2 key ideas / issues they gathered over the course of the day • Summary of learning – opportunities for application moving forward (Nancy, Alex and Madeline)

Appendix 6: Case Studies

Case Study #1

JAMES

James was devastated by the loss of his wife Sally, who died two years ago, after a long battle with cancer. Since then, he feels that his physical and mental health have been on a quick, downward spiral.

Living on a farm in rural Manitoba, James is often isolated from others, which has only gotten worse after he broke his hip in a farming accident. His injury has made it much more difficult to get together with friends who live in the nearby town.

"Our friends in town meet at the local community centre every morning for coffee," says James. "Those gatherings were always fun and made me feel less alone in the world. But now, I can't drive, so I have to miss those meetings. With the second anniversary of Sally's death coming up, I am feeling especially lonely – and more and more hopeless."

James is also feeling stress from being behind on his farm work and not being able to be as physically active as he would like, which he believes is contributing to his declining health.

His daughter encouraged him to consider moving to an apartment in town, close to the community centre. While James would like to get together with friends more often, the farmhouse is the only home he has known, so he feels anxious at the thought of living somewhere else.

One day, James's son was going into town on business. He persuaded him to come along for the ride and visit the coffee group at the community centre. "It was great to see my friends again, especially Charlie who has known me since we were boys," says James. "These people all knew Sally, so they understand how much I miss her and how hard it has been to get used to life without her."

Case study #2

MARY

Mary is an 89 year old woman who recently moved to Winnipeg from Pinaymootang First Nation (Fairford). Mary has had to leave her community because of her declining health issues that requires specialized care in the city.

Her children reside across Canada and are unable to visit on a regular basis due to work and family obligations. She has been separated from her husband for over 40 years and has since identified as a lesbian. This has caused conflict between her family and friends over the years. She has been with her current partner Kelly for over 30 years. Kelly is 25 years younger and is preparing to move to Winnipeg once she is able to retire in a couple of years. They are very close but the distance has increased tension recently in their relationship.

Mary is a residential school survivor and has not openly talked to anyone about her experience except her ex-husband and current partner, Kelly.

"I miss being in my own community. I miss having Kelly's laughter and smile throughout the day. She always knows how to make my day better. Now that I am here, I feel like I am back at the school I was sent to as a child. I feel scared and alone once again. I don't know how to do this."

Mary is shy, reserved and does not like to ask people for help. She is feeling sad in her new one bedroom 55+ housing block and does not talk to people throughout the day. She misses her home and wishes Kelly was able to be with her more often.

Case Study #3

PATRICIA

Patricia is an independent 94-year-old female who lives in an assistant living complex in the city. She has numerous health issues one of them being mobility. Her son and daughter visit weekly but Patricia can only walk short distances therefore needs assistance to leave her suite.

There is a meal program in the building but she does not attend. She does purchase meals from a local restaurant and she heats them up daily in her suite. Sometimes she is unable to place a meal order near the end of the month as her financial situation does not always permit. Patricia does not share this information with her children as they would worry too much about her.

Patricia loves it when staff visit several times throughout the month but time restraints can be a factor for staff.

Patricia will periodically attend a spiritual program each Sunday morning at the local church, as well as English Bible Study and German Bible study weekly. She is often not able to attend these programs due to her mobility and seems too tired and weak. Patricia spends most of her time during the day watching CNN on TV in her suite.

"I love it when my son, daughter and staff can come visit me. I understand that they are busy and I do not want to bother them. They are so good to me, but to be honest, I feel like I am sitting in front of my TV all the time. I am grateful for what I have in life though and do not want to complain. My cup is always full…but at times…I could use some company."

Case Study #4

PETER

Peter is a 90 yrs.-old male who lives alone in a one-bedroom apartment in a large multi-aged building complex. He has been alone since his wife's death over 20 years ago and has lived in the same apartment for over 30 years. The couple had no children and no siblings, so he has no family at all. He often states that "*the only way he is leaving this apartment is feet first*".

Peter's only social contact is friend Tom whom he has known for over 50 years. In the last few years Tom has made it a point to visit with Peter weekly since Peter stopped attending church. Weekly church was Peter's only social outing as he never considered himself a social person and did not belong to any clubs.

Over the last 3 years Peter's physical abilities have deteriorated slowly and for the last few months he is not able to walk further than the length of his apartment. He has arranged for meals and groceries to be delivered and has automated all his bills as he feels unable to leave his apartment at this time. He has never believed in getting medical treatment and only uses over-the-counter medication when not feeling well.

Tom is quite worried about his friend and what will happen to him if Tom is not able to continue his weekly visits. Peter is not interested in being connected with any agency as feels that everything is fine. He believes that he has "*lived long enough*" and is ready to accept whatever happens next.

Do not let a senior become "invisible"

The goal of the RISE Campaign is to help Canadians become aware of the possible impact of loneliness and social isolation on their older family members, friends and neighbours— and to take action.

RISE
REACH ISOLATED SENIORS EVERYWHERE

For more information about
the REACH ISOLATED SENIORS EVERYWHERE CAMPAIGN (RISE):

www.rise-cisa.ca
info@rise-cisa.ca
1-800-648-1111

We welcome new participating organizations and sponsors.

Participating organization :

www.helpagecanada.ca

September 2018 Help us refine this tool by sending us your comments to info@rise-cisa.ca

RISE
REACH ISOLATED SENIORS EVERYWHERE

Is someone you know becoming invisible ?

www.rise-cisa.ca

REACH OUT AND CONNECT WITH AN OLDER PERSON

Social isolation and loneliness are major social, health and quality of life issues for older people. Many seniors are isolated and rely only on a pet or TV for companionship. Over time, their mental and physical health deteriorate, sometimes to the point where they become "invisible" – we only learn about their existence when they reach the hospital. But it doesn't have to be that way... The goal of this tool is to help you identify the risks... and the possible actions to take. DEPENDING ON THE RISK FACTORS, MAYBE ONLY A FEW, THE SENIOR COULD BE AT THE SERIOUS OR IMMEDIATE INTERVENTION STAGE.

Risk factors/Indicators of Social Isolation

Personal
- age = 80+
- children
- retired
- member of a specific group (e.g. Aboriginal, LGBT)
- older newcomer
- lower levels of education
- low self esteem
- death of a partner
- weak social/communicative skills
- poor English language skills
- low emotional support

Health
- chronic illness/disability
- depression or other mental health issues
- loss of vision, hearing
- dementia
- age-related disabilities (incontinence, fear of falling)
- mobility problems
- alcoholism

Living situation
- low/unstable income
- living alone
- location (urban, rural, remote)
- no friends or family nearby
- change of residence
- living in unsafe neighbourhoods
- being unknown to neighbours
- minimal participation in social activities, volunteering, outside groups (church, club)
- being a caregiver

Changes in...
- physical health (bruising, weight loss, weakness)
- events (emotional health (loss; confusion)
- personal hygiene/appearance
- personality/routine (withdrawal, poor diet)
- appearance of home (neglect, cleanliness)

Barriers
- lack of affordable, accessible transportation
- loss of driver's licence
- lack of awareness/access to community services
- challenges re. technology
- limited assistance with routine activities (shopping, meal prep)

Level of risk

PERSON HAS 3 OR MORE RISK FACTORS	PERSON MEETS 5 OR MORE RISK FACTORS	PERSON HAS 7OR MORE RISK FACTORS	PERSON HAS 10 OR MORE RISK FACTORS
1 POTENTIAL RISK	2 MODERATE RISK	3 SERIOUS RISK	4 IMMEDIATE ACTION REQUIRED

Potential Actions:

- Regular phone calls to check-in
- Contact individual's family
- Set up visitation schedule with friends/family
- Offer to take person shopping
- Offer lift to medical/other appointments
- Invite to meet for coffee or other outing (e.g. library, church)
- Offer assistance with computer
- Offer to research community, volunteer programs
- Drop off prepared meals/offer to prepare meals with person
- Provide contact numbers for assistance (211 is available in all provinces except NB, PEI, NFL)
- Contact local Social Services dept for evaluation and/or immediate assistance.
- Contact local Health dept for evaluation and/or immediate assistance.

For information:
- Call 211, a source of information on government and community based health and social services.
- Contact your participating RISE organization:

Disclaimer: These are guidelines only. If you feel that the senior is at the point of serious risk or needs immediate intervention, even though they are experiencing only one or two of the risk factors, please take action.

www.rise-cisa.ca

info@rise-cisa.ca
1-800-648-1111

Ne laissez pas une personne devenir «invisible».

L'objectif de la campagne CISA consiste à sensibiliser chacun et chacune de nous aux effets de l'isolement social et de la solitude sur les personnes aînées qui nous entourent... et à agir.

CISA
CONTREZ L'ISOLEMENT SOCIAL DES AÎNÉS

Pour plus d'informations à propos de la campagne
CONTREZ L'ISOLEMENT SOCIAL DES AÎNÉS (CISA) :

www.rise-cisa.ca
info@rise-cisa.ca
1 800 648-1111

La participation est ouverte aux organisations et aux entreprises.

Organisation participante :

www.helpagecanada.ca

Janvier 2016 Aidez-nous à améliorer cet outil par vos commentaires : info@rise-cisa.ca

CISA
CONTREZ L'ISOLEMENT SOCIAL DES AÎNÉS

Connaissez-vous une personne aînée en voie de devenir i n v i s i b l e ?

www.rise-cisa.ca

CONTREZ L'ISOLEMENT SOCIAL D'UNE PERSONNE AÎNÉE

L'isolement social et la solitude présentent un enjeu social important et soulèvent des questions vitales pour la santé et la qualité de vie des personnes aînées. Beaucoup d'entre elles vivent complètement seules. Avec le temps, leur santé physique et mentale décline, alors qu'elles deviennent pratiquement « invisibles » : on pense à elles une fois qu'elles se retrouvent à l'urgence de l'hôpital. Cette situation doit changer. Le présent outil vise à identifier les risques et à proposer des gestes à poser. **IMPORTANT : SELON LA SITUATION, IL PEUT Y AVOIR NÉCÉSSITÉ D'AGIR MÊME AVEC SEULEMENT DEUX OU TROIS FACTEURS DE RISQUE.**

FACTEURS DE RISQUE OU INDICATEURS D'ISOLEMENT SOCIAL

Personnel
- + de 80 ans
- sans enfant
- personne retraitée
- appartenance à certains groupes (autochtones, LGBT...)
- nouvel arrivant
- peu scolarisé
- peu d'estime de soi
- décès d'une personne proche
- peu de facilité pour la communication
- mauvaise connaissance du français
- peu de soutien émotionnel

Santé
- maladie ou handicap chronique
- dépression ou autre problème de santé mentale
- perte de la vision ou de l'ouïe
- démence
- problèmes tels que l'incontinence ou la peur de tomber
- problèmes de mobilité
- alcoolisme ou autres dépendances

Conditions de vie
- revenu faible ou incertain
- personne vivant seule
- milieu de vie (urbain, rural, éloigné)
- sans amis ou parents à proximité
- manque de sécurité dans le voisinage
- personne inconnue dans la communauté
- peu d'activités ou de sorties sociales

Changements ...
- de la santé physique (blessure, maladie, faiblesse...)
- d'ordre mental ou émotif (peur, confusion...)
- de l'apparence, ou de l'hygiène personnelle
- de la personnalité ou de la routine (repli sur soi, mauvaise alimentation...)
- de l'état de la résidence (négligence, malpropreté...)

Obstacles
- manque de moyens de transport ou accès difficile
- perte du permis de conduire
- manque de connaissance ou d'accès aux services communautaires
- mal à l'aise avec la technologie
- manque de services d'aide (magasinage, préparation de repas...)

NIVEAU DE RISQUE

1 RISQUE POSSIBLE — 3 FACTEURS DE RISQUE OU PLUS

2 RISQUE MODÉRÉ — 5 FACTEURS DE RISQUE OU PLUS

3 RISQUE SÉRIEUX — 7 FACTEURS DE RISQUE OU PLUS

4 ACTION IMMÉDIATE REQUISE — 10 FACTEURS DE RISQUE OU PLUS

ACTIONS POSSIBLES

- Téléphoner régulièrement pour maintenir le contact
- Communiquer avec la famille immédiate
- Élaborer un programme de visite avec des amis et/ou de la parenté
- Offrir à la personne d'aller magasiner
- Offrir un transport pour des rendez-vous médicaux (ou autres)
- Proposer d'aller prendre un café ou d'aller à l'église ou au parc
- Proposer de l'aide pour l'ordinateur
- Mener une recherche des programmes et activités dans la communauté
- Fournir des numéros de téléphone en cas de besoin (tels le 211)
- Contacter les Services sociaux locaux pour une évaluation ou de l'aide
- Contacter les Services de santé pour une évaluation ou de l'aide

Pour information :
- Appelez le 211 pour des informations sur des programmes gouvernementaux et communautaires
- Contactez l'organisation locale participant à la Campagne CISA :

AVERTISSEMENT : Ce feuillet ne fournit que des points de repère. Si vous croyez qu'une personne âgée présente des risques sérieux ou requiert une intervention immédiate, même si vous ne comptez que deux ou trois facteurs de risque, n'hésitez pas à demander conseil.

www.rise-cisa.ca

info@rise-cisa.ca
1 800 648-1111

Bibliography

Census Profile, www.statcan.gc.ca

Journal of Aging and Health (2008)

National Film Board - “Louise”

Reach Isolated Seniors Everywhere, http://rise-cisa.ca/about/rise-campaign/

Statistics Canada’s 2008/09 Canadian Community Health Survey

Volume 1, Understanding the Issue and Finding Solutions, Federal/Provincial/Territorial Ministers Responsible For Seniors, 2017