



A&O

Support Services for Older Adults

Connecting the Dots:

Authentic Social Engagement
of Older Adults

Background



- 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).



Background (Cont.)

- 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.



Background (Cont.)

- 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.
- This knowledge exchange event was geared towards direct service providers.



Partners

- 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





Keynote

- 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”.
- 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.



Keynote

- 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.



Community Presentations

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 Exercises

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?



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



Key Findings

Risk Factors Identified (Cont.)

- 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



Key Findings

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)



Key Findings

How to gather information to assess for Social Isolation (Cont.)

- 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?



Key Findings

How to gather information to assess for Social Isolation (Cont.)

- 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 Findings

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**



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

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.



A & O:

Innovative Social Engagement Programs for Older Adults

- Senior Centre Without Walls
- Connect
- Be a Santa to a Senior



Questions?

Thank you!



For more information contact:

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To view a copy of the report, please visit:
www.aosupportservices.ca