



Government
of Canada

Gouvernement
du Canada

THE NATIONAL SENIORS COUNCIL



LE CONSEIL NATIONAL DES AÎNÉS

**Report on the
Social Isolation of Seniors**

2013-2014

October 2014

Canada 

You can download this publication by going online: publiccentre.esdc.gc.ca

This document is available on demand in multiple formats (large print, Braille, audio cassette, audio CD, e-text diskette, e-text CD, or DAISY), by contacting 1 800 O-Canada (1-800-622-6232). If you use a teletypewriter (TTY), call 1-800-926-9105.

© Her Majesty the Queen in right of Canada, 2014

For information regarding reproduction rights: droitdauteur.copyright@HRSDC-RHDCC.gc.ca

PDF

Cat. No.: Em12-6/2014E-PDF
ISBN/ISSN: 978-1-100-25344-2

ESDC

Cat. No. : SSD-138-12-14



Message from Chair of the National Seniors Council

Since 2007, the National Seniors Council (NSC) has presented five reports to Ministers with advice on themes including low income among seniors, elder abuse, volunteerism, active aging, intergenerational relations, and labour force participation of older workers at risk. In each of the priority areas, the Council found that social isolation was consistently identified as a problem, risk factor, barrier or consequence experienced by many seniors.

In August 2013, the Minister of State (Seniors), the Minister of Employment and Social Development Canada and the Minister of Health directed the NSC to consult with seniors and key players from the not-for-profit, public and private sectors to assess the repercussions and explore ways to prevent and/or reduce social isolation of seniors in Canada.

The Council welcomed the opportunity to build on its past work and to further examine ways to promote inclusion and engagement among seniors through an investigation of this pressing social issue against the backdrop of an increasingly aging population. The approach adopted by the NSC was to not only understand the causes and consequences of social isolation, but to also ascertain the ways in which an active and engaged population of seniors can benefit themselves, their communities, and society. The NSC gathered the views of seniors and stakeholders through regional roundtables, meetings with community representatives, and an online consultation, in conjunction with an extensive scoping review of literature from academic and non-academic sources. The results were further validated by means of a meeting of national level experts.

On behalf of the NSC, it is my pleasure to present Ministers with the Council's report on the social isolation of seniors. The report provides a summary of the consultation findings, including most commonly mentioned risk as well as protective factors, and highlights a selection of innovative and promising practices. The report also contains the Council's advice on the role that the Government of Canada could play to address the social isolation of seniors in Canada.

The NSC would like to take this opportunity to thank the seniors and organizations that participated in the consultation process and who provided invaluable insight into the lives of seniors who are disengaged or at risk of becoming isolated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Wister', is written over a horizontal line.

Andrew Wister, PhD
Chair, National Seniors Council



Table of Contents

Introduction	1
Consultation Process	3
Consulted Stakeholders	3
Regional Roundtables	4
Meetings with Stakeholders.....	5
Online Consultation	5
National Roundtable.....	5
Scoping Review	6
Consultation Highlights	7
The Impact of Social Isolation on Seniors' Quality of Life and Well-being.....	7
Factors Increasing the Risk of Seniors Becoming Socially Isolated, Including Critical Life Transitions.....	9
Preventing and/or Reducing Social Isolation of Seniors	10
Suggested Measures	18
1. Raise Public Awareness of the Social Isolation of Seniors.....	18
2. Promote Improved Access to Information, Services and Programs for Seniors	21
3. Build the Collective Capacity of Organizations to Address Isolation of Seniors through Social Innovation	24
4. Support Research to Better Understand the Issue of Social Isolation	26
Conclusion	28
Annex A – Mandate of the National Seniors Council	29
Annex B – Members of the National Seniors Council	30
Annex C – List of Consulted Stakeholders	33
Annex D – Characteristics of Consulted Stakeholders	40
Annex E – Online Consultation Questionnaire	42
Annex F – Overview of Risk Factors Most Likely to Lead to Social Isolation	47
Annex G – Summary List of Suggested Measures	52



Introduction

The Canadian population is aging. According to demographic projections, the number of people aged 65 or over could double in the next 25 years. This is due in large part to the aging of the baby boom cohorts and extensions in life expectancy. On average, today's older adults are living a more active, healthier and financially secure life than the past generations. Nonetheless, seniors have an increased risk of living with a chronic condition, disability or mental health issue. Another serious social problem affecting seniors in Canada is abuse of older adults. There is also a rise in the number of older Canadians who provide ongoing care and assistance as informal caregivers for family members and friends in need of support. Furthermore, families are becoming smaller and geographically dispersed, which has an impact on the size and accessibility of seniors' support networks.

According to a 2012 International Federation of Aging report commissioned by Employment and Social Development Canada (ESDC)¹, the number one emerging issue facing seniors² in Canada is keeping older people socially connected and active.

Social isolation is commonly defined as a low quantity and quality of contact with others. A situation of social isolation involves few social contacts and few social roles, as well as the absence of mutually rewarding relationships³. Social isolation is different than loneliness, which is the senior's perception of a lack of interaction or contact with others⁴. Social isolation increases the likelihood of loneliness, but a person can perceive being lonely even when in the company of others.

Although knowledge and data about social isolation of seniors in Canada are limited, existing findings demonstrate that many older Canadians are socially isolated or at risk of becoming so. In a Statistics Canada 2012 Health Report, almost one in four adults over the age of 65 (24%) reported that they would have liked to have participated in more social activities in the past year. Statistics Canada's 2008/09 Canadian Community Health Survey found that 19% of individuals aged 65 or over felt a lack of companionship, left out, or isolated from others. Also, according to a 2006 study conducted by Dr. Janice Keefe, over 30% of Canada's seniors are at risk of social isolation.

1 International Federation of Aging. (2012). Current and Emerging Issues Facing Older Canadians. Retrieved from: <http://www.ifa-fiv.org/wp-content/uploads/2012/12/current-and-emerging-issues-facing-older-canadians-final-report-30-march-2012.pdf> (July 2014).

2 NOTE: Generic statements are made regarding seniors throughout the report. However, the Council recognizes that given protective factors (such as cultural factors in Aboriginal or immigrant communities or living in a very close-knit community), certain statements may not truly represent or be attributable to all seniors.

3 Keefe, J., Andrew, M., Fancey, P. & Hall, M. (2006). Final Report: A Profile of Social Isolation in Canada. Submitted to the Chair of the F/P/T Working Group on Social Isolation. Retrieved from: http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf (September 2014).

4 British Columbia Ministry of Health. (2004). Social Isolation Among Seniors: An Emerging Issue. Retrieved from: http://www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf (August 2014).



Social isolation has also been identified as a significant issue in past National Seniors Council reports⁵.

The National Seniors Council⁶ was directed in August 2013, to consult with seniors, key players from the not-for-profit, public and private sectors to assess how social isolation affects seniors and explore ways to prevent and reduce social isolation of seniors in Canada.

The objective of this report is to share the input received through the Council's consultation efforts on the issue and provide advice in the form of suggested measures for federal consideration that could help to prevent and reduce social isolation of seniors in Canada.

The report is divided in three main sections:

- Consultation Process
- Consultation Highlights
- Suggested Measures

5 National Seniors Council: Report of the National Seniors Council on Low Income Among Seniors. (2009). Report of the National Seniors Council on Volunteering Among Seniors and Positive and Active Aging. (2010). Report on the Labour Force Participation of Seniors and Near Seniors, and Intergenerational Relations. (2011). Retrieved from: http://www.seniorscouncil.gc.ca/eng/research_publications/index.shtml (August 2014).

6 The National Seniors Council advises the Government of Canada, through the Minister of Employment and Social Development, the Minister of Health and the Minister of State (Seniors), on matters related to the well-being and quality of life of seniors. A full description of the Council's mandate is attached as Annex A. A list of Council members is attached as Annex B.



Consultation Process

The National Seniors Council (NSC) used a variety of consultation approaches to engage stakeholders in the discussion. These included: regional roundtables, individual meetings with key stakeholders, a scoping review, an online consultation and a national roundtable to validate the findings.

The purpose of the consultations was to better understand:

- the impact social isolation has on seniors' quality of life, including their mental health;
- the factors that increase or decrease the risk of a senior becoming socially isolated, including critical life transitions;
- promising approaches (and best practices) to preventing and/or reducing social isolation of seniors; and,
- the role the Government of Canada could play in preventing and/or reducing the social isolation of seniors in Canada.

Throughout the consultation process and regardless of the consultation approach being undertaken, a core set of questions was used to guide the consultations. By using a standard set of questions, NSC members ensured consistency in information gathering and focus their engagement efforts. The core consultation questions are:

- What factors increase the risk of a senior becoming socially isolated?
- What factors decrease the risk of a senior becoming socially isolated?
- What promising approaches (or best practices) exist to help prevent and/or reduce the social isolation of seniors?
- What more could be done to help prevent and/or reduce the social isolation of seniors?
- What could the Government of Canada do to help prevent and/or reduce the social isolation of seniors in Canada?

Consulted Stakeholders

In total, 305 stakeholders accepted the NSC's invitation to participate in the consultations: 83 representatives participated in the regional roundtables, Council members met with 22 organizations for individual meetings, 179 individuals completed the online consultation questionnaire, 9 submitted written responses using the consultation questionnaire, and 12 experts and national level stakeholders participated in the national roundtable. A list of consulted stakeholders is attached as Annex C.

Participating stakeholders included seniors, representatives of community or non-profit organizations, private service delivery organizations, government agencies (e.g. community public health services) and key experts in relevant fields of study or work. Annex D describes the characteristics of consulted stakeholders.



Regional Roundtables

The roundtables were held in:



The NSC used the following criteria to select roundtable locations: type of community (remote, rural or urban), ethnic diversity, presence of Aboriginal seniors and immigrant seniors, proportion of older adults over the age of 65 years living in the community, regional and official languages representation. There were between 10 and 16 participants for each roundtable and NSC members facilitated the discussions.

The Minister of State (Seniors) provided opening remarks during the Regina, Saskatchewan, roundtable. Staff from the NSC Secretariat (housed within ESDC) attended all roundtables to take notes and to provide logistical and other supports. Representatives from the Public Health Agency of Canada also attended all roundtables as observers and note takers.

Participants were provided with reading materials in advance to help them prepare for the roundtable. Their package included:

- the agenda and consultation objectives;
- a one-page overview on the topic social isolation of seniors to set the context;
- the list of core consultation questions to reflect upon before their participation in the discussions; and,
- information about the National Seniors Council.

The half-day roundtables were led by NSC members and followed a consistent agenda:

- Introduction of participants
- Brief presentation of background information on the topic to set the context
- Facilitation of discussions based on the four consultation questions



Meetings with Stakeholders

NSC members also took advantage of the regional roundtables to meet with local organizations. The meetings involved targeted stakeholders, experts, and academics, unable to participate in the roundtable sessions, who were identified as leading innovative initiatives, relevant research projects or providing services to socially isolated seniors.

These meetings allowed members to capture promising practices and understand the needs of organizations currently addressing the issue of social isolation.

Online Consultation

An online consultation was led to reach a broader range of stakeholders as well as to consult directly with seniors, community or non-profit organization leaders, and key experts representing the different geographical parts of the country including urban, rural and remote communities.

From June 16, 2014, to July 4, 2014, stakeholders were invited to participate in the online consultation. Invitations were sent to individuals who had participated in the regional roundtables or met with Council members during the current or past NSC consultations, as well as organizations who have received federal funding for projects related to the social inclusion or social isolation of seniors.

Alternative formats were offered for those who preferred to submit their responses in paper format. The questionnaire is attached as Annex E.

National Roundtable

The NSC hosted a national roundtable on July 16, 2014, involving key experts and national level stakeholders to validate the preliminary findings from the Council's regional and online consultations.

The national roundtable's agenda was designed to facilitate broad policy discussions within the federal context. A summary of the preliminary findings was shared with participants in advance of the national roundtable. Two short presentations were made to set the context and tone for the discussions. Federal representatives provided an overview on the federal realm of responsibilities and the Council chairperson provided an overview of the NSC's thoughts and findings from their consultations. Following these presentations, participants provided initial views, in a large group setting, on the preliminary findings, validating the information and then broke off in smaller groups to identify potential measures for federal consideration to address the issue of social isolation among seniors.

The Minister of State (Seniors) provided opening remarks during the national roundtable.



Scoping Review

Recognizing the need to obtain a broader understanding of social isolation before strategies could be developed to help mitigate the effects, the Council led a scoping review of the literature.

The scoping review intended to help the Council:

- define and describe key parameters of social isolation of seniors (including potential overlap with other concepts such as loneliness, social capital, marginalization, etc.);
- list and prioritize the principle causes (changeable and non-mutable) and consequences of social isolation;
- identify programs and services that specifically address social isolation among older adults.

The review involved a systematic selection, collection and summarization of existing knowledge relating to the social isolation of seniors in broad thematic areas to identify which were well covered and where there were gaps. The process started with a list of 214 documents identified using pre-determined search terms that broadly touched upon social isolation. Fifty-two articles remained in the review after the application of screening criteria. Each article was summarized and a table used to chart the literature. A final document was prepared to concisely and comprehensively present the content and results of the selected literature.



Consultation Highlights

The Impact of Social Isolation on Seniors' Quality of Life and Well-being

The social isolation of seniors can cause communities to suffer a lack of social cohesion, higher social costs, and the loss of an unquantifiable wealth of experience that older adults bring to our families, neighbourhoods and communities.

Socially isolated seniors are less able to participate and contribute to their communities⁷. Yet seniors benefit⁸ from volunteering and participating in their communities due to a sense of satisfaction and efficacy, and communities benefit from the services and social capital seniors are providing. A decrease in contributions by seniors is a significant loss to organizations, communities and society at large.

Social isolation can result in reduced social skills. For example, seniors “who develop depression, social anxiety, loneliness, alcoholism, and schizophrenia tend to become socially isolated and uncomfortable around other people. This leads to an atrophy of social skills, partly because of disuse, and partly because of the way that psychological symptoms can disrupt social behaviour⁹.”

Social isolation is considered a risk factor for elder abuse¹⁰, including financial abuse¹¹, and may increase fear of crime and theft¹²; thus making seniors even less likely to participate in social activities¹³.

Furthermore, there is a substantial amount of evidence that describes the relationship between health and social isolation. A senior's social network can positively influence good health behaviours such as successful smoking cessation or remaining active.

7 Federal, Provincial, Territorial Ministers Responsible for Seniors. (November 2007). Working Together for Seniors: A Toolkit to Promote Seniors' Social Integration in Community Services, Programs and Policies.

8 Raymond, E., Gagné D., Sévigny, A. & Tourigny, A. (2008). La participation sociale des aînés dans une perspective de vieillissement en santé : réflexion critique appuyée sur une analyse documentaire. Gouvernement du Québec. Retrieved from: http://www.inspq.qc.ca/pdf/publications/859_rapportparticipationsociale.pdf (September 2014)

9 Segrin, C. & Givertz, M. (2008). Methods of Social Skills Training and Development: Handbook of Communication and Social Interaction Skills.

10 Truchon, M. (2011). Cadre Théorique des initiatives de travail de milieu auprès des aînés vulnérables. Association québécoise des centres communautaires pour aînés (AQCCA). Retrieved from: http://www.aqcca.org/images/stories/pdf/cadre_theorique_itmav.pdf (September 2014).

11 Gorbien, M. & Eisenstein, A. (2005). Elder Abuse and Neglect: An Overview. Clinics in Geriatric Medicine. 21, page 281. Retrieved from: <http://www.ucdenver.edu/academics/colleges/medicalschooll/department/medicine/geriatrics/education/documents/elder%20abuse%20and%20neglect.pdf> (September 2014).

12 Moschis, G. (1996). Gerontographics: Life-Stage Segmentation for Marketing Strategy Development.

13 Association québécoise des centres communautaires pour aînés - AQCCA. (2007). Les initiatives visant à rejoindre les aînés vulnérables ou à risque d'exclusion. Répertoire d'expériences développées par les organismes communautaires.



Conversely, socially isolated seniors are more at risk of negative health behaviours including drinking, smoking, being sedentary and not eating well; have a higher likelihood of falls; and, have a four-to-five times greater risk of hospitalization. Research also indicates that social isolation is a predictor of mortality from coronary heart disease/stroke¹⁴.

Disabilities can further marginalize. According to the 2013 Canadian Survey on Disability, just over a third of Canadians aged 65 and older are living with a disability (rising from 26.3% among individuals aged 65 to 74 to 42.5% among individuals aged 75 and older¹⁵). Furthermore, many older adults have to cope with two or more chronic illnesses (multimorbidity¹⁶): approximately 29.8% of adults 65 to 79 years old and 37.5% of adults 80 years or older report having two or more chronic conditions¹⁷.

Social isolation also affects the psychological and cognitive health of seniors. It is associated with higher levels of depression and suicide¹⁸. According to research, 1 in 4 seniors lives with a mental health problem (e.g. depression, anxiety or dementia) or illness¹⁹, and 10 to 15% of adults 65 years or older and living in the community suffer from depression. The percentage of seniors in residential care who have been diagnosed with depression or showed symptoms of depression without diagnosis is higher at 44%. Approximately 50% of people over the age of 80 report feeling lonely; men over the age of 80 have the highest suicide rate of all age groups.

Respondents to the online consultation noted that mental health contributes to social isolation and has an impact on the individual's quality of life. More specifically, respondents expressed that social isolation increases the risk of developing mental health issues, has an impact on the person's self-esteem and confidence, which decreases their connection with the community and inhibits them from accessing health care services, thus perpetuating isolation.

14 Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2-3), 137-152.

15 Statistics Canada. (2013). Canadian Survey on Disability: Data Tables.

16 As defined by the Public Health Agency of Canada, the presence of two or more out of the following ten chronic diseases: heart disease, stroke, cancer, asthma, chronic obstructive pulmonary disease, diabetes, arthritis, Alzheimer's or other dementia, mood disorder (depression) and anxiety.

17 Statistics Canada. (2012). Canadian Community Health Survey. Retrieved from: <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226> (September 2014).

18 MacCourt, P. (2008). Promoting Seniors' Well-Being: A Seniors' Mental Health Policy Lens Toolkit. Retrieved from: https://www.mentalhealthcommission.ca/English/system/files/private/Seniors_Seniors_Mental_Health_Policy_Lens_Toolkit_ENG_0.pdf (September 2014)

19 Retrieved from: <http://www.mentalhealthcommission.ca/English/issues/seniors> (July 2014).



Factors Increasing the Risk of Seniors Becoming Socially Isolated, Including Critical Life Transitions

Understanding how seniors become or remain isolated is key to the Council's reflection. The literature confirms that there is a variety of risk factors that increase the possibility of seniors becoming socially isolated. These include, but are not limited to the following:

- living alone;
- being age 80 or older;
- having compromised health status, including having multiple chronic health problems;
- having no children or contact with family;
- lacking access to transportation;
- living with low income; and,
- changing family structures, younger people migrating for work and leaving seniors behind, and location of residence (e.g. urban, rural and remote).

Critical life transitions such as retirement, death of a spouse, or losing a driver's license further increase the risk of becoming socially isolated²⁰. The more risk factors seniors face, the more likely they are to be isolated.

The Council solicited the views of stakeholders and seniors to identify some of the most common risk factors²¹. They were as follows:

- lack of awareness of or access to community services and programs;
- fear, stigma or ageist attitudes (internal and external) that prevent seniors from accessing community services/programs or being socially active in their community;
- lack of accessible and affordable transportation options was mentioned in all regional roundtables as one of the most important issues;
- lack of affordable and suitable housing and care options to meet the varied needs of older adults;
- loss of sense of community;
- lifelong health issues including disabilities;
- late onset or age-related disabling conditions such as incontinence or fear of falling when going to and from venues;
- challenges relating to technology – including access and costs, literacy and comfort with technologies including telephone systems (press “1” for service, etc.), computers, social media, as well as others (e.g. parking meters); and,
- life transitions (death of a spouse, move to long term care facilities or other residence, loss of driver's licence, etc.).

20 Keefe, J., Andrew, M., Fancey, P. & Hall, M. (2006). Final Report: A Profile of Social Isolation in Canada. Submitted to the Chair of the F/P/T Working Group on Social Isolation. Retrieved from: http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf (September 2014).

21 Annex F provides a summary of responses to questions relating to “risk factors associated with social isolation” as provided by stakeholders who completed the online questionnaire. The overview is meant to identify highlights from the online consultation process; it is not meant to be an exhaustive analysis of the consultation results.



Specific groups of seniors were also identified as being at greater risk of social isolation, such as:

- seniors with physical and mental health issues (including older adults with Alzheimer’s disease or other related dementia, or multiple chronic illnesses);
- low income seniors;
- seniors who are caregivers;
- Aboriginal seniors;
- seniors who are newcomers to Canada or immigrant seniors (language proficiency issues, separation from family, financial dependence on children, low levels of inter-ethnic contacts, discrimination); and,
- lesbian, gay, bisexual or transgendered seniors.

As many as 44% of seniors living in residential care in Canada²² have been diagnosed with depression or show symptoms of depression without diagnosis, and men over the age of 80 have among the highest suicide rate of all age groups²³. Therefore, the link between mental health and social isolation cannot be ignored.

Similarly, studies show that the lack of a supportive social network is linked to a 60% increase in the risk of dementia and cognitive decline; while socially-integrated lifestyles protect against dementia²⁴.

In sum, social isolation can have a number of deleterious consequences for seniors that are often difficult to separate from the underlying risk factors associated with isolation. The results of this association can be the development of self-reinforcing and reciprocal patterns of social isolation.

Preventing and/or Reducing Social Isolation of Seniors

Each consultation method used (i.e. regional roundtables, bilateral meetings, online consultation and the national roundtable) was distinct and made a unique contribution to the National Seniors Council’s understanding of the topic. Many of the discussions revolved around what is currently available for seniors and what further measures could be implemented to prevent and/or reduce social isolation.

The following provides an overview of major themes that emerged. Current innovative practices and promising approaches identified by participants have been highlighted using boxes throughout this section.

22 Canadian Institute for Health Information. (2010). Depression Among Seniors in Residential Care: Analysis in Brief. Retrieved from: http://www.cmha.ca/public_policy/depression-among-seniors-in-residential-care/ (July 2014).

23 Public Health Agency of Canada. (2010). The Chief Public Health Officer’s Report on the State of Public Health in Canada 2010: Growing Older – Adding Life to Years. Retrieved from: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php> (July 2014).

24 Fratiglioni, L., Wang, H.X., Ericsson, K., Maytan, M. & Winblad, B. (2000). Influence of Social Network on Occurrence of Dementia: A Community-based Longitudinal Study. *Lancet*. 355(9212): 1315-9.



Societal Awareness and Research

Ageism – The need to dispel myths associated with aging was discussed at each roundtable and continues to be a fundamental issue addressed by the NSC in relation to all of its priority areas. Stereotypes that portray older adults as either weak and frail or extremely vibrant and engaged were cited as inhibitors.

Community environment – Participants in each roundtable were concerned about the link between the social isolation of older adults (particularly those over the age of 65) and fundamental shifts in neighbourhood and community values over the last decades. There was general agreement on the need to recreate a sense of community to encourage interactions and connections among neighbours and the larger community.

Dementia – Seniors report that when their friends learn of a dementia diagnosis, their circle of friends shrinks. While stakeholders discussed anecdotally the effects dementia has on the social interactions of the individual and of their spouse, they also stated there was a need to better understand the causes and social consequences of dementia. Caregivers for individuals diagnosed with dementia are also at risk of social isolation, due to the competing demands of caregiving, work, and other duties.

The Alzheimer Societies of Canada delivers the First Link program which is an early intervention service designed to connect individuals and families affected by Alzheimer's disease or another dementia with services and support as soon as possible after diagnosis. Formal referral from physicians and health professionals allows for proactive contact with individuals and families. First Link ensures that individuals and families are connected early for support throughout their journey. (National)

Intergenerational Relations – Participants made parallels between the social isolation of seniors and that of youth who may be bullied or harassed by others. Intergenerational programming was proposed as a useful approach to help both generations break isolation together.

REACH (Regina Education and Action on Child Hunger) and Street Culture Youth have a partnership to provide delivery service and a REACH food security program for seniors. Street Culture Youth who are learning the job of courier are paid to deliver frozen meals, fresh produce, bread, eggs and other staples to seniors. Seniors receive meals and have a short conversation with youth couriers. The initiative is receiving good feedback from seniors and the couriers are encouraged to call REACH if one of the seniors where they delivered a meal seems unwell. The program helps build respect between seniors and youth. (Saskatchewan)

Leadership on Loneliness – The distinction between social isolation and loneliness was raised in many of the regional roundtables. Social isolation was defined by participants as low quantity and quality of contact with others while loneliness was defined as being more subjective in nature (i.e. rooted in the individual's perception of the quality of contact).

The Campaign to End Loneliness is a network of over 600 national, regional and local organizations, and people working together through community action, good practice, research and policy to create the right conditions to reduce loneliness in later life in the United Kingdom. Launched in 2011, the network is led by five partner organizations (Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense). (United Kingdom)



Life Transitions – Discussions at several roundtables stressed the importance of considering life transitions as triggers for social isolation (e.g. children moving away for work; age-onset health issues, relocation, change of residence, or co-residence (including institutionalization or hospitalization); aging past 80 (shrinking of social network); and declines in physical and mental health (functional decline, reduced capacity and resilience).

Promoting Healthy Aging – Health was identified as a determinant for social isolation, so there are benefits to be had from promoting active and healthy aging. Physical activity, eating well, healthy body weight, moderate drinking, not smoking, reduced stress, and good sleeping habits are some of the important health behaviours deemed important for seniors to maintain a healthy lifestyle as they age²⁵.

Access to Information, Services and Programs for Seniors

Access to Information, Services, and Programs – Participants confirmed that older Canadians find “navigating the system” challenging. Awareness of and access to appropriate information, programs or services were also identified as barriers to inclusion or fulfilling basic social needs.

211 is Canada’s source of information on government and community-based health and social services; its telephone help line (2-1-1) and website help connect people to relevant information and services, and to navigate the complex network of human services quickly and easily. (National)

The **www.seniors.gc.ca** website is a central resource for seniors, their families, caregivers and supporting service organizations. The site provides information for seniors on federal, provincial, territorial and some municipal government benefits and services, including information on finances, housing, health and wellness. Seniors.gc.ca highlights federal seniors-related initiatives and supports the Government of Canada's ongoing efforts to encourage seniors to stay active, engaged and informed. The website also provides links to other portals such as the McMaster Optimal Aging Portal, created to share evidence-based knowledge with professionals and the general public. (National)

Outreach, Gatekeeper Programs, and Community Registries – Participants confirmed that a “reactive” approach is currently in place to address the needs of socially isolated individuals, many of whom are not identified or supported until after a crisis. Stakeholders believe that more outreach is required: it is important for front line workers to “knock on doors”²⁶. Furthermore, programs are more effective when accessible by including transportation services or setting up shop in areas close to seniors. Innovative partnerships, such as gatekeeper programs, were noted as successful approaches.

Sharing Promising Practices – Service providers stressed the importance of learning from others and promoting knowledge transfer around successful practices and initiatives. Participants also asked for support in fostering connections between agencies, for example through conferences or symposia that would allow practitioners to exchange information and learn from others.

25 Public Health Agency of Canada. (2010). The Chief Public Health Officer’s Report on the State of Public Health in Canada 2010: Growing Older – Adding Life to Years. Retrieved from: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php> (July 2014).

26 Further substantiated in the work of Truchon, M. (2011). Cadre théorique des initiatives de travail de milieu auprès des aînés vulnérables. Association québécoise des centres communautaires pour aînés.



Supports, Community Capacity and Inclusion

Aging in Place – As seniors stay home longer, home care services of all types (meals, friendly visits, home upkeep, repairs, health care, etc.) are in high demand. Participants mentioned the role home care professionals can play in identifying socially isolated seniors by recognizing signs of depression, mental health issues and cognitive decline.

HouseCalls, a unique not-for-profit primary health care program, led collaboratively by Dr. Mark Nowaczynski, Clinical Director, and Sprint Senior Care, Lead Administrative Agency, provides frail and homebound seniors with physician-led, interdisciplinary care at home by a highly integrated interprofessional team. HouseCalls provides ongoing comprehensive home-based primary medical care, as well as occupational therapy, physiotherapy, social work and connections to community support services for seniors living at home with physical, cognitive and social frailties – caring for those whose needs cannot be met through traditional office-based primary care delivery. HouseCalls and its partners also work closely with hospitals and other health care providers to foster client-centred continuity of care, especially during transitions between care providers – hence reducing readmissions, hospitalizations, and long-term care admissions while preserving independence at home. (Ontario)

Collaborations and Social Partnerships – Given the complexity and scope of social isolation, participants expressed interest in collaborative approaches that bring together key players, cluster programs and offer a multi-disciplinary approach.

The **Niagara Gatekeepers** program has two key tools: a referral phone line and public education. Gatekeepers are members of the community including neighbors, friends, family and front line service workers (such as bank tellers, grocery store clerks, pharmacists, postal workers, newspaper delivery services, etc.) who can identify signs of potential isolation or danger. Anyone in the community can call to help connect “at risk” seniors with programs and services. Referrals to the Niagara Gatekeeper phone line are forwarded to one of the partner agencies who in turn contact the senior and help get services in place to help seniors remain safe and independent at home for as long as possible. The program promotes awareness and referrals through public information sessions and by partnering with front line service businesses and organizations. (Ontario)

Community Programming and Funding – Funding programs were lauded as valuable sources of start-up/seed funding for programs aimed at preventing and alleviating social isolation. Participants also recognized the importance of developing and sustaining innovative services and programs as well as sharing information about successful models to inspire other organizations. There was also broad interest in involving seniors in the development of its policies relating to funding programs and community programming.

The **Camp Sunshine Program**, by Sunshine Centres for Seniors, provides social, recreational and health promotion activities for both frail and active seniors, as well as people with disabilities on Ward’s Island. In the community, there are almost no affordable opportunities for seniors to partake in an outdoor program in a natural environment. Many seniors cannot afford a holiday at a cottage or do not have the transportation available for such a holiday. Seniors in long-term care facilities also do not have access to outdoor recreational options in the summer. For many seniors, Camp Sunshine is the only summer holiday they have. (Ontario)



Labour Force Participation of Older Workers – Seniors themselves and society in general, benefit from active aging, which for many includes continued engagement in the labour force. Many still want to work, so it is advantageous to ensure that they are engaged and productive. Unfortunately, barriers do exist that can prevent older workers from participating in the labour force²⁷. Participants confirmed the need to address these barriers, as outlined in the Council’s previous reports.

Intrinsic and Extrinsic Barriers to Participation

Age-Friendly Environments – Participants lauded the value of the age-friendly communities’ initiative currently in place in Canada and across the world. This model, developed by the World Health Organization in collaboration with the Government of Canada, addresses eight key domains of community living that enable seniors with varying needs and capacities to live in security, good health and to participate fully in society. These include: transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; community support and health services; and outdoor spaces and buildings. Age-Friendly communities provide opportunities not just for seniors, but for the whole community.

The title of “**Age-Friendly City**” (AFC) is given to a city that ensures the well-being of seniors in collaboration with other resources in the community. In 2008, the city of Sherbrooke established an AFC committee to explore new ways of improving the quality of services and promoting a healthy and active lifestyle. In 2009, the city of Sherbrooke and six other municipalities were the very first to be recognized as Age-Friendly Cities in Quebec. To develop a culture of civic-mindedness and caring toward seniors, Sherbrooke’s AFC committee has developed a training kit for the staff of businesses in the city to help them adopt a respectful and caring attitude toward seniors. The values stressed are respect, hospitality, listening and thoughtfulness. (Quebec)

Built Environment – The built environment can itself be a barrier to social participation. Participants noted the reticence of many seniors to go for walks, partake in community activities or even complete routine tasks outside the home because of their physical environment. Even limited access to public washroom facilities²⁸ can restrict or inhibit some individuals, especially those who suffer from forms of incontinence. Accessible public washrooms could then be a means to enhance social integration and engagement for seniors.

The Great British Public Toilet Map helps people find their nearest public toilet. Introduced by the British Design Research Associate Gail Ramster and Senior Research Fellow Jo-Anne Bichard from the Helen Hamlyn Centre for Design at the Royal College of Art in London, the website was developed as part of the Tackling Ageing Continence through Theory Tools and Technology project. (United Kingdom)

27 National Seniors Council. 2011. Report on the Labour Force Participation of Seniors and Near Seniors, and Intergenerational Relations. And, National Seniors Council. (2011). Report on Older Workers at Risk of Withdrawing from the Labour Force or Becoming Unemployed: Employers’ views on how to retain and attract older workers. (2013) Retrieved from: http://www.seniorscouncil.gc.ca/eng/research_publications/index.shtml (September 2014).

28 In 2008-2009, an estimated 512,000 seniors reported that they experienced urinary incontinence. Women were more likely than men to have this complaint (14% versus 9%), as were older seniors. Those with urinary incontinence were significantly more likely to be lonely than were those without the condition. Source: Ramage-Morin, P.L. & Gilmour, H. (2013). Urinary incontinence and loneliness in Canadian seniors. Component of Statistics Canada Catalogue no. 82-003-X Health Reports.



Caregiving – Being a family/friend caregiver residing in the same household as the care recipient was noted as a major factor of social isolation. Seniors providing caregiving services to other seniors or family members can feel isolated. Even if support groups are available to caregivers, the issue is often “who will take care of the person while I attend the support group?” Participants noted the strain caregiving can have on the health of the senior caregiver, on their work lives, and the risks involved if the caregiver becomes ill.

Cultural Barriers – Cultural barriers can also increase the risk of social isolation among older immigrants to Canada, as can the family responsibilities of some immigrant seniors. For example, older immigrants caring for grandchildren can become too busy to integrate culturally, learn a language and/or participate in community life.

The **Regina Open Door Society (RODS)** offers the Welcoming Community for Newcomers Program which assists newcomers to become familiar with their community, establish supportive social networks and enhance their objectives. The program matches newcomers with community volunteers who are established residents in the community and are familiar with local social, educational, employment and recreational systems. RODS, in partnership with the Regina Public School Board, the Regina Catholic School Board and the Conseil des écoles fransaskoises also hosts the Newcomer Welcome Centre, which is a first-stop/one-stop shop for newcomers in need of settlement-related information, referrals, and assessments. (Saskatchewan)

Language – Language barriers have been identified as inhibiting social inclusion and participation of seniors. Participants identified challenges in finding care facilities and social programming in the individual’s language of choice. It was noted that people who were happy to move in their youth for work or education into official language minority communities may, in their later years, prefer regions where they can receive services in a language of their choice. However, leaving an established network and community can create isolation.

Teslin, a rural community in Yukon, is going to have its own Elders’ complex with smaller apartments and a big common room to encourage socialisation. The **Teslin Tlingit Council** is involved in all aspects of the development of the Elders’ complex from the development to final approval of the design. (Yukon)

Housing and Homes – Some 85% of Canadians over 55 years old want to remain in their present home for as long as possible²⁹. Others, however, choose or find themselves in housing options that offer some support services. Participants mentioned the impact of housing types on social isolation: people can be isolated or feel lonely even in large apartment complexes, particularly in buildings lacking centralised social hubs.

The shortage of publically funded long-term care beds, the cost of living in private facilities, and the discrepancies in regulations from one jurisdiction to another were some of the other housing concerns raised by participants. Because of shortages or having few affordable options, some seniors may have to accept beds in facilities outside their home community, that don’t accept pets, that may not offer services in the language of their choice or be sensitive to their cultural needs.

29 Canada Mortgage and Housing Corporation. (2008). Impacts of the Aging of the Canadian Population on Housing and Communities: Research Highlight. *Socio-Economic Series*. Retrieved from: <http://www.cmhc-schl.gc.ca/odpub/pdf/65913.pdf?fr=1404592269537> (September 2014).



Mismatch of needs in care facility options can increase the risk of social isolation and, of particular note, culturally appropriate facilities for First Nations and Métis people are few and far between.

Lesbian, Gay, Bisexual or Transgendered (LGBT) Seniors – Participants in many of the roundtables raised the specific vulnerabilities and needs of older individuals who are lesbian, gay, bisexual or transgendered/transsexual (LGBT). Many of today’s LGBT seniors have not publically disclosed their sexual orientation, but the first “out” generation is nearing retirement. Participants indicated that older homosexuals are faced with a double discrimination—those of age and sexual orientation—in many spheres: health care, home care, legal and recreation.

In partnership with Gai Écoute, **Fondation Émergence** offers an information and awareness program focusing on the realities faced by lesbian, gay, bisexual and trans-identity (LGBT) seniors. *Pour que vieillir soit gai* seeks to empower those who work or deal with seniors to ensure homophobia-free and transphobia-free environments. (Quebec)

Mental Health – One participant summed up the relationship between social isolation and mental health issues as a “vicious cycle”. Isolated seniors can become depressed or develop other mental or physical health problems. In turn, seniors who have mental illnesses or other mental health issues often do not or are unable to seek the help they need, becoming further isolated. The overlapping stigma of mental illness and ageism were raised as magnifying the risk of vulnerability.

The **Canadian Mental Health Association** leads the Volunteers in Partnership Program, a one-on-one program matching volunteers with adults with mental illness, helps them pursue social and leisure goals. This model could be applied and adapted to seniors. (National)

Mobility – Mobility encompasses not only participation in society (e.g. being able to drive or having accessible public transportation) and physical activity of older adults, but also the performance of specific maneuvers such as walking or climbing stairs and carrying out instrumental activities of daily living. An important aspect of mobility within the community can be simply “getting seniors there” through accessible and affordable transportation. This was named as one of the key factors affecting the ability of seniors to participate in community programs. In addition to extrinsic barriers of mobility, aids and physical environments, older adults also cope with intrinsic barriers, such as fear of falling and mobility impairments.

L.I.N.K.S. (Live Independently and Keep Social) is a volunteer group that supports older isolated adults and helps them stay involved in their community. Volunteers are matched with seniors and help them with recreation and social activities, registration and transportation options until they gain confidence to participate independently. Referrals come from individuals, family, friends and the medical community, creating a community safety net for isolated seniors or for those at risk of social isolation. (British Columbia)



Urban vs Rural or Remote Living – Although risk factors for rural and urban older adults are different, participants identified both groups as being at risk for social isolation. For example, Aboriginal seniors who reside in remote areas with specific health issues are at a high risk of social isolation when they have to relocate to receive health treatments. On the other hand, social isolation for urban seniors may be related to housing issues or community environments.

Technology – Technology, while a great tool to help individuals stay connected, is neither accessible to nor adopted by all. Some participants mentioned that the costs associated with a computer, Internet access and even telephone service are not affordable for some seniors. Yet others are not comfortable with communications technologies.

The **Technologies for Aging Gracefully Lab** (TAGlab) of the University of Toronto, founded in 2008, designs aides, software, systems, and experiences that support aging through the life course with the goal of fostering a sense of community, identity and autonomy for users. The TAGteam believes that carefully designed technology can help improve the quality of life of seniors while, at the same time, addressing common social and psychological issues faced by older adults. (Ontario)



Suggested Measures

Based on the themes that emerged throughout the consultation, and following more in-depth discussions with national-level experts and stakeholders, the Council is proposing suggestions for federal action under four broad directions:

1. Raise Public Awareness of the Social Isolation of Seniors.
2. Promote Improved Access to Information, Services and Programs for Seniors.
3. Build the Collective Capacity of Organizations and to Address the Social Isolation of Seniors through Social Innovation.
4. Support Research to Better Understand the Issue of Social Isolation.

1. Raise Public Awareness of the Social Isolation of Seniors

Negative stereotypes about aging in society at large can go unrecognized and unaddressed but can affect how seniors participate in the community. Due to stigma or feelings of embarrassment, seniors may underuse their social support network or may deny requiring assistance.

The need to dispel myths associated with aging was discussed at each roundtable. Participants spoke anecdotally of seniors who, through fear of stigma or ageist attitudes, were isolating themselves and therefore not leading active and engaged lives. Stereotypes that portray seniors as either weak and frail or overly (unrealistically) vibrant and engaged were cited as inhibitors. Participants would like to see more realistic and diverse images of aging (e.g. across age groups, gender, socio-economics, culture, health status, education, etc.) used to portray seniors in the media, advertisements and publications.

To address the issue of social isolation of seniors, participants recommended that the federal government explore options for an awareness campaign to encourage older Canadians to stay engaged in the community. It was suggested that the media could help motivate seniors to stay engaged in the community by portraying them using realistic images, and by celebrating diversity in the aging population and experience. The importance of addressing social isolation from a life course perspective was also raised, given the value of social connections, networks and involvement throughout the aging process, and how investments into social connections earlier in life can be realized in older ages. Furthermore, participants suggested that consideration be given to aligning efforts of the awareness campaign with the National Seniors Day.

Awareness efforts could also bring positive attention to examples of seniors who were socially isolated but subsequently found community engagement. As raised by participants during the consultation process, including evidence-based key messages, showcasing diversity (i.e. content is culturally sensitive and cognizant of gender, aboriginal and immigrants' cultural or traditional values, beliefs and practices) and focusing on intergenerational relations to foster collaborations among generations could be important components of the awareness campaign. Stakeholders noted that the media plays a key role in influencing the public's perception of different generations and can be used to communicate positive messages about the valuable contributions made by older Canadians.



This advice is consistent with the recommendations of the Senate Report (2013): *In From the Margins, Part II: Reducing Barriers to Social Inclusion and Social Cohesion*³⁰, which proposed employing campaigns to explain the importance of community engagement as well as to raise public awareness about elder abuse, particularly for seniors who are living independently or in isolation.

An awareness campaign could be modeled on the successful Government of Canada Federal Elder Abuse Initiative³¹, the work led by the Positive Images of Aging working group³² of the Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors or the anti-ageism campaign led by the *Association québécoise de gérontologie*³³.

30 The full report is available online. Retrieved from:

<http://www.parl.gc.ca/Content/SEN/Committee/411/soci/rep/rep26jun13-e.pdf> (September 2014)

31 Announced in Budget 2008, the Federal Elder Abuse Initiative (FEAI) was a three-year initiative, providing a focused and coordinated federal approach to combat elder abuse for all segments of the Canadian population. The cornerstone of the FEAI was a national elder abuse awareness campaign entitled “It’s Time to Face the Reality”, which used television, print and the Internet as communication vehicles.

32 The Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors undertook, in 2008, an environmental scan of domestic and international promising practices and identified initiatives and activities that acknowledge the value and worth of people as they age, promote positive attitudes, and challenge stereotypes and myths about aging. In 2010, the Forum organized the “Spotlight on Images of Aging” Symposium, to explore the challenges and opportunities associated with images of aging in the society and to exchange views and suggest solutions for overcoming ageist beliefs and attitudes.

33 Association québécoise de gérontologie. (2011). L’âgisme, parlons-en!. Retrieved from: http://www.aqq-quebec.org/120/l'agisme,_parlons-en!.gerontologie (July 2014).



Raise Public Awareness of the Social Isolation of Seniors

Suggestion for Action

The National Seniors Council suggests that the federal government work in collaboration with provincial/territorial/regional governments and community partners to promote social inclusion, address ageism and encourage engagement of seniors by raising awareness of the benefits of social participation of seniors, celebrating diversity in the aging Canadian population, and showcasing realistic images of the aging process using a life course approach.

Suggested Approaches

- Lead an awareness campaign to dispel myths associated with aging and social isolation.
- Lead smaller targeted awareness raising initiatives through the use of social media and/or by leveraging external organizations' activities to disseminate key messages addressing the social isolation of seniors.
- These efforts could:
 - focus key messages to help raise awareness of the effects of aging including the influence of aging on mental health; to address the stigma associated with reaching out for help in the face of loneliness or social isolation; and/or to encourage seniors to remain engaged and connected to their communities;
 - be supported by information resources: messaging could refer audiences to seniors.gc.ca and/or to a telephone service line that would inform older adults of services in their area, such as 1 800 O-Canada or other community information and referral networks (such as 211 Canada); and print-based information could be disseminated through various front-line networks and points-of-service, such as family physicians, emergency rooms, pharmacies or community-based businesses (e.g. hairdressers, coffee shops and grocery stores) and public facilities (e.g. libraries); and,
 - include an evaluation component to measure reach, effectiveness and impact of messaging.



2. Promote Improved Access to Information, Services and Programs for Seniors

For many seniors, access to information, services and programs was identified as a barrier to inclusion or fulfilling basic social needs since some find “navigating the system” challenging. Positive factors that contribute to the social integration of seniors include access to resources, finding and obtaining needed services, adequate income and housing and having access to transportation³⁴.

Socially isolated seniors are vulnerable, often needing assistance but unable or unwilling to seek or receive it. They are less likely to know of or use services provided for them by government, non-government organizations, the private sector or their community. Seniors, their families and caregivers need to have access to appropriate information in order to remain active participants in their community. As noted during the consultation, front-line service providers are becoming “system/service navigators³⁵” and helping seniors to access the information they need.

Stakeholders and Council members suggested looking at ways of expanding existing telephone help lines and websites to better support seniors, their families and caregivers, including those who are socially isolated or at risk of becoming socially isolated. The importance of supporting telephone help line information specialists is needed to assess if the needs of older callers whether of resources, information or services due to social isolation is key to ensuring the dissemination of accurate and client-centred information.

In recent years, the Government of Canada has developed a number of initiatives that successfully increased access to services, by seniors facing barriers (i.e. isolation, language and low literacy). Service Canada’s Mobile Outreach Service³⁶ is one such initiative delivered in each province and territory. The seniors.gc.ca website is also a federal initiative that is a central resource for seniors, their families, caregivers and supporting service organizations, providing information on federal, provincial, territorial and some municipal government benefits and services. For immigrant seniors, Citizenship and Immigration Canada’s Settlement Program continues to provide a broad range of services that help older newcomers identify and address their settlement needs in Canada. These services include information and orientation, referrals to community-based supports, as well as opportunities to establish social and professional networks in their communities.

34 Raymond, E., Gagné D., Sévigny, A. & Tourigny, A. (2008). La participation sociale des aînés dans une perspective de vieillissement en santé : réflexion critique appuyée sur une analyse documentaire. Gouvernement du Québec. Retrieved from: http://www.inspq.qc.ca/pdf/publications/859_rapportparticipationsociale.pdf. (September 2014).

35 A system or service navigator possesses knowledge of the available resources and services related to seniors both at the local, provincial, territorial and national level who can help seniors, their families and caregivers “navigate” through key life transitions.

36 Mobile Outreach Service is a service delivery approach used to connect communities and increase Canadians’ access to, and awareness of, Service Canada programs and service offerings.



Likewise, the new Treasury Board of Canada Secretariat Policy on Service, which became effective on October 1, 2014, aims to “establish a strategic and coherent approach to the design and delivery of Government of Canada external and internal enterprise services that is client-centric, realizes operational efficiencies and promotes a culture of service management excellence”³⁷. The expected results include more efficient Government of Canada services, better service experience for clients and increased number and uptake of priority e-services.

Consultation participants noted that seniors are increasingly using technology (i.e. the Internet, automated phone directories, etc.) to access information. However, affordability, limited access to high-speed broadband networks in rural communities and the lack of comfort with technology mean that not all seniors embrace these options.

It was suggested that the federal government continue to extend and enhance the high-speed broadband networks for Canadians living in rural or remote locations through the Connecting Canadians³⁸ program as well as help support the technological literacy of older Canadians.

When their levels of literacy and digital technology proficiency enable seniors to seek, understand and apply information, they are better able to make informed decisions regarding their health care, housing and financial affairs.

International surveys of adult skills (IALS 2003³⁹, PIAAC 2012⁴⁰) demonstrate that proficiency in essential skills declines with age, and is lowest among those over the age of 65, followed by those aged 55-65. This includes traditional literacy and numeracy skills, as well as digital technology skills, measured in PIAAC as “problem-solving in technology rich environments”. Thus, when developing programs and services targeted towards older adults and seniors, it is important to consider alternative means of connecting with them (i.e. print-based communications, traditional media, telephone lines, etc.), while also providing opportunities to learn about and use digital technology.

Many seniors will require assistance in improving their literacy skills before they can begin to learn digital technology skills. They also need improved literacy skills to be able to access traditional forms of written information and communication, which will increase their levels of participation in society, and thus reduce their levels of social isolation.

37 Treasury Board of Canada Secretariat Policy on Service. Effective October 2014. Retrieved from: <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=27916§ion=text> (September 2014).

38 Connecting Canadians, a key pillar of Digital Canada 150, is the federal government’s plan to provide access to high-speed internet to Canadians across the country including households in rural and remote regions.

39 Statistics Canada and Human Resources and Skills Development Canada. (2003). Building on our Competencies: Canadian Results of the International Adult Literacy and Skills Survey.

40 Statistics Canada, Employment and Social Development Canada, and the Council of Ministers of Education – Canada. (2012). Skills in Canada: First Results from the Programme for the International Assessment of Adult Competencies.



Promote Improved Access to Information, Services and Programs for Seniors

Suggestion for Action

The National Seniors Council suggests that the federal government consider building on the successes of existing initiatives and mechanisms to support and facilitate increased access to information, services and programs for seniors, their caregivers, and system/service navigators.

Suggested Approaches

- Recognizing that a website renewal exercise is underway that will lead to a centralized Canada.ca site, the Government of Canada should explore options to maintain or increase the visibility of information available to seniors and their caregivers (including the information currently available on seniors.gc.ca).
 - In order to confirm the web content meets the needs of seniors and their caregivers, user testing/usability studies with older Canadians are recommended.
- Capitalize on the success of the 211 telephone help line and website which provide a gateway to community, social, non-clinical health and related government services by supporting the program's expansion to provide national and cross-jurisdictional service coverage.
 - To help address the social isolation of seniors, support could also be given to develop information specialists trained to assess if older callers are in need of resources, information or services.
- Continue to develop the infrastructure to provide high-speed broadband networks for rural Canadians through the Connecting Canadians initiative.
 - Support efforts to foster the technological literacy of older Canadians such as by promoting and sharing existing information and tools developed through federally funded projects (e.g. NHSP projects, products of the former Community Access Program, etc.).



3. Build the Collective Capacity of Organizations to Address Isolation of Seniors through Social Innovation

Governments and community organizations have developed numerous tools and resources relating to social isolation and promoting social integration in communities. For example, the New Horizons for Seniors Program (NHSP)⁴¹ was lauded as a valuable federal program providing support to projects involving seniors focusing on social participation and volunteering.

Given the complexity and scope of social isolation, participants acknowledged the need for innovative collaborative approaches that leverage the efforts of key players and offer a multi-disciplinary approach. Participants indicated a desire for more conversations involving all levels of government and representatives from the not-for-profit and private sectors to design socially innovative⁴² projects addressing the isolation of seniors. Collaborations and sustainable actions were noted as crucial to achieving this goal.

The consultations also revealed that although both rural and urban seniors were identified as being at risk of social isolation, the risk factors may differ between them. For example, rural or remote communities often do not have a full range of available resources or the infrastructure to enable seniors to remain connected within their communities (lack of transportation options, fewer community supports, limited or no connectivity to the internet). For older urban citizens, social isolation may be more a result of living in an unsafe neighbourhood, a higher cost of living or being less connected and anonymous to their neighbors.

Roundtable participants and Council members highlighted the importance of supporting organizations to share information, resources and tools that promote social inclusion as well as promising practices that engage seniors in the community. Providing opportunities for dialogue and partnerships to discuss common practices and approaches were proposed as ways to leverage skills and resources in different communities to address the social isolation of seniors.

Capitalizing on existing tools and initiatives was also noted by stakeholders as a key component to address the needs of socially isolated seniors or those at risk of becoming socially isolated. For example, the *Age-Friendly Communities in Canada: Community Implementation Guide and Toolbox*⁴³ was noted as an important resource. Participants at the national roundtable stated that sharing examples of Age-Friendly Community projects that are addressing social isolation could help to inspire communities to promote social integration of seniors.

41 The New Horizons for Seniors Program (NHSP) is a federal government program that provides funding (\$45M annually) to for-profit and not-for-profit organizations to support projects involving seniors. More specifically, through NHSP funded projects that support the program's objectives of promoting social participation, mentoring and volunteering, communities are able to support seniors' involvement in their communities, therefore mitigating the risk of social isolation. Currently, 24 pilot projects are being funded under NHSP to specifically address social isolation.

42 Social innovation involves encouraging citizens, not-for-profit organizations, private sector companies and governments to work together to develop innovative solutions to complex challenges. Social innovation is supported through leveraging of funds, encouraging horizontal multi-level sustainable solutions, focussing on results and concrete outcomes, and sharing the risk and benefits.

43 The *Age-Friendly Communities in Canada: Community Implementation Guide and Toolbox* was developed by the Nova Scotia Centre on Aging, Mount Saint Vincent University and the Public Health Agency of Canada (PHAC). It is one of the resources developed by PHAC to help communities to start up, implement and evaluate age-friendly initiatives.



Additionally, the former Federal/Provincial/Territorial (F/P/T) working group on social isolation, through research and consultations, developed the *Working Together for Seniors* toolkit to assist organizations and governments to screen existing and planned programs and practices for their impact on social isolation⁴⁴.

Build the Capacity of Organizations to Address Isolation of Seniors through Social Innovation

Suggestion for Action

The National Seniors Council suggests that the federal government foster a culture that breeds social innovation and builds on trusting relationships among governments, businesses, not-for-profit organizations, community organizations, professional networks and seniors to work on activities that would leverage the collective skills and resources in communities to address the social isolation of seniors.

Suggested Approaches

- Develop and disseminate a “guiding principles” document to encourage organizations and front-line workers to think about how they can address the social isolation of seniors. The document could:
 - be developed in consultation with seniors as well as key players from the not-for-profit, public and private sectors; and,
 - support organizations by providing them with a framework for discussion and decision-making within their organizations as they work to meet the needs of seniors in their community.
- Provide opportunities for dialogue and encourage community partners to collaborate on expanding or adapting successful/promising community initiatives that address the social isolation of seniors.
- The New Horizons for Seniors Program could continue to fund small community projects that encourage the participation of seniors and prevent them from being isolated. The program could also be a funding partner in larger projects for initiatives that address social isolation of seniors, in particular, fostering organizational networks to build capacity.
- Capitalize on existing initiatives and resources and support the sharing of information, promising practices and tools designed to address the needs of socially isolated seniors or those at risk of becoming socially isolated.
 - Consider updating and disseminating tools such as the *Working Together for Seniors: A Toolkit to Promote the Social Integration of Seniors in Community Services, Programs and Policies* developed by the FPT Forum on Seniors.
 - Explore opportunities to highlight Age-Friendly Communities (AFC) projects that are addressing social isolation and promote the awareness of age friendly tools that facilitate effective implementation and evaluation of the AFC initiatives.
- Support innovative social partnerships that bring businesses and community organizations together to create sustainable options to address social isolation of seniors.

⁴⁴ Federal, Provincial, Territorial Ministers Responsible for Seniors. (November 2007). *Working Together for Seniors: A Toolkit to Promote Seniors’ Social Integration in Community Services, Programs and Policies*.



4. Support Research to Better Understand the Issue of Social Isolation

The impact of social isolation has been identified as a significant issue for seniors in past National Seniors Council reports on volunteerism, elder abuse, and positive and active ageing. As previously noted research on the issue in Canada and abroad is limited although promising practices are emerging. There is therefore a need to further examine the issue through research and knowledge development.

Stakeholders identified the need to undertake further research to validate the impact, quality and value of innovative and promising practice as well as increase the knowledge base with respect to social isolation and the health of seniors.

This suggestion is consistent with one of the recommendations of the Senate Report (2013)⁴⁵ to “initiate research that will lead to the development of a set of indicators to measure levels of social inclusion and social cohesion in Canada”. The same report suggests that these indicators should be used by the Government of Canada to establish goals for social inclusion and social cohesion in the design and evaluation of policies, programs and activities. The measures could also be incorporated into national health and social surveys.

Furthermore, *The Rising Tide: The Impact of Dementia on Canadian Society*⁴⁶ report recommends increasing the investment in dementia research through leveraging Canada’s dementia expertise, international partnerships, prevention research and continuing research to improve the quality of life for a person with dementia. As previously mentioned, participants noted the need for more research on the impact of dementia on the aging population. They also stated that community-based research should be prioritized to evaluate the effectiveness of current and new programs addressing issues of social isolation and dementia.

The Government of Canada has also, through the Canadian Institutes of Health Research (CIHR) supported projects such as “Making meaningful connections: A pilot study of a telenurse outreach intervention for socially isolated older adults in British Columbia”⁴⁷, “Connectivity of older adults in rural communities”⁴⁸, and large initiatives such as those related to a variety of eHealth technologies, to improve the social inclusion of seniors and their quality of life.

45 The full report is available online. Retrieved from:
<http://www.parl.gc.ca/Content/SEN/Committee/411/soci/rep/rep26jun13-e.pdf> (July 2014).

46 Alzheimer Society. (2010). *The Rising Tide: The Impact of Dementia on Canadian Society*. Retrieved from:
<http://www.alzheimer.ca/en/Get-involved/Raise-your-voice/Rising-Tide/Rising-tide-summary> (August 2014).

47 Cloutier-Fisher, D.S. & Kobayashi, K.M. (2006). *Making meaningful connections; A pilot study of a telenurse outreach intervention for socially isolated older adults in British Columbia*. Canadian Institutes for Health Research funded project.

48 Keating, N. (2011). *Connectivity of older adults in rural communities*. Information on this Canadian Institutes for Health Research funded project is available online. Retrieved from:
<http://www.rapp.ualberta.ca/Research/RuralConnectivities.aspx> (August 2014).



Support Research to Better Understand the Issue of Social Isolation

Suggestion for Action

The National Seniors Council suggests that the federal government continue to support research to better understand the issue of social isolation and links between social isolation and other seniors' related issues.

Suggested Approaches

- Undertake further research to validate the impact, quality and value of innovative and promising practices (e.g. multi-agency, multi-disciplinary approaches).
 - Consider doing so through analysis of data from the General Social Survey (GSS 27 – Social Identity) to be released in January 2015.
 - Consider evaluating international promising or best practices and their impact/related outcomes (e.g. UK's Campaign to End Loneliness, UK's Dementia Friends Initiative, etc.).
 - Increase the knowledge base on social isolation, impacts of demographic change, and the health of seniors through continued engagement in international collaborations to align research efforts. For example, collaborative initiatives such as the Joint Programming Initiative "More Years, Better Lives" led by the European Commission.
- Provide readily accessible information on the economic and health impacts of social isolation.
 - Consider integrating measures into existing national health and social surveys that could validate the impact, quality and value of innovative practices addressing the social isolation of seniors.



Conclusion

Social isolation is a prevalent phenomenon that has a substantial impact on many aspects of the lives of seniors. As Canada's population experiences a profound demographic transition via the aging of the baby boom cohort⁴⁹ coupled with rising life expectancies, the importance of this issue will likely increase in coming years. Proportionately more older Canadians may be at risk of social isolation due to increased chance of living alone, having compromised health status, changing family structures, death of family members or friends, and retirement.

In recognition of the value of seniors' engagement in communities and Canadian society, the Government of Canada directed the National Seniors Council to examine the social isolation of seniors and explore ways to prevent or reduce it.

At the outset, Council members recognized the complexity of the task at hand. Social isolation is difficult to define due to its multifaceted nature and its overlap with other social concepts, loneliness in particular.

Nonetheless, through consultations with key players from the not-for-profit, public and private sectors, and seniors, as well as through a review of the literature, Council members have identified risk and protective factors that could be addressed to prevent or reduce the social isolation of seniors and enhance social engagement. While there is a wide range of initiatives helping to address the issue, there remain many gaps and areas for improvement. Local communities and government already play a fundamental role in this area and provide the building blocks for further initiatives.

The Council believes this report provides the Government of Canada with practical ideas for consideration and possible action. A summary list of the suggested measures appears in Annex F.

Finally, following its consultations, the Council believes more understanding is needed of:

- links between the mental health and loneliness/social isolation of seniors;
- cultural challenges that inhibit the social engagement of seniors (e.g. for immigrant seniors, Aboriginal seniors, and seniors living in official language minority communities); and,
- challenges faced by senior caregivers.

⁴⁹ The baby boom cohort is generally referred to as individuals who were born between 1946 and 1964. This is the largest age cohort in Canadian history; in 2013 they represented approximately 8.4 million individuals, or nearly a quarter (24%) of all Canadians.



Annex A – Mandate of the National Seniors Council

The National Seniors Council shall advise the Government of Canada, through the Minister of Employment and Social Development and the Minister of Health, on matters related to the well-being and quality of life of seniors, including the opportunities and challenges arising from a rapidly growing and increasingly diverse aging population. The Minister of State (Seniors) is responsible for day-to-day operations of the Council.

As directed by the Ministers, the Council shall:

- advise on current and emerging issues and opportunities related to the quality of life and well-being of seniors, both now and in the future;
- as needed, undertake activities such as commissioning research, convening expert panels and roundtables, and holding consultative meetings;
- deliver well-balanced advice, taking into account the views of experts, seniors, organizations and groups that provide seniors' programs and services, provincial/territorial advisory bodies on seniors, and other relevant stakeholders and interested parties; and,
- ensure a comprehensive and collaborative approach in its examination of the policies, programs and services that have an impact on the lives of seniors by consulting with other federal departments, other levels of government and advisory bodies involved in senior-related efforts.

Since its inception in 2007, the Council has published five reports which contain advice to the Government on:

- Elder abuse (2007)
- Low income among seniors (2009)
- Volunteering among seniors and Positive and active aging (2010)
- The Labour force participation of seniors and near seniors, and Intergenerational relations (2011)
- Employers' views on recruiting and retaining older workers at risk of withdrawing from the labour force or becoming unemployed (2013)

Information about the Council is available online at www.seniorscouncil.gc.ca.

A list of Council members is attached as Annex B.



Annex B – Members of the National Seniors Council



Dr. Andrew Wister, Chair – Dr. Wister is currently Professor of the Department of Gerontology at Simon Fraser University (SFU), where he spearheaded the development of the Masters in Gerontology and PhD in Gerontology programs. He has also been active in the Canadian Association on Gerontology.

Dr. Wister led the SFU arm of a \$2.5 million five-year grant funded by the Canadian Institutes of Health Research (CIHR) to develop and test innovative interventions integrating cardiovascular prevention, self-care and clinical care best practices targeting baby boomers. He is also one of the team leaders of the Canadian Longitudinal Study on Aging.

Dr. Wister's extensive research covers several overlapping themes. He has written over 65 highly cited peer-reviewed articles, 12 books and monographs, and numerous chapters, reports and other publications on: baby boomer health dynamics; environmental adaptation among older adults; patterns of family and social support; aging, health promotion and population health; statistical methods; and life-course trends and transitions. His most recent book is *Aging as a Social Process: Canadian Perspectives*, 6th Edition (with B. McPherson) published by Oxford University Press.



Dr. Marie Beaulieu – Marie Beaulieu, PhD (Applied Humanities), M.Sc. and B.Sc. (Criminology), is a full professor at Université de Sherbrooke's school of social work and a researcher with the Research Centre on Aging of the CSSS-IUGS. Since November 2010, she has been the Research Chair on the Mistreatment of Older Adults, funded by the Secrétariat aux aînés of the Government of Quebec. In 2013, she received the Queen's Diamond Jubilee Medal in recognition of her ongoing commitment to the cause of seniors in Canada.

A social gerontologist, her work for the past 25 years has focused on combating elder abuse, security issues among seniors, ethics and aging, and end-of-life intervention. She has edited or co-edited 2 books and written some 40 book chapters, more than 70 scientific articles, some 60 research reports and more than 25 knowledge transfer articles. Marie Beaulieu is the North American representative for the International Network for Prevention of Elder Abuse (INPEA) and a member of the board of directors of the Canadian Network for Prevention of Elder Abuse (CNPEA). She is involved at the bachelor's and master's levels in social work and the doctoral level in gerontology at Université de Sherbrooke and also provides training to practicing professionals and various audiences in Quebec, Canada and internationally.



Leonie Napa Duffy – Mrs. Leonie Napa Duffy has been very active in Coral Harbour, Nunavut, working as a teaching assistant, a teacher and a nurse's aide. She is also a long-time hotel owner and manager, as well as a church pastor. Mrs. Duffy has been elected to office on numerous occasions, and is currently serving as a member of the Keewatin Business Development Centre. She holds many awards, including Fellow of the Arctic Institute of North America (1999), a Governor General Commemorative Medal (1992), and an award from the Hamlet Council of Coral Harbour (1995).



Sherry Gionet – Ms. Gionet graduated from the Saint John School of Nursing in 1984 and completed the Certification in Gerontology with the Canadian Nurses Association (CNA) in 2002. Ms. Gionet currently works as the Charge Nurse in the Geriatric Assessment and Evaluation and Management Unit of the Horizon Health Network at St. Joseph's Hospital in Saint John and as a casual nursing supervisor at a local nursing home. She participates in multiple committees at St. Joseph's Hospital, Saint John Regional Hospital, Horizon Health Network and Dalhousie University. She is also a former partner of the Senior Day Program for Dementia clients.

Ms. Gionet is very involved in the community, serving as a member of the Saint John Alzheimer Society Advisory Board; an advocate for Senior Injury Prevention; and is a committee member for both the Alzheimer Café and the Senior Safety Fair. She is also a mentor to Registered Nurses studying for Gerontology and students of all health disciplines and has participated in exam writing for the CNA Gerontological exam. She is a Master Facilitator for Canadian Falls Prevention Curriculum and has been involved in various research projects which have been presented at international conferences.



Dr. C. Shanthi Johnson – Dr. Johnson is a professor and associate dean (research and graduate studies) at the Faculty of Kinesiology and Health Studies, University of Regina, and a research faculty member with the Saskatchewan Population Health and Evaluation Research Unit.

Prior to her appointment at the University of Regina, she was a Professor at the School of Nutrition and Dietetics, Acadia University, Nova Scotia. She completed her post-doctoral training in aging and health at the Canadian Centre for Activity and Aging, doctoral studies in kinesiology at the University of Western Ontario and her graduate and undergraduate degrees in nutrition in India.

Her research program involves health promotion and falls prevention among older adults with a multidisciplinary perspective.



Hubert McGrath – Mr. McGrath holds a Master's degree in Educational Administration. He worked as a high school administrator for 31 years in Newfoundland and Labrador, and British Columbia.

Mr. McGrath's extensive volunteer experience includes serving as a founding member of a committee focused on the establishment of affordable seniors' housing. He also acted as a trustee and executive member of the Newfoundland Avalon Health Care Institutions Board, and trustee of the Newfoundland Easter Regional Integrated Health Authority. His involvement with these organizations has increased his awareness of the needs of seniors in Newfoundland and Labrador, helping him plan and implement strategies that effectively address those needs.



Lisa M. Smith – Ms. Smith has several years of management and leadership experience in the health and community services sector. She has worked with the Nova Scotia Department of Community Services, both the district and provincial levels of the Department Health, in Primary Health Care and Continuing Care and in November 2007, she joined the Senior Leadership Team at Glen Haven Manor, where she remains as a senior executive.

Ms. Smith is a registered Social Worker, an active Rotarian (Rotary Club of New Glasgow) and an active volunteer with numerous charitable organizations that service a myriad of populations including seniors, children, persons with mental disabilities and individuals in crisis.

Ms. Smith's diverse background allows her to bring a wealth of expertise to the Council on issues important to older Canadians. Ms. Smith appreciates this appointment and looks forward to sharing her experience and helping Canadian seniors have the chance to be heard on the issues that impact their well-being.



Annex C – List of Consulted Stakeholders

Regional Roundtable Participants

TORONTO, Ontario – November 6, 2013

- Edna Beange, Toronto Council on Aging
- Pushpmit Bhatia, Centre for Immigrant and Community Services
- Elizabeth Birchall, Community Outreach Programs in Addictions (COPA)
- Jacquie Buncel, Sunshine Centres For Seniors
- Jane Harrison, Anishnawbe Health Toronto
- Robin Hurst, Saint Elizabeth
- Linda Jackson, Baycrest
- Allie Lehmann, Toronto Public Health
- Devora Schwartz-Waxman, Circle of Care
- Jenny Shickluna, Niagara Gatekeepers
- Tal Spalter, National Initiative for the Care of the Elderly
- Andria Spindel, March of Dimes Canada
- Debra Walko, LOFT Community Services
- Ambrose Yeung, TransCare Community Support Services - Meals on wheels of Toronto

REGINA, Saskatchewan – November 29, 2013

- Shirley Arnold, Regina Senior Citizens Centre
- Joanne Bracken, Alzheimer Society of Saskatchewan
- Tara Burnett, The St. Albert 50+ Club
- Gretta Lynn Eil, Regina Qu'Appelle Health Region
- Dana Folkersen, REACH (Regina Education and Action on Child Hunger)
- Isobel Fowler, Saskatchewan Seniors Association
- Cindy Fuchs, Canadian Red Cross
- Shirley Greff, Regina Open Door Society
- Annette Labelle, La Fédération des aînés fransaskois
- Dorothy Lloyd, Regina Qu'Appelle Health Region, Eagle Moon Health Office
- Georgina Magee, North Central Community Association
- Heather Monaghan, Helping Hands Personal Care Home
- Betty Pickering, Saskatchewan Seniors Mechanism
- Grant Rathwell, Canadian Mental Health Association
- Kari Zinkhan, Regina Public Library - Outreach Services

MONTREAL, Quebec – December 10, 2013

- France Boisclair, Association lavalloise des personnes aidantes
- Michel Boivin, L'appui pour les proches aidants
- David Cassidy, Seniors Action Quebec
- Éleine Clavet, Résidence Berthiaume-du-Tremblay
- Denis Cormier, Fondation Émergence
- Dr. André Davignon, Observatoire vieillissement et société
- Pascual Delgado, Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux (ACCÉSSS)
- Chad Lubelsky, Santropol Roulant
- Rita Quesnel, Tel-Écoute/Tel-Aînés
- Dr. Cara Tannenbaum, Institut universitaire de gériatrie de montréal



MONCTON, New Brunswick – February 4, 2014

- Jean-Luc Bélanger, Association francophone des aînés du Nouveau-Brunswick
- Anne-Marie Gammon, Steelworkers Organisation of Active Retirees (SOAR)
- Emilia Giboi, Multicultural Association of the Greater Moncton Area
- Louise Gilbert, Mayor's Seniors Advisory Committee
- Pat Goobie, Coalition for Seniors and Nursing Home Residents' Rights
- Wanda Hayes, Moncton Canadian Red Cross
- Percy Huntington, New Brunswick Senior Citizens Federation Inc.
- Dr. Janice Keefe, Mount Saint Vincent University, Department of Family Studies and Gerontology
- Janet MacDuff, Moncton Lions Community Centre
- Greg McKim, We Care Health Services LP - Home Health Services
- Jay Poirier, Alternative Residences Alternatives Inc.
- Anthony Ratliffe, Gagetown NB Senior Cohousing
- Nelson Vessey, Canadian Association for the Fifty-Plus (CARP Moncton)

VANCOUVER, British Columbia – March 3, 2014

- Kara-Leigh Bloch, Seniors Services Society
- Heather Campbell, BC Care Providers Association
- Carol Dickson, Volunteer Richmond Information Services
- Eddy Elmer, City of Vancouver's Seniors Advisory Committee
- Alexandra Henriques, Vancouver Cross-Cultural Seniors Network
- Janine Hunka, Family Caregivers' Network Society
- Grace Kwok, Canadian Mental Health Association-Vancouver/Burnaby Branch
- Martha Jane Lewis, BC Centre for Elder Advocacy and Support
- Barb Mikulec, Council of Senior Citizens Organizations of B.C.
- Dr. Beverley Pitman, United Way/Centraide of the Lower Mainland
- Christine Sotteau, Assemblée francophone des retraité(e)s et aîné(e)s de la Colombie-Britannique
- Saleem Spindari, MOSAIC BC
- Christine Stardom, A.S.K. Friendship Society
- Susan Tatoosh, Vancouver Aboriginal Friendship Centre Society
- Elizabeth Zinder de Jesus, Burnaby Neighbourhood House

WHITEHORSE, Yukon – March 5, 2014

- Patricia Brennan, Association franco-yukonnaise
- Dorothy Drummond, Yukon Council On Aging
- Connie Dublenko, Yukon Anti-Poverty Coalition
- Meghan Fraser, Government of Yukon - Community Day Program
- Hailey Hechtman, Second Opinion Society
- NB Spence Hill, Elder Active Recreation Association of Yukon
- Bob Magill, Teslin Tlingit Council
- Gail McKechnie, Line of Life Association of the Yukon
- Krista Mroz, City of Whitehorse, Canada Games Centre
- Lucy McGinty, Council for Yukon First Nations
- Lillian Nakamura Maguire, Yukon Public Legal Education Association
- June Raymond, Golden Age Society
- Lisa Rawlings Bird, Council on disABILITY (Yukon)
- Dalelyne Secord, Teslin Tlingit Council



Individual Meeting Participants

- Pierre (Pete) Belliveau and Louis Caissie, Club de l'âge d'or de St-Philippe
- Ken Brace, The New Brunswick Special Care Home Association
- Ginette Cloutier, Association bénévole PAT/ME
- Jean-Claude Cormier, Go Ahead Seniors
- Sarah Crosske, University of Toronto, Technologies for Aging Gracefully Laboratory
- Robyn Edwards-Bentz, United Way Regina
- Leya Eguchi, Hollyburn Family Services
- Sandra Gebhardt, 411 Seniors Centre Society
- Maria Howard, Alzheimer Society of B.C.
- Jeff Howard, The Salvation Army (Whitehorse)
- Debbie Janzen, Yukon College
- Suzanne Klassen, North Shore Adults at Risk Support Network
- Mahin Khodabandeh, Family Services of the North Shore
- Stacy Landau, Sprint Seniors Care
- Christine Leblanc, Victorian Order of Nurses – Moncton
- Annwen Loverin, Silver Harbour Seniors Centre
- Linda McCaustlin and Johanne Petitpas, New Brunswick Common Front for Social Justice Inc
- John McFadyen, Mobile Crisis Services
- Nuelle Novik, University of Regina, Population Health & Evaluation Research Unit (SPHERU)
- Jane Osborne, BC Association of Community Response Networks
- Ann Soden, Institut national du droit de la politique et du vieillissement, Centre du droit et le vieillissement
- Kerrie Strathy, University of Regina, Lifelong Learning Centre
- Renée Strong, Capilano Community Services Society (Seniors' Hub)

National Roundtable Participants

GATINEAU, Québec – July 16, 2014

- Elizabeth Birchall, Community Outreach Programs in Addictions
- Patricia Clark, Active Living Coalition for Older Adults
- Lori Cooper, Victorian Order of Nurses
- Carole Gagnon, United Way/Centraide Ottawa (representing United Way/Centraide Canada)
- Dr. Norah Keating, Department of Human Ecology, University of Alberta and Centre for Innovative Ageing, Swansea University
- Dr. Lynn McDonald, Institute for Life Course and Aging, University of Toronto and National Initiative for the Care of the Elderly (NICE)
- Vera Pawis-Tabobondung, National Association of Friendship Centres
- Fred Phelps, Canadian Association of Social Workers
- T8aminik (Dominique) Rankin, National Association of Friendship Centres
- Céline Romanin, Fédération des aînés et aînées francophones du Canada
- Caroline Sauriol, Les petits frères
- Bonnie Schroeder, Canadian Coalition for Seniors Mental Health



Online Consultation Participants/Represented Organizations⁵⁰

- 55+ Friendship Club of Meaford and Area
- ACEF Rive-Sud de Québec
- Nathalie Adams, Centre d'assistance et d'accompagnement aux plaintes Gaspésie/Îles-de-la-Madeleine
- Hayat Ahmadzai, The Afghan Association of Ontario
- AIDS Community Care Montreal
- Alberta Council on Aging
- Pete Amyoony, Robson Health Association
- Nathalie Arseneault, Développement des ressources humaines Abitibiwinni - Kitcisakik
- Sherry Baker, BC Association of Community Response Networks
- Solange Baril, Groupe Harmonie
- Deborah Bastien, Golden Age Society
- Sylvain Beaudry, AIDS Community Care Montreal
- Christine Bell
- Brigitte Biron, Club de l'âge d'or St-Boniface
- Lesley Bonisteel, Old Church Theatre
- Snezana Boskovic, Serbians-Citizens of the World
- Solange Boucher, Cercle de fermières de Chandler
- Paddy Bowen, St. Felix Centre
- Patricia Brennan, Association franco-yukonnaise
- Marilyn Brickles, The Royal Canadian Legion Branch 581 – Coe Hill
- Grace Brookes, Manoir Roger Bernard Tenants Association
- Garry Brown, 4Seasons Transportation
- Kimberley Buehler, South East Edmonton Seniors Association
- Naila Butt, Social Services Network
- Calgary Seniors' Resource Society
- Cambridge Bay Elders
- Vickie Cammack
- Canadian Association of Occupational Therapists
- Lois Carkener, Co-op Housing
- Cariboo Friendship Society
- CARP
- Cecile Cassista, Coalition for Seniors and Nursing Home Residents' Rights
- Centre d'action bénévole Beauce-Etchemin
- Centre d'assistance et d'accompagnement aux plaintes Gaspésie/Îles-de-la-Madeleine
- Centre d'écoute « Briser l'isolement chez les aînés »
- Centre de santé communautaire du Grand Sudbury
- Catherine Chaput, Centre des aînés de Villeray Inc.
- Donald Chen, Chinese Cultural Association of Toronto
- Janice Clarke, Senior and Healthy Aging Secretariat
- Club FADOQ
- Derm Coady, National Association of Federal Retirees
- Marg Coll, Ottawa Life Long Learning for Older Adults
- Conseil économique et social d'Ottawa-Carleton
- Marchell Coulombe, Healthy Eating and Physical Activity Coalition of New Brunswick
- Margot Crête, Le Club de l'âge d'or

50 NOTE: While a total of 188 individuals completed the online consultation or submitted written responses using the online questionnaire, the following list contains only the names of individuals and/or organizations who gave their consent to be included in the National Seniors Council's report.



-
- Kim Crockatt, Nunavut Literacy Council
 - Anne Crossman, Age Advantage Association
 - Madelaine Currelly, The Community Training and Development Centre for Innovation and Improvement
 - Stella Davis
 - Pascual Delgado, ACCÉSSS (Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux)
 - Frances Delsol, Commonwealth of Dominica Ontario Association
 - Vincent Deschênes, FADOQ Saint-Gervais
 - Doreen Desrochers, Nakusp Senior Citizens Association
 - Denise Destrempe, Observatoire vieillissement et société
 - Félicité Dibi, Groupe artisanal féminin francophone de l'Ontario
 - Rob DiMeglio, Independent Living Resource Centre Corp.
 - Connie Dublenko, Yukon Anti-Poverty Coalition
 - ElderActive Recreation Yukon
 - Jeanette Edwards, Winnipeg Regional Health Authority
 - Robyn Edwards-Bentz, United Way Regina
 - Gary Eikenberry, Elmridge Park Tennis Club
 - Susan Emmerson
 - Bev Farrell, Third Age Outreach St. Joseph's Health Care London
 - Nancy Fazzalari, Acclaim Health
 - Dana Folkersen, REACH (Regina Education and Action on Child Hunger)
 - Brenda Fowler, People for a Healthy Community on Gabriola Society
 - Sarah Gargan, Victim Services Outreach Worker
 - David Garney, Strathclair Museum Association
 - Allan Garside, South Cowichan Seniors
 - Antoine Garwah, Science Timmins
 - Catherine Geoffrey, Association québécoise de gérontologie
 - Leo Girard
 - Rebecca Grundy, Canadian Hearing Society
 - Judy Grunwald, The Royal Canadian Legion Branch 533 – Byron-Springbank
 - André Guérard, Association québécoise des centres communautaires pour aînés
 - Hailey Hechtman, Second Opinion Society
 - Don Herbertson, Tweed & Area Arts Council
 - Karen Hewitt
 - Arlene High, Literacy Council of Niagara West
 - John Horn, City of Nanaimo
 - Dayle Hughson, Age-Friendly Committee of the City of Brandon, Manitoba
 - Steven Michael Ilijanich, Knights of Columbus - Belle River
 - Patricia Jarrett, Winnipeg & District Branch of the National Association of Federal Retirees
 - Jewish Seniors Alliance of Greater Vancouver
 - Shirley Kalyniuk, Age-Friendly Committee, TONS (Transportation Options Network for Seniors), and Senior Resource Board
 - Kelowna Community Resources
 - Gail Kerslake, Yale & District Ratepayers Association
 - Joan Kinzett, Northern Rockies Seniors Society
 - Kathy Kosatschenko, Horton Street Seniors Centre
 - George Kwong
 - Annette Labelle, La Fédération des aînés fransaskois
 - Suzanne Lacasse, Cercle de fermières de Perkins
 - Jo-Anne Laforge, Centre de santé et de services sociaux Lucille-Teasdale



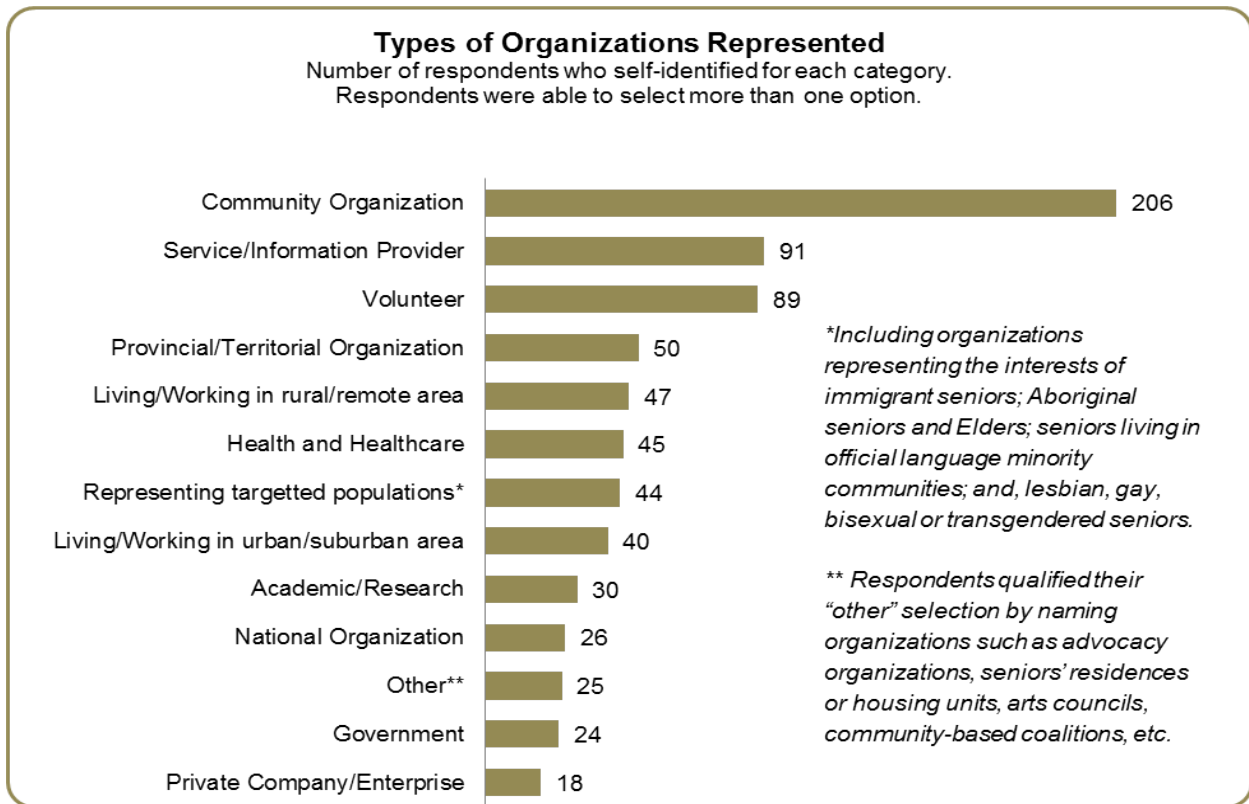
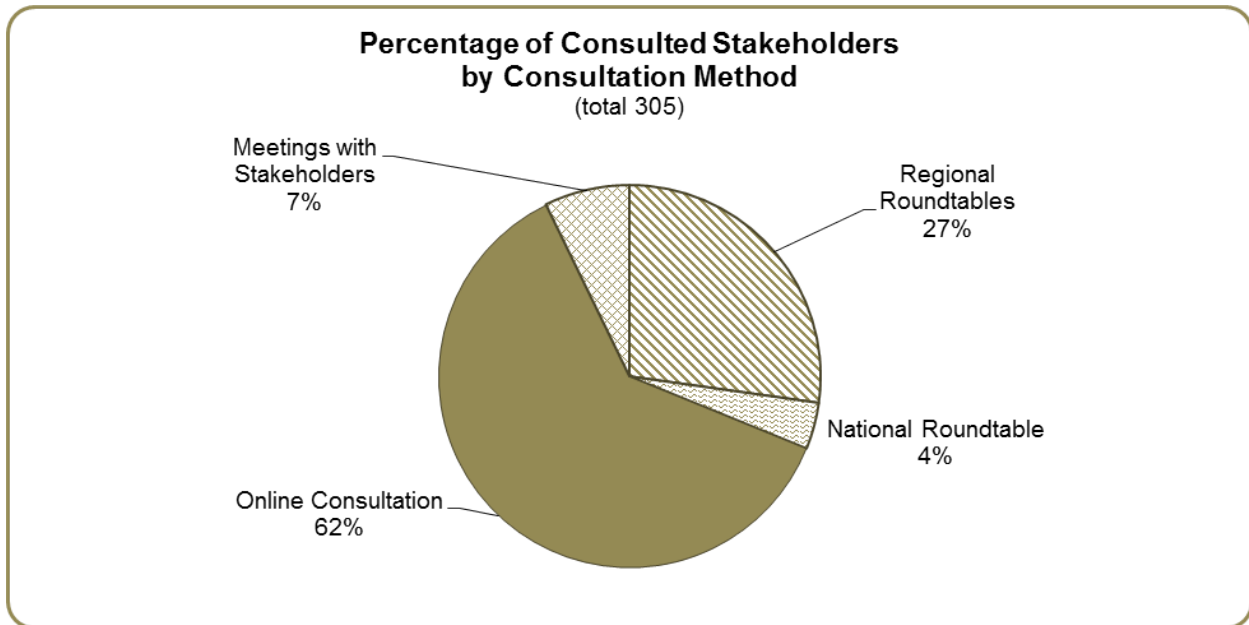
- Marian Law, Prevention of Elder Abuse Committee of York Region
- Le Conseil Rév.S.-É.-Perrey Inc.
- Le Tournesol de la Rive-Nord
- Gabrielle Leblanc, Municipalité des Îles-de-la-Madeleine
- Richard Lee, S.E.A.S. Centre (Support Enhance Access Service Centre)
- Pierre Legros, Carrefour Saint-Eusèbe
- Myrna Leishman, Senior Citizens Association of BC Branch 47 – Powell River
- Jane Leslie, Peel Addiction Assessment and Referral Centre
- Jody Lessard, North Shore Community Association
- Claude Levac, Municipalité du Village de Casselman
- Mélanie Levasseur, Université de Sherbrooke
- Annwen Loverin, Silver Harbour Seniors' Activity Centre
- Faye Luxemburg-Hyam, The Family Education and Support Centre
- Penny MacCourt
- Barb MacLean, Family Caregivers' Network Society
- Guy-Julien Mayné, Centre communautaire Multi-services Un coin chez-nous
- Mary Jane MacArthur, Retired Teachers of Ontario
- Angela MacMichael, Multicultural Association of the Greater Moncton Area
- Manitoba Mensheds Inc., Woodhaven Shed
- Anna Mann, Alberta Caregivers Association
- Maple Ridge, Pitt Meadows and Katzie Seniors Network
- Lynn McCleary, Canadian Gerontological Nursing Association
- Kelly McClure, Harbourfront Community Centre
- Sue McMahon, Toronto Intergenerational Partnerships
- Heather McRae, Voice of English-speaking Québec
- Valerie McWilliams, Glenridge Lawn Bowling Club
- Derek Miedema, Institute of Marriage and Family Canada
- Cynthia Milburn, Epilepsy Halton Peel Hamilton
- Alejandro A. Morales, Hispanic Future Care
- National Association of Federal Retirees – Winnipeg & District Branch
- Paula Negron, Institut d'urbanisme, Université de Montréal
- Connie Newman, Manitoba Association of Senior Centres
- Kathleen Olson, Northern Lamplighters Activity Centre Association
- Michèle Osborne, Centre des aînés de Gatineau
- Partners Seeking Solutions with Seniors
- Jennifer Pass, S.O.S.(Support Our Seniors) Comox Valley
- Peer Support Services for Abused Women
- Evelyn Pepe, Canadian Hearing Society - Toronto Region
- Sheila Pratt, Ridge Meadows Seniors Society and Maple Ridge, Pitt Meadows and Katzie Seniors Network
- Pitt Meadows and Katzie Seniors Network
- PRÉSÂGES
- Shirley Price, The New Horizon Club
- Rita Quesnel, Tel-Écoute/Tel-Aînés
- Ajit Singh Rakhra, Association of Seniors Clubs
- Michel Ratelle, Centre d'action bénévole Émilie-Gamelin
- John Reilly, City of Victoria
- Céline René
- Dinah Routly, Kanesatake Health Center Inc.
- Claude Roy, Résidence Notre-Dame de Fatima



- The Royal Canadian Legion, Ontario Provincial Command
- Rural Municipality of St. Andrews (Age-Friendly Manitoba Initiative)
- Senior Citizens Association of BC Branch 47, Powell River
- Seniors Resource Centre of Newfoundland and Labrador
- Seniors Serving Seniors Association of BC
- Bernice Sewell, Seniors Association of Greater Edmonton (SAGE)
- Robert Sexsmith, National Pensioners Federation
- Jenny Shickluna, Niagara Gatekeepers
- Sikh Community Services Ottawa
- Bob Sivyer, Ariel Communications
- Sken:nen A'onsonton
- Louise Smith-MacDonald, Every Woman's Centre
- Vi Sorenson, Seniors Outreach & Resource Centre
- Tal Spalter, Institute for Life Course & Aging
- Marie Stacey
- Wolf Strecko
- Tamara Sussman, McGill University
- Annie Tam, International Federation on Ageing
- Wendy Tang, Ottawa Chinese Community Service Centre
- Lisa Tobio, York – Fairbank Centre for Seniors
- Toronto Intergeneration Agency
- Heather Treleaven, Maple Ridge, Pitt Meadows and Katzie Seniors Network
- Nicole Troiano, Retire-At-Home Services, Mississauga South
- Joan Tufts, La Guilde Acadienne de Clare
- Tweed & Area Arts Council
- Mary Unrau, Rossburn Community Resource Council
- Vancouver Coastal Health
- Joie Van Dongen, Age-Friendly Stonewall, Rural Municipality of Rockwood
- Rochella Vassell, The Ontario Network for the Prevention of Elder Abuse
- Anne Veil, Centre de recherche sur le vieillissement, Centre de santé et de services sociaux – Institut universitaire de gériatrie de Sherbrooke
- Vivre dans la Dignité
- Carla Wells
- Betty Wheatley, Bow Cliff Seniors Association
- Mark Yaffe, McGill University
- Ambrose Yeung, TransCare Community Support Services
- Rupert Yeung, Ottawa Chinese Community Service Centre
- Yukon Council on Aging Seniors' Information Centre
- Edward Zimmerman
- Elizabeth Zinder de Jesus, Burnaby Neighbourhood House

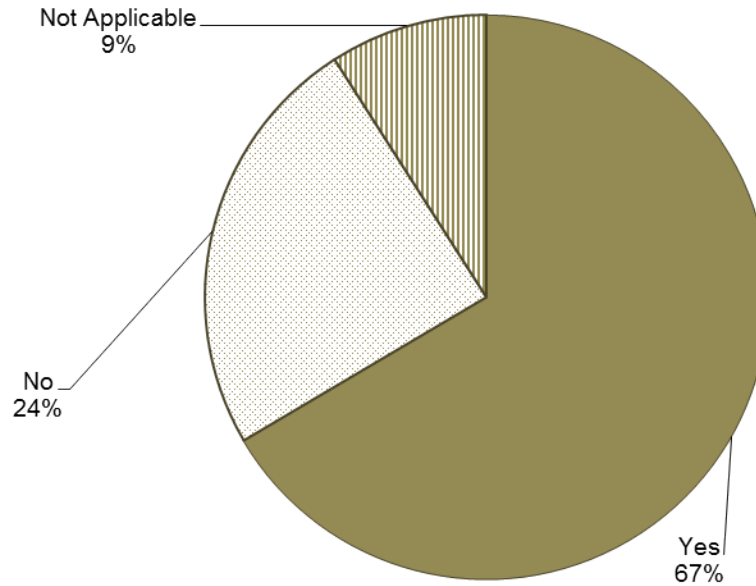


Annex D – Characteristics of Consulted Stakeholders





Percentage of Organizations* Consulted Currently Offering Supports to Alleviate the Social Isolation of Seniors



* The results represent the online and paper survey responses (total 188 responses) to the following question: *Does your organization provide specific supports to seniors who are socially isolated or at risk of becoming socially isolated?*



Annex E – Online Consultation Questionnaire

National Seniors Council Online Consultation (2013-2014): Social Isolation of Seniors

Introduction

The focus of this consultation is on understanding how social isolation affects seniors and exploring ways to help prevent and/or reduce the social isolation of seniors in Canada.

The Government of Canada is committed to improving the well-being of seniors.

The National Seniors Council was created in 2007 to advise the Minister of Employment and Social Development, the Honourable Jason Kenney, and the Minister of Health, the Honourable Rona Ambrose, on matters related to the well-being and quality of life of seniors, including opportunities and challenges arising from a rapidly growing and increasingly diverse aging population. The NSC is directed on a day-to-day basis in its work by the Minister of State (Seniors), the Honourable Alice Wong.

The NSC is currently seeking the views of individuals from the not-for-profit, public and private sectors to assess how social isolation affects seniors and explore ways to prevent and/or reduce the social isolation of seniors in Canada.

Demographic Information

This first section gathers some basic demographic information that will be used to help organize and better interpret the findings from the online consultation process.

Please select your province or territory of residence.

- | | | |
|--|--|---|
| <input type="radio"/> British Columbia | <input type="radio"/> Quebec | <input type="radio"/> Newfoundland and Labrador |
| <input type="radio"/> Alberta | <input type="radio"/> New Brunswick | <input type="radio"/> Yukon |
| <input type="radio"/> Saskatchewan | <input type="radio"/> Nova Scotia | <input type="radio"/> Northwest Territories |
| <input type="radio"/> Manitoba | <input type="radio"/> Prince Edward Island | <input type="radio"/> Nunavut |
| <input type="radio"/> Ontario | | |

Please indicate which of the following best describes you or the organization you represent. (Please select all that apply.):

- | | |
|--|--|
| <input type="checkbox"/> Academic/Research | <input type="checkbox"/> National Organization |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Provincial/Territorial Organization |
| <input type="checkbox"/> Government | <input type="checkbox"/> Private Company/Enterprise |
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Service/Information Provider |
| <input type="checkbox"/> Living/Working in rural/remote area | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Living/Working in urban/suburban area | <input type="checkbox"/> Other (please specify) |



Please provide your name and/or your organization's name if you would like to be identified in the National Seniors Council's final report.

First name: Last name: Organization:

Does your organization provide specific support to seniors who are socially isolated or at risk of becoming socially isolated?

Yes No Not applicable

Please describe the type of supports being offered and to whom these are being offered. (Limit of 250 words)

Have you or your organization conducted or participated in any research, programming, projects or initiatives related to the topic of this consultation?

Yes No Please explain / describe. (Limit of 250 words)

Section 1: Risk Factors

In Canada, it has been estimated that 30% of Canada's seniors are at risk of social isolation. There are a variety of risk factors that increase the chances of seniors becoming socially isolated. The greater the number of risk factors, the greater the likelihood of a senior being socially isolated. These risk factors may be more episodic in nature, such as losing one's driver's license or the death of a spouse, or more enduring, such as a mental illness. The consequences and risk factors associated with social isolation are difficult to separate, which can result in self-reinforcing patterns of social isolation.

In your experience, which groups of seniors are most at risk of becoming socially isolated? Please select all that apply.

- Aboriginal seniors
- Frail seniors
- Lesbian/gay/bisexual/transgendered seniors
- New immigrant seniors
- Recently widowed seniors
- Senior men
- Senior women
- Seniors from official language minority communities
- Seniors living alone
- Seniors living in rural or remote communities
- Seniors over the age of 85
- Seniors providing unpaid/informal care to others (caregivers)
- Seniors who are divorced or separated from their spouse
- Seniors who are victims of elder abuse
- Seniors who have never married/stayed single throughout their lives
- Seniors with Alzheimer's and other related dementia
- Seniors with an alcohol and/or drug addiction
- Seniors with chronic diseases
- Seniors with disabilities
- Seniors with mental health issues (including cognitive impairment/dementia)
- Visible minority seniors
- Other (please specify)



Based on your experience, please select, for each of the following groups of risk factors, the factor that is most likely to lead to social isolation.

Access to Information, Programs and Services

- Lack of awareness of programs, services and benefits for seniors
- Limited availability of local programs and services
- Limited or no access to communication related technology (e.g. connectivity to the internet)
- Not accessing services due to the perceived stigma (e.g. shame, embarrassment)
- Other, please specify _____
- Not Applicable

Economic

- Lack of secure and adequate income or savings to buy goods/services
- Lack of stable employment or attachment to the labour force
- Other, please specify _____
- Not Applicable

Environmental

- High cost of accessing public transportation
- Inadequate housing
- Lack of access to a range of community services and programs
- Lack of access to social or community involvement such as volunteering
- Lack of access to transportation such as a car or public transit
- Limited availability of local programs and services
- Living alone
- Living in a noisy, polluted, or otherwise unsafe neighbourhood/community
- Recently relocated to a new community
- Rural or remote residence
- Other, please specify _____
- Not Applicable

Family-Related

- Caregiving for a family member or friend
- Death of a spouse
- Divorce or separation from a spouse
- Having no or few children
- Reduced social network (e.g. lack of close friends or relatives)
- Other, please specify _____
- Not Applicable



Health-Related

- Chronic health conditions
- Frailty
- Having Alzheimer's disease or other related dementia
- Having a disability
- Low or poor physical mobility (e.g. due to injury or illness)
- Mental illness (e.g. depression)
- Poor (or poorly managed) mental health
- Poor oral health, hearing difficulties, or visual impairment
- Other, please specify _____
- Not Applicable

Literacy and Learning-Related

- Inability or limited ability to use technology such as electronic communication devices, navigating the Web and/or social media
- Low level of formal education
- Low literacy levels, including reading and writing, numeracy and financial literacy
- Other, please specify _____
- Not Applicable

Societal

- Ageism
- Elder abuse
- Issues related to social or cultural integration
- Lack of knowledge of common language (language barriers)
- Lack of spiritual or religious affiliation
- Other, please specify _____
- Not Applicable

Section 2: Mental Health Issues

Mental health issues may increase the risk of seniors becoming socially isolated and, inversely social isolation can contribute to mental health issues. The following questions will help determine the links between mental health issues and social isolation.

In what ways do seniors' mental health issues contribute to social isolation? Please give examples (limit of 250 words).

In what ways does social isolation contribute to seniors' mental health issues? Please give examples (limit of 250 words).

What actions are being taken to address the mental health needs of seniors who are or may be at risk of becoming socially isolated? Please share examples of notable services, benefits, programs, activities or other initiatives being offered at the federal, provincial/territorial, community or individual level (limit of 250 words).



What actions are being taken to promote positive mental health for seniors who are or may be at risk of becoming socially isolated? Please share examples of notable services, benefits, programs, activities or other initiatives being offered at the federal, provincial/territorial, community or individual level (limit of 250 words).

What more could be done to help address the mental health needs of seniors who are or may be at risk of becoming socially isolated (limit of 250 words)?

What more could be done to promote positive mental health for seniors who are or may be at risk of becoming socially isolated (limit of 250 words)?

Section 3: How is Social Isolation of Seniors Being Addressed?

There are currently a number of initiatives to help alleviate and prevent the social isolation of seniors. In this section, please share examples of notable services, benefits, programs, activities or other initiatives being offered at the federal, provincial/territorial, community or individual level that are currently making a difference in seniors' lives and helping to alleviate or prevent the social isolation of seniors. Where possible, please provide examples of innovative practices – processes that involve novel applications (or recombination) of existing ideas or approaches – including projects that are sustainable, that leverage existing resources, and/or involve cross-sector partnerships.

What is being done to help prevent the social isolation of seniors? Please provide examples (limit of 250 words).

What is being done to help address (reduce/alleviate) the social isolation of seniors? Please provide examples (limit of 250 words).

Section 4: What Could be Done about the Social Isolation of Seniors?

The issue of seniors' social isolation is of relevance to individuals as well as the not-for-profit, private and public sectors. In this section, we ask you to consider what the federal government, potentially in partnership with other sectors and levels of government, can do to help alleviate and prevent the social isolation of seniors.

What could current and future generations of seniors do to help protect themselves from becoming socially isolated (limit of 250 words)?

What innovative actions could be taken to help prevent the social isolation of seniors in Canada (limit of 250 words)?

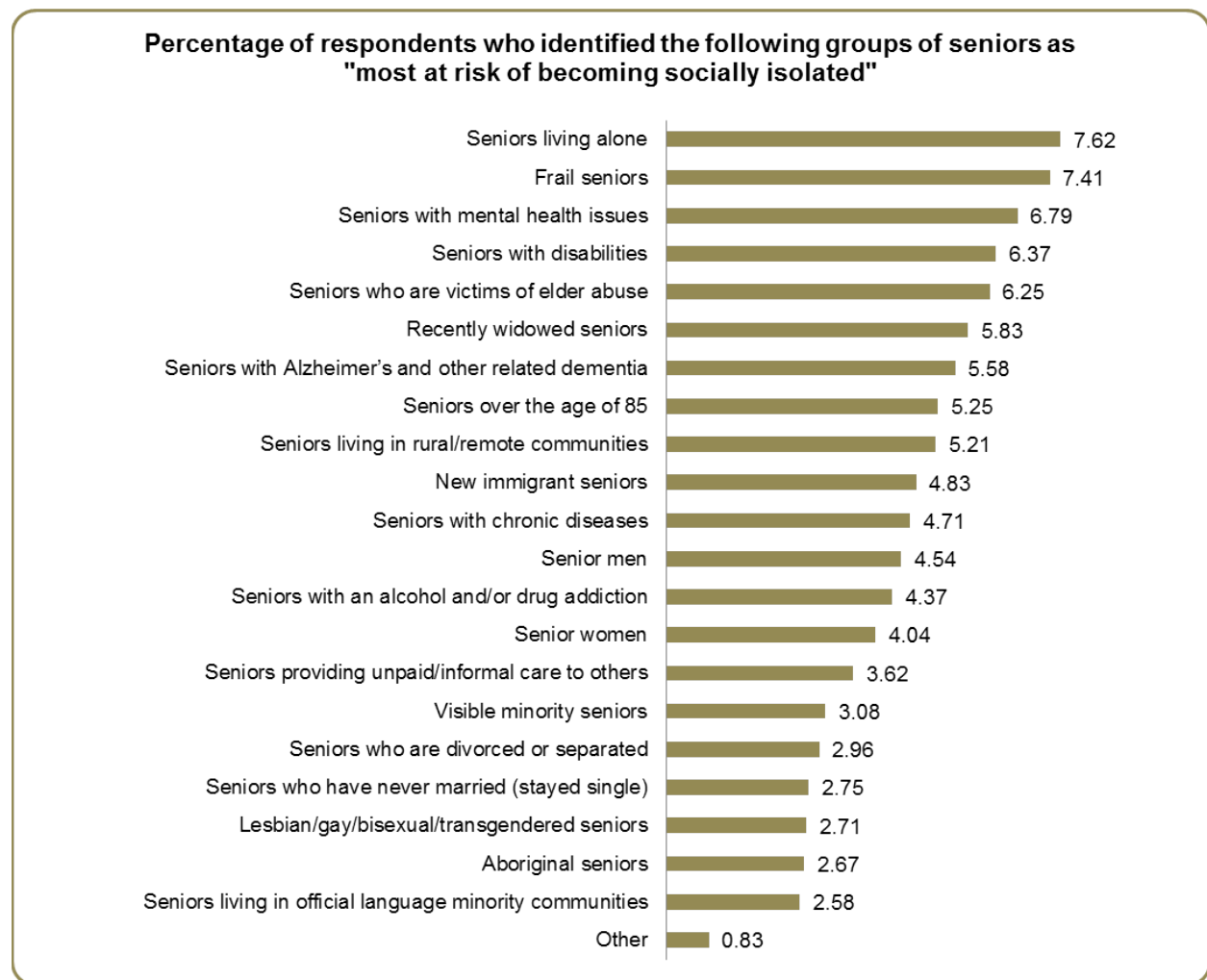
What innovative actions could be taken to help address the current needs of socially isolated seniors in Canada (limit of 250 words)?

Thank you for participating in the National Seniors Council's online consultation!



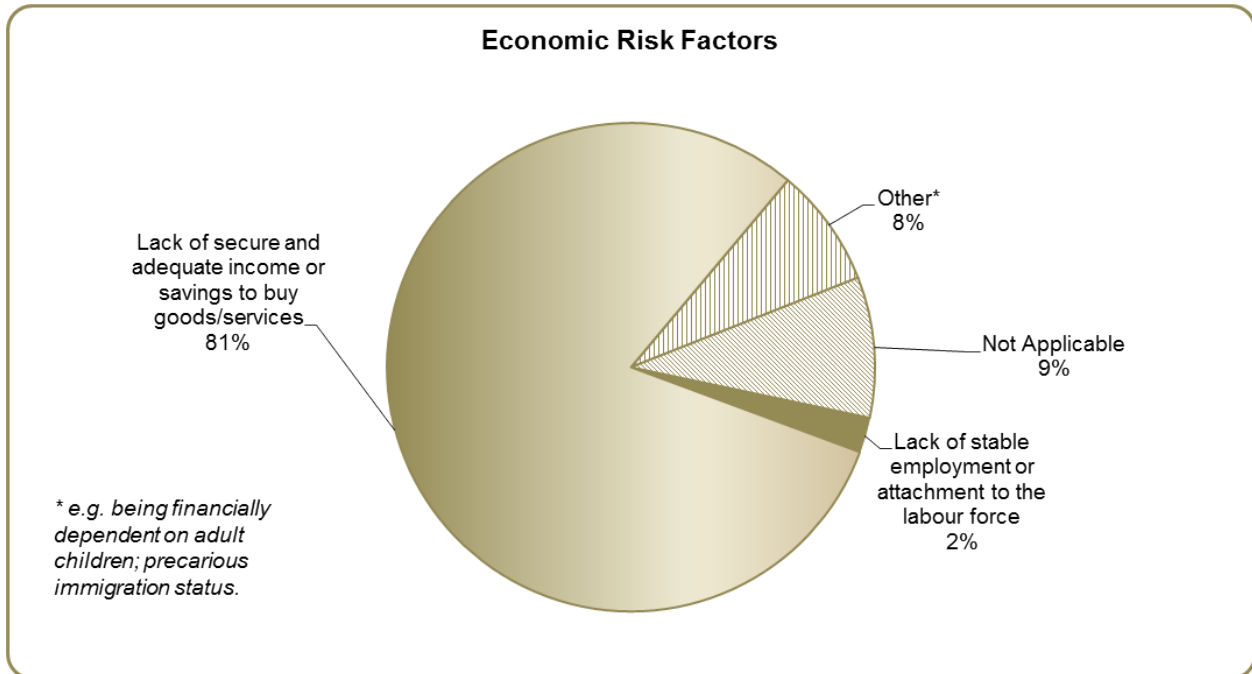
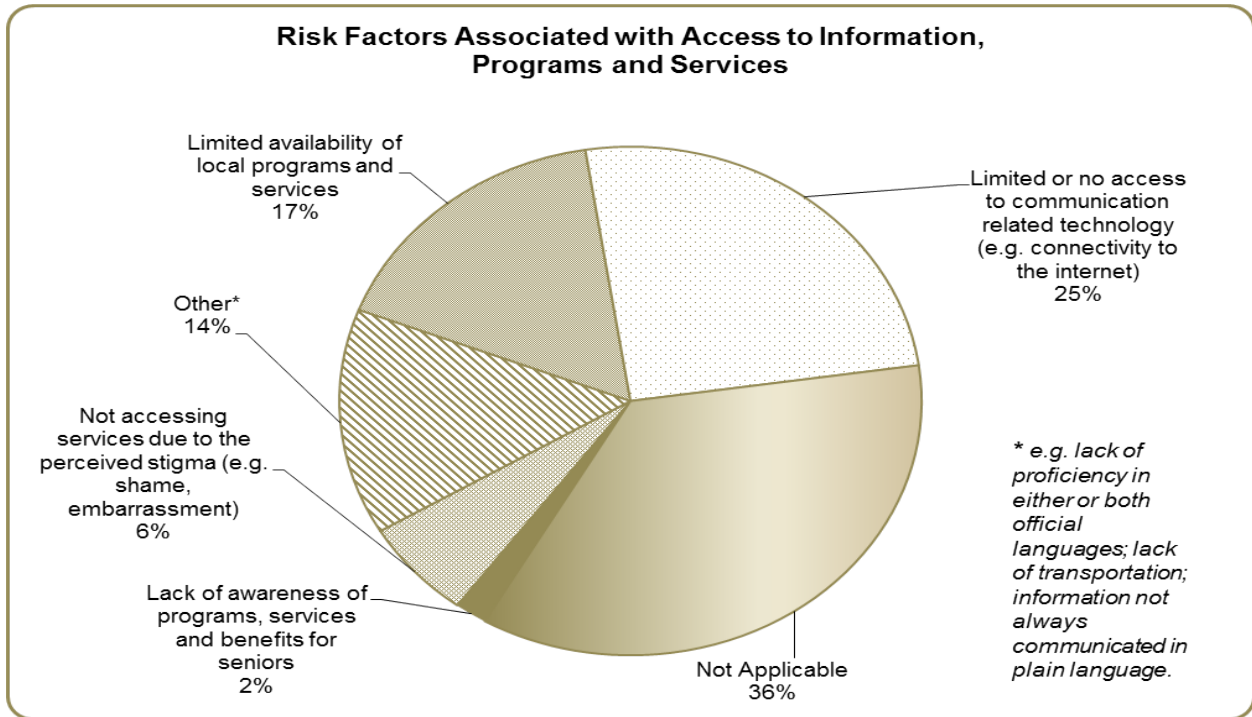
Annex F – Overview of Risk Factors Most Likely to Lead to Social Isolation

Based on responses obtained through the online consultation process, the following tables summarize consulted stakeholders' views on the risk factors most likely to lead to social isolation of seniors. Please note that this graphical overview is meant to present highlights from the online consultation responses; it is not meant to be an exhaustive analysis. The convenience sample used for this analysis is based on 179 responses. The high non-response rate requires that the data be interpreted with care.



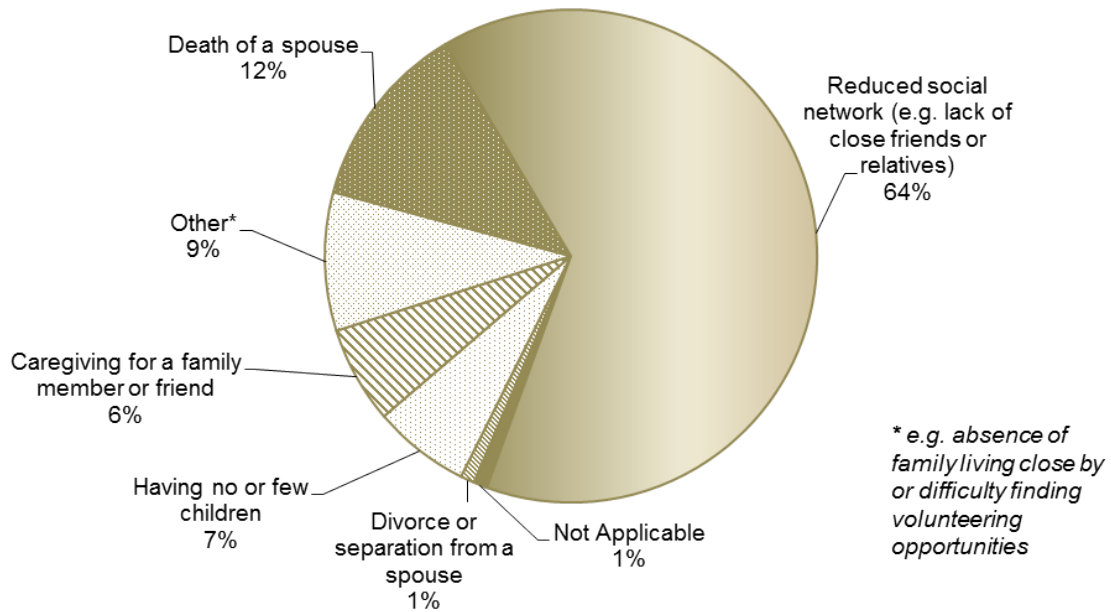


The following tables present a summary of the results from the question “based on your experience, please select, for each of the following groups of risk factors, the factor that is most likely to lead to social isolation”. *Note: For each group of risk factors, respondents were given the option of indicating “not applicable” if they felt none of the listed factors were determinants of social isolation.*

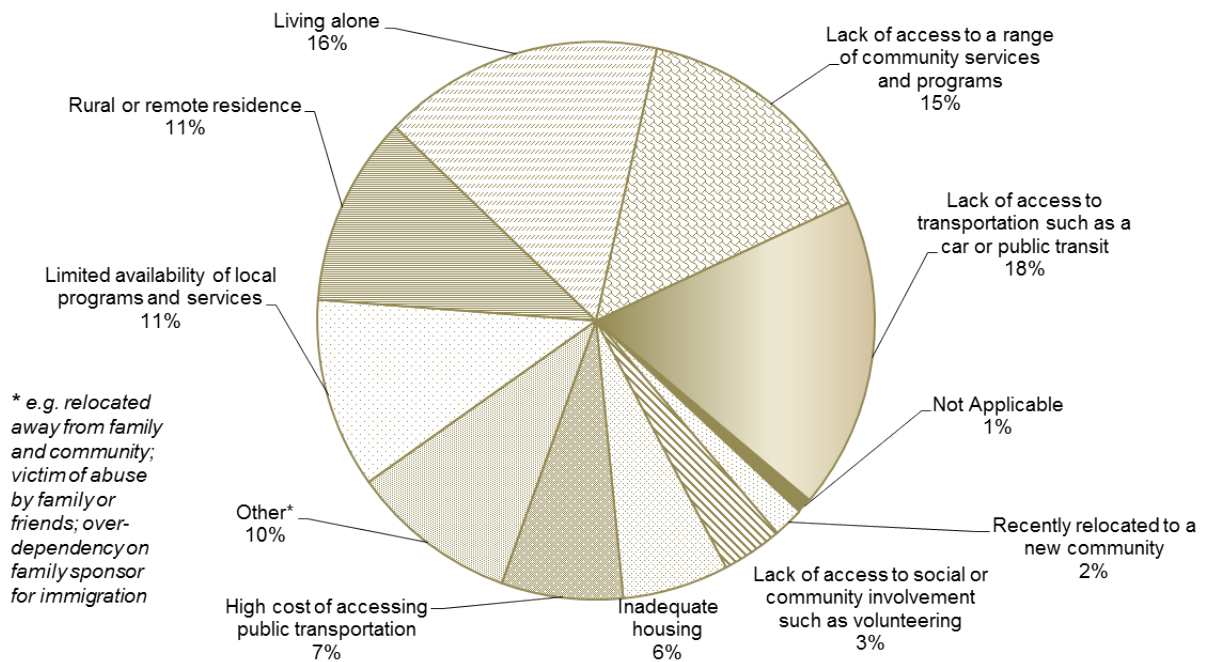




Family Related Risk Factors

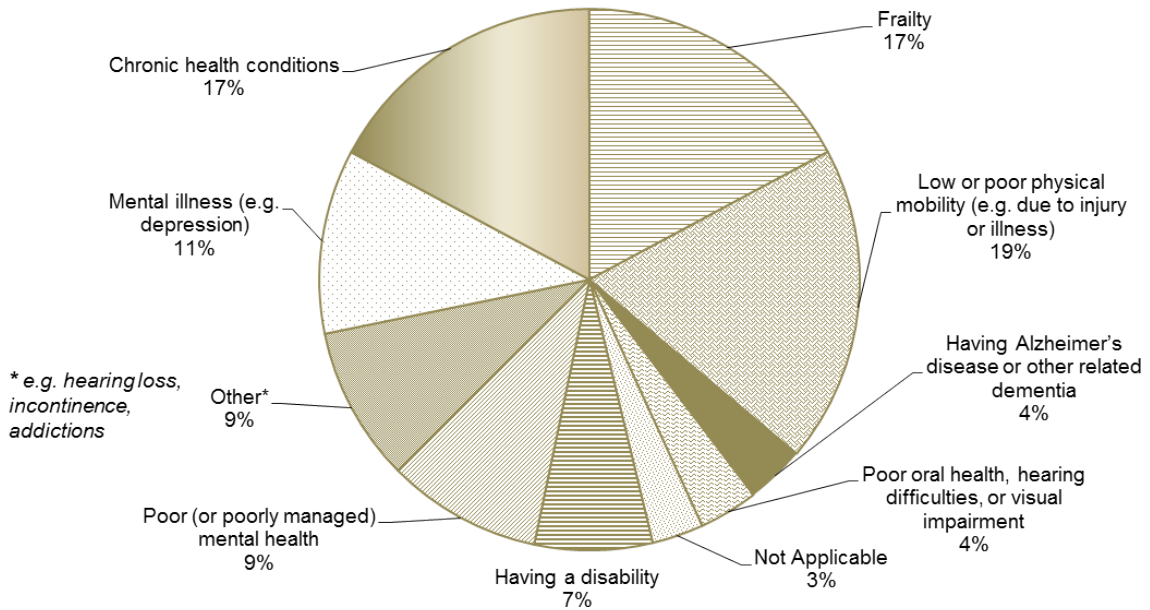


Environmental Risk Factors

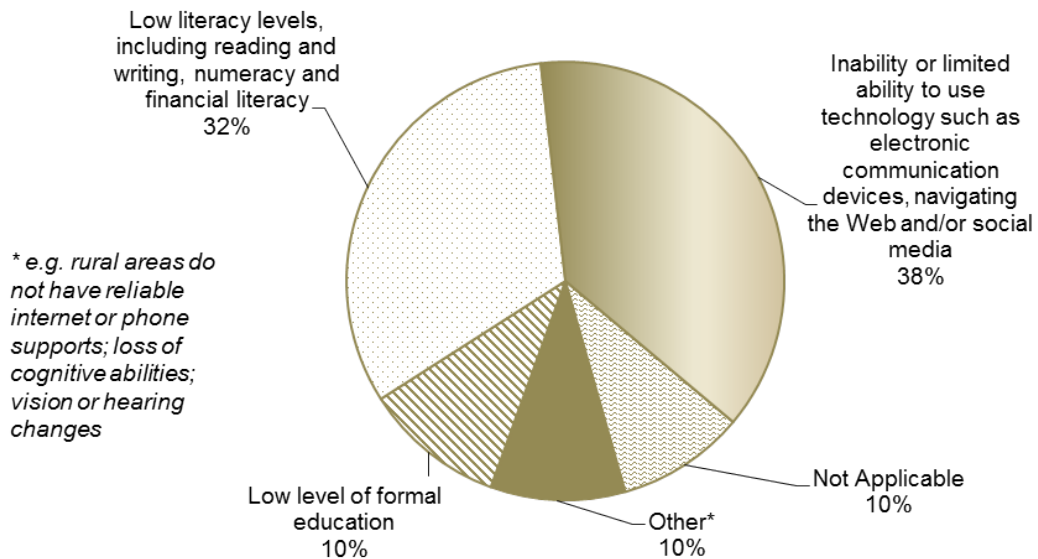




Health-Related Risk Factors

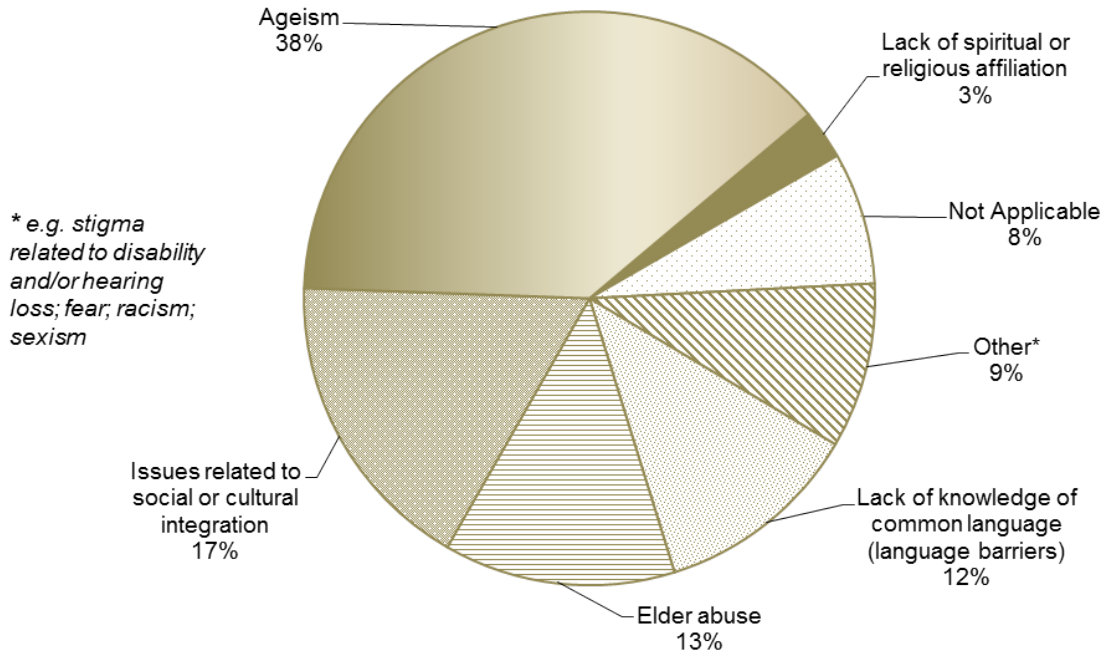


Literacy and Learning – Related Risk Factors





Societal Risk Factors





Annex G – Summary List of Suggested Measures

The Council offers the following advice on the role that the Government of Canada could play to address the social isolation of seniors in Canada.

1. Raise Public Awareness of the Social Isolation of Seniors

The National Seniors Council suggests that the federal government work in collaboration with provincial/territorial/regional governments and community partners to promote social inclusion, address ageism and encourage engagement of seniors by raising awareness of the benefits of social participation of seniors, celebrating diversity in the aging Canadian population, and showcasing realistic images of the aging process using a life course approach.

Suggested Approaches:

- Lead an awareness campaign to dispel myths associated with aging and social isolation.
- Lead smaller targeted awareness raising initiatives through the use of social media and/or by leveraging external organizations' activities to disseminate key messages addressing the social isolation of seniors.
- These efforts could:
 - focus key messages to help raise awareness of the effects of aging including the influence of aging on mental health; to address the stigma associated with reaching out for help in the face of loneliness or social isolation; and/or to encourage seniors to remain engaged and connected to their communities;
 - be supported by information resources: messaging could refer audiences to seniors.gc.ca and/or to a telephone service line that would inform older adults of services in their area such as 1 800 O-Canada or other community information and referral networks (such as 211 Canada); print-based information could be disseminated through various front-line networks and points-of-service, such as family physicians, emergency rooms, pharmacies or community-based businesses (e.g. hairdressers, coffee shops and grocery stores), and public facilities (e.g. libraries); and,
 - include an evaluation component to measure reach, effectiveness and impact of messaging.

2. Promote Improved Access to Information, Services and Programs for Seniors

The National Seniors Council suggests that the federal government consider building on the successes of existing initiatives and mechanisms to support and facilitate increased access to information, services and programs for seniors, their caregivers, and system/service navigators.

Suggested Approaches:

- Recognizing that a website renewal exercise is underway that will lead to a centralized Canada.ca site, the Government of Canada should explore options to maintain or increase the visibility of information available to seniors and their caregivers (including the information currently available on seniors.gc.ca).



- In order to confirm the web content meets the needs of seniors and their caregivers, user testing/usability studies with older Canadians are recommended.
- Capitalize on the success of the 211 telephone help line and website which provide a gateway to community, social, non-clinical health and related government services by supporting the program's expansion to provide national and cross-jurisdictional service coverage.
 - To help address the social isolation of seniors, support could also be given to develop information specialists trained to assess if older callers are in need of resources, information or services.
- Continue to develop the infrastructure to provide high-speed broadband networks for rural Canadians through the Connecting Canadians initiative.
 - Support efforts to foster the technological literacy of older Canadians such as by promoting and sharing existing information and tools developed through federally funded projects (e.g. NHSP projects, products of the former Community Access Program, etc.).

3. Build the Capacity of Organizations to Address Isolation of Seniors through Social Innovation

The National Seniors Council suggests that the federal government foster a culture that breeds social innovation and builds on trusting relationships among governments, businesses, not-for-profit organizations, community organizations, professional networks and seniors to work on activities that would leverage the collective skills and resources in communities to address the social isolation of seniors.

Suggested Approaches:

- Develop and disseminate a “guiding principles” document to encourage organizations and front-line workers to think about how they can address the social isolation of seniors. The document could:
 - be developed in consultation with seniors as well as key players from the not-for-profit, public and private sectors; and,
 - support organizations by providing them with a framework for discussion and decision-making within their organizations as they work to meet the needs of seniors in their community.
- Provide opportunities for dialogue and encourage community partners to collaborate on expanding or adapting successful/promising community initiatives that address the social isolation of seniors.
- The New Horizons for Seniors Program could continue to fund small community projects that encourage the participation of seniors and prevent them from being isolated. The program could also be a funding partner in larger projects for initiatives that address social isolation of seniors, in particular, fostering organizational networks to build capacity.
- Capitalize on existing initiatives and resources and support the sharing of information, promising practices and tools designed to address the needs of socially isolated seniors or those at risk of becoming socially isolated.



- Consider updating and disseminating tools such as the *Working Together for Seniors: A toolkit to promote the social integration of seniors in community services, programs and policies* developed by the FPT Forum on Seniors.
- Explore opportunities to highlight Age-Friendly Communities (AFC) projects that are addressing social isolation and promote the awareness of age friendly tools that facilitate effective implementation and evaluation of the AFC initiatives.
- Support innovative social partnerships that bring businesses and community organizations together to create sustainable options to address social isolation of seniors.

4. Support Research to Better Understand the Issue of Social Isolation

The National Seniors Council suggests that the federal government continue to support research to better understand the issue of social isolation and links between social isolation and other seniors' related issues.

Suggested Approaches:

- Undertake further research to validate the impact, quality and value of innovative and promising practices (for example multi-agency, multi-disciplinary approaches).
 - Consider doing so through analysis of data from the General Social Survey (GSS 27 – Social Identity) to be released in January 2015.
 - Consider evaluating international promising or best practices and their impact/related outcomes (e.g. UK's Campaign to End Loneliness, UK's Dementia Friends Initiative, etc.).
 - Increase the knowledge base on social isolation, impacts of demographic change, and the health of seniors through continued engagement in international collaborations to align research efforts. For example, collaborative initiatives such as the Joint Programming Initiative "More Years, Better Lives" led by the European Commission.
- Provide readily accessible information on the economic and health impacts of social isolation.
 - Consider integrating measures into existing national health and social surveys that could validate the impact, quality and value of innovative practices addressing the social isolation of seniors.