

# [ **SOCIAL ISOLATION** ] **of Seniors**

## **Volume I**

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Understanding the Issue  
and Finding Solutions

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## Introduction

Canada's population is aging and society is adapting to a growing and changing population of seniors. In 2013,<sup>1</sup> Canadian seniors made up approximately 15 percent of the total population. By 2036, this number is expected to increase to between 23 and 25 percent. As more Canadians become seniors, there will be proportionately fewer Canadians of working age. In 2038, there will be about 40 seniors for every 100 adult Canadians (between 18 and 64 years of age)—double the number of seniors in 2013.<sup>2</sup> Seniors will likely continue to have a growing role in the labour market and the volunteer sector, which contributes to retaining knowledge and skills in the Canadian workforce, sustaining the economy, and helping community organizations function. In all, the social and economic contributions of seniors will likely be increasingly connected to the success of the entire country.

For seniors to continue and even expand their participation in society they need to remain healthy and engaged in their communities. However, research shows that an estimated 30 percent of Canadian seniors are at risk of becoming socially isolated.<sup>3</sup> According to the International Federation on Ageing, “the number one emerging issue facing seniors in Canada is keeping older people socially connected and active.”<sup>4</sup>

Social isolation and exclusion is related to serious negative health effects and reduced quality of life for seniors.<sup>5</sup> Social isolation is also linked to the undervaluing of seniors in our society<sup>6</sup> and the loss of seniors from the volunteer sector<sup>7</sup> and the paid economy.<sup>8</sup> The National Seniors Council also asserts that the social



isolation of seniors can cause communities to suffer from a lack of social unity, higher social costs, and the loss of the wealth of experience that seniors bring to our families, neighbourhoods and communities.<sup>9</sup>

Everyone has a valuable contribution to make in addressing social isolation—seniors, their families, government, businesses, non-profit organizations and the voluntary sector. Some of the factors that increase social isolation can be addressed by individual action; others require community-based solutions, like transportation, physical and geographic barriers, more appropriate or accessible programs and services.

**SOCIAL INNOVATION** is the process of diverse partners from public, private and non-profit sectors combining their funds, expertise and assets to address community-wide challenges.

Many organizations and individuals in the public, private and non-profit sectors are applying the principles of social innovation to address the social isolation of seniors. These non-traditional, multi-sectoral partnerships combine existing community resources to address social problems by continuously exploring different ways to work together. They provide an opportunity for all community members to reach out to their fellow citizens and work together for the good of their family, friends and neighbours.

People can make a difference in their community by joining with others to develop policies and programs to improve the health and participation of seniors in society. By working together, the problems associated with social isolation can be reduced and others will be protected from becoming socially isolated. Seniors who are





in good health, live in safe communities, have satisfying relationships, and experience meaningful roles in society are likely to be the most socially engaged and to remain contributing members of society.<sup>10</sup>

Healthy, socially engaged seniors make a valuable contribution to our communities. This toolkit will help you understand and prepare to address the social isolation of seniors in your community. It outlines the issue of social isolation of seniors, shows how social innovation can offer practical solutions, and gives resources for hosting community meetings on the subject.

## Purpose

This volume is the first of two documents produced by the Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors to help organizations and individuals approach the social isolation of seniors. It updates and builds upon to *Working Together for Seniors: A Toolkit to Promote Seniors' Social Integration in Community Services, Programs, and Policies (2007)*,<sup>11</sup> also produced by the Forum.

The purpose of this volume is to:

- 1) raise awareness about social isolation among seniors;
- 2) introduce some useful concepts related to social innovation; and
- 3) show how social innovation can help to address social isolation in Canadian communities through examples.

A complementary document, *Volume II: Ideas Exchange Event Toolkit* presents tools to help individuals and organizations develop lasting community partnerships to reduce the social isolation of seniors.





## Part 1 Social Isolation

“**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 relationships”.<sup>12</sup> Social isolation can lead to poor health, loneliness, emotional distress and other negative effects.

Not all socially isolated seniors suffer negative consequences from social isolation. For example, some seniors may prefer to be alone and do not experience loneliness. On the other hand, because loneliness is a subjective experience, some socially active seniors may feel lonely. Whether or not people consider themselves socially isolated is a very personal and sensitive matter.

Social isolation is different from the feeling of loneliness, though the two are often related. “Loneliness is the distress that results from discrepancies between ideal and perceived social relationships. This discrepancy perspective makes it clear that loneliness is not synonymous with being alone, nor does being with others guarantee protection from feelings of loneliness. Rather, loneliness is the distressing feeling that occurs when one’s social relationships are perceived as being less satisfying than what is desired.”<sup>13</sup> Social isolation can generally be recognized by others observing a person’s relationships, while loneliness is a personal experience.



## **How do seniors become socially isolated?**

Social isolation among seniors can be a result of several factors. Many seniors experience physical changes (such as sickness or disability) and life changes (such as the loss of a spouse), which can reduce the number of social contacts and limit activities. Social and environmental factors, such as poverty and inadequate transportation, may also increase a senior's chance of becoming socially isolated.

Social isolation can result from major events or from a combination of small events. How much these incidents affect people depends on the economic, personal, material and social resources that they have available to help them cope. Seniors can draw on their life experience in managing difficult times to help them with the challenges of aging. However, too many changes, especially one after another, can make it difficult to cope.



Hilda Wren\* is a sociable 83-year-old retired single woman who has lived in the same neighbourhood for many years. She has been active on community boards, in a bridge club and in her local place of worship. Over time, losing her eyesight has made it hard for her to continue with her usual activities but she only gave them up when she surrendered her driver's licence. Hilda adjusted to these changes by joining a local seniors' centre which she could get to by bus. As there was no bus service to her place of worship, friends picked her up. Eventually, however, Hilda's friends' circumstances changed due to their own health problems and they were no longer able to regularly attend religious services themselves. She gave up bridge as her vision worsened.

Gradually, Hilda has become almost completely housebound. Arthritis in her knees has made it hard to walk, especially outside in the winter. She cannot afford taxis. She seldom gets to the seniors' centre, so no longer knows many people there. Meanwhile, her neighbourhood has been changing; a helpful neighbour who used to shovel her walkway moved away and she feels less secure. Her main contact these days is a sister in another province.

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

\*Note: No real names are used in this or other scenarios in this document.



Social isolation can have a major impact on seniors' lives. Emotional distress because of loneliness, depression and poor physical and mental health are associated with social isolation.<sup>14</sup> As Hilda's story illustrates, these challenges may sometimes result in a premature move to institutionalized living.

Hilda made many adjustments to her changing circumstances until she eventually ran out of options. Some of the changes that contributed to Hilda's situation were beyond her control, such as her vision, her neighbour moving away, winter weather conditions and the lack of transportation to her place of worship. Still, other interventions could have been made to prevent or minimize the impact of these changes on Hilda. If organizations become more aware of the risks of social isolation and help Hilda to access other available resources, some of her issues might have been resolved.

This example shows that social isolation is a complex issue, resulting from a variety of circumstances and situations. However, with the help of organizations and individuals, communities can overcome social isolation. A promising approach is one that includes diverse partners from public, private and non-profit sectors. Together, they can combine their funds, expertise and assets to address community-wide challenges. This is social innovation.

If the seniors' centre and Hilda's place of worship had services to reach out to members, transportation could have been arranged for Hilda. For example, they might have put her in contact with an organization like LIFT Drive Happiness, a collaborative partnership of non-profit organizations in Edmonton, Alberta and area that connect seniors with volunteer drivers. This service helps seniors with reduced mobility that need affordable accompanied transportation for essential errands. Hilda would also have benefitted from a friendly visitor and educational or recreational programs by teleconference, like those offered by the Senior Centre Without Walls in Manitoba.



Stories like Hilda's are common. But together, people, organizations, businesses, communities and governments can help to address and prevent social isolation. People like Hilda can remain socially involved in their communities and healthy (mentally, emotionally and physically).

## **What puts seniors at risk of being socially isolated and who is at risk?**

Social isolation happens when a senior's social participation or social contact drops. About 30 percent of Canadian seniors are at risk of becoming socially isolated.<sup>15</sup> Reports by Statistics Canada estimate that 19 percent<sup>16</sup> and 24 percent<sup>17</sup> of Canadians over age 65 feel isolated from others and wish they could participate in more social activities.

The National Seniors Council's *Report on the Social Isolation of Seniors 2013–2014* states that the following factors may place seniors at risk of social isolation and loneliness:

- living alone;
- being age 80 or older;
- having compromised health status;
- having multiple chronic health problems;
- having no children or contact with family;
- lacking access to transportation;
- living with low income;
- changing family structures;
- being left behind by younger people migrating for work;
- location of residence;
- experiencing critical life transitions such as retirement, death of a spouse, or losing a driver's license;
- lacking awareness of or access to community services and programs; and
- being a caregiver.<sup>18</sup>



Having a lower level of education and being born outside of Canada are also identified as risk factors for seniors' social isolation.<sup>19</sup>

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

Generally, the more risk factors present, the greater the likelihood of social isolation. Seniors are however a diverse population and certain risk factors may impact individuals and groups of seniors differently. Senior women and older seniors (age 80 and older) for example, are vulnerable to social isolation if they have low support with routine activities such as meal preparation, shopping, and transportation, have reduced physical and leisure activities, and live alone. Senior men are vulnerable to social isolation if they have low emotional support.<sup>20</sup>

Where someone lives can increase the risk of social isolation in a variety of ways. Seniors living in residential care facilities run a unique risk of loneliness because they are often isolated from the broader community.<sup>21</sup> In rural areas without public transportation in town or to outlying areas, a senior without his or her own transportation may not be able visit friends or get to community programs or services. Transportation issues are likely to be even more





challenging in remote areas, which may also have fewer and less varied programs for seniors. In cities, seniors are likely to have more programs and transportation options available to them. However, concerns about going outside alone or about safety may lead seniors to become or remain isolated.<sup>22</sup> The risk of social isolation increases for seniors without friends, family or financial resources to address the barriers of their location.

Social isolation may also result from attitudes in society. Seniors who experience discrimination or abuse based on their age, class, race, sex, income or sexual preference may restrict their activities and so increase their chance of becoming socially isolated.<sup>23</sup> For example, older gay and lesbian people “have experienced a variety of discriminatory attitudes and practices in the health care system, which has contributed to their reluctance to reveal their identities, voice their concerns to health care practitioners and use health care services. What results is a lack of recognition of gay and lesbian seniors and their caregivers and a system that is unprepared to address their unique needs and realities.”<sup>24</sup>

The National Seniors Council’s Report also shows that Aboriginal seniors, immigrant seniors and seniors who are caregivers are at higher risk of social isolation than others.<sup>25</sup> These groups, for different reasons, may have limited social networks and challenges in accessing appropriate community programs and services. For example, it is likely that seniors born outside Canada who have limited language skills or low literacy in English or French will have greater difficulty in finding and negotiating community services and programs, increasing their risk of social isolation. If these seniors do manage to access programs, there may still be cultural differences that make the programs appear inhospitable.<sup>26</sup>

Seniors who are caregivers face different circumstances that increase their risk of social isolation. They may give more time and energy to caregiving and as a result, limit their usual social activities, which then reduces their social network and makes their physical and mental health vulnerable.<sup>27</sup>



**Amoy Chang is an 80-year-old widow. She and her husband Lee moved across Canada when they retired. Before Lee's death he had dementia and Amoy had spent the last five years caring for him at home. Gradually, as her responsibilities increased, she lost contact with most of her new friends and became increasingly tired and isolated, as Lee could not be left alone. Her social life consisted of home support and other health care workers. Amoy maintained contact with the outside world through an Internet chat room for caregivers and through email contact with old friends. Following Lee's death, Amoy joined a widows group which helped her grieve and gave her new social contacts.**

However, the presence of risk factors does not necessarily lead to social isolation. Whether or not (or to what degree) social isolation occurs depends on how well a senior is able to cope with change and on the availability of support from friends, family and community.



## Protecting against social isolation

While there are many things that can put seniors at risk to become socially isolated, there are also other things that can help to ensure that seniors remain socially engaged. Protective factors, traits, situations or circumstances like these can help seniors to socially integrate and reduce the risks of social isolation:<sup>28</sup>

- being in good physical and mental health;
- having enough income and safe housing;
- feeling safe in your neighbourhood;
- having communication and literacy skills to find and get needed services;
- having satisfying relationships;
- having a supportive social network;
- feeling connected to and valued by others;
- having access to health and community services;
- feeling beneficial to society;
- having access to transportation; and
- having a higher level of education.

**Caroline Bird is a First Nations woman who lives alone in a rural community. She lives out of town, does not have a driver's licence and lives on a low income—factors that put her at risk of social isolation. However, she has access to a volunteer driver service to take her to town regularly and she volunteers as a telephone visitor. She also has two dogs that keep her active and provide companionship.**



As Caroline's situation shows, the risk of social isolation can be lessened when a person can be socially integrated, in her case, because she demonstrates many of the protective factors listed above. Her risk of social isolation would be even less if, for example she had more transportation options and access to a wider variety of opportunities to contribute to the community.

## Consequences of social isolation

Research shows that social isolation and exclusion are associated with:<sup>29,30</sup>

- increased chance of premature death;
- reduced sense of well-being;
- more depression;
- dementia
- more disability from chronic diseases;
- poor mental health;
- increased use of health and support services;
- reduced quality of life;
- caregiver burden;
- poor general health; and
- increased number of falls.

Social isolation can put seniors at greater risk of death than factors such as obesity and physical inactivity.<sup>31</sup> One study found evidence that shows that lacking social connections can increase one's chances for early death to a similar degree to smoking 15 cigarettes a day.<sup>32</sup>

Along with the personal effects of social isolation come significant costs to society. For example, socially isolated seniors are not able to fully participate in or contribute to their communities by volunteering or supporting local businesses and events. The adverse effects of social isolation can lead to increased costs in health care and social services. Seniors who are socially isolated, compared to those who are not, make more visits to their doctor and to emergency rooms;



they use more medication; fall more often; and enter residential care sooner.<sup>33</sup> Some socially isolated seniors may however hold back from using health care services or use them in later stages of illness or disability.<sup>34</sup> Whether social isolation results in increased or delayed use of health care (i.e. until health worsens), it is harmful to the health care system and to the seniors involved.

Social isolation is also linked to undervaluing seniors in our society—negative images of seniors make them feel not needed, valued or able to contribute.<sup>35</sup> People, organizations and society all suffer when seniors become socially isolated and stop contributing to their communities. Given the opportunities and challenges accompanying Canada’s changing demographics, now is the time to address this issue. Individuals and organizations can work with each other and with seniors to create resources and solutions to improve seniors’ social inclusion.





## **Part 2** Preventing and Addressing the Social Isolation of Seniors

### **Finding solutions to prevent and address social isolation**

Social isolation results from many circumstances and is influenced by personal, social and environmental factors. Only some circumstances can be changed by seniors and their families. Other issues which limit seniors' access to services, citizenship and activities, such as poverty, deprivation, racism, ageism, discrimination and high crime neighbourhoods, would benefit from the involvement of communities and governments.

Although efforts have been made to encourage seniors to participate in their communities, social isolation remains an issue affecting many Canadian seniors today. A different way of thinking and working together could bring lasting solutions. Social innovation looks like a promising way of thinking that could benefit Canadians by preventing and reducing social isolation. Social innovation offers lasting change by targeting, localizing and measuring coordinated action—also referred to as collective impact.

Social innovation means new partnerships developing between sectors. It means people planning and implementing ideas with private and non-profit organizations, and public institutions (such as libraries, schools, school boards, recreation facilities and all levels of government) to address social isolation at the community level.



Together, groups and individuals can plan activities that benefit from share assets, expertise, space and contacts, working together to reduce risk factors of social isolation. Seniors and local residents can be involved in designing solutions for their own benefit, which in turn benefits families, neighborhoods, communities, local businesses, public services and spaces and society as a whole. The idea behind social innovation is to continuously explore different ways of working together, which may challenge or improve the existing approach. For example:<sup>36</sup>

- Some services might include:
  - using a school bus for transportation between school hours;
  - hosting cooking classes at a restaurant or grocery store with donated local produce;
  - offering workshops on financial planning at the community library with a local accountant and social worker;
  - volunteering respite services for caregivers at a centre that offers respite services for stay-at-home mothers; and
  - organizing a youth activity at a seniors' residence.
- By strengthening relationships between people in communities, a sense of neighbourhood safety and a sense of community pride develop.
- By including people, they feel they belong and are more likely to volunteer, donate to the community, and be involved in community governance.





Initiatives can also strengthen the protective factors that help prevent social isolation. Seniors can avoid social isolation when they are encouraged to live in good health, have satisfying personal relationships, be connected in the community and improve their access to adequate income, housing and transportation. For example:<sup>37</sup>

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

## **Core principles of social innovation**

Social innovation is an intentional way that community organizations, governments and public institutions, researchers, seniors and businesses work together and combine resources and ideas to make new plans and tools that address social problems in creative ways.

These are some of the core principles of successful socially innovative approaches:

- committing to working together to meet the particular needs of the community;
- welcoming a diverse set of new partners to create a web of community interventions that support each other, building from strengths, (e.g. aligning existing assets, programs, initiatives, funding, expertise and experience);
- adjusting activities, services and programs to new audiences;
- drawing on expertise and resources across sectors (business, community, individuals and governments);



- being open to taking risks to achieve significant and lasting results;
- relating solutions to changing attitudes and behaviours and to structural, institutional and systemic change; and
- using new technologies.<sup>38</sup>

When organizations from various sectors join together to find community-wide solutions, there are often many positive results, which extend beyond the lasting impact of the program or idea they produce.

## Examples of innovative solutions

Each of the examples to reduce or prevent social isolation of seniors shows some of the core principles of social innovation discussed above. They reduce vulnerability and enhance resilience. They have durability, scale and transformative impact.<sup>39</sup> They demonstrate how core principles of social innovation can be used to effect positive change in communities across Canada. More information on the examples below can be obtained by contacting the Secretariat for the Forum of F/P/T Ministers Responsible for Seniors at [nc-fpt-seniors-aines-gd@hrsdc-rhdcc.gc.ca](mailto:nc-fpt-seniors-aines-gd@hrsdc-rhdcc.gc.ca).

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### 1 Age-Friendly Communities<sup>40</sup>

- **Purpose:** To encourage active aging by optimizing opportunities for health, security and participation, in order to enhance quality of life as people age.
- **Type of community:** All
- **Jurisdiction:** Canada, all provinces
- **Target population:** Seniors



- **Timeframe for the project:** Ongoing
- **Organizations involved:** All levels of government; diverse non-government organizations; businesses
- **Project description:** Age-friendly communities (AFC) is a model to enable active, healthy aging by focussing on eight domains of community living: outdoor spaces and buildings; transportation; housing, respect and social inclusion; social participation; civic participation and employment; communication and information; and community support and health services. The eight domains interact and overlap with each other making their combined influence greater than that of any single domain. The cornerstone of the AFC model is the development of a community plan which brings together traditional and non-traditional partners to identify community assets and strengths that facilitate social inclusion of seniors and factors that hinder it.
- **Outcomes:** Many Canadian communities have taken part in AFC initiatives. Many provinces and the federal government are also actively promoting such initiatives. The Forum of F/P/T Ministers Responsible for Seniors produced a guide on age-friendly rural and remote communities with particular attention on Canadian views and circumstances.<sup>41</sup>



- **How core principles of social innovation influence the outcomes:** AFC initiatives put emphasis on collaboration and collective impact among multi- and cross-sectoral partners. These initiatives also use the expertise of seniors to strengthen communities. The approach is flexible, draws on the strengths and resources of a diverse set of partners, builds on local capacity, and can be adapted to local concerns, resources and characteristics. This process tailors responses to community-defined priorities that are strong and lasting. The inclusive and flexible nature of this process encourages collaboration among partners with diverse perspectives and results in unique solutions.

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## **2** **Coordination of Two Seniors' Programs: Better at Home and the Farmers' Market Nutrition Coupon Program**

- **Purpose:** To help make fresh, healthy food more accessible for lower-income families and seniors.
- **Type of community:** Rural
- **Jurisdiction:** British Columbia
- **Target population:** Low income seniors, First Nations seniors and Elders
- **Timeframe for the project:** Ongoing



- **Organizations involved:** Provincial government (funds the Better at Home, Farmers' Market Nutrition Coupon Program); non-profit (North Cariboo Aboriginal Family Program Society, Canadian Diabetes Association)
- **Project description:** The North Cariboo Aboriginal Family Program Society coordinates the Better at Home and the Farmers' Market Nutrition Coupon Program. Seniors who are enrolled in both programs benefit from advantages. Better at Home volunteer drivers pick up seniors (many of whom are low-income women) who are enrolled in the program and drive them to the local farmers' market to spend the coupons (funded by the provincial government) on locally grown food. This service ensures that seniors are able to use their coupons while they are still valid, and creates opportunities for seniors who live alone to share and maximize their coupons. Volunteer drivers then take the seniors to a local community kitchen for the Food Skills for Families (Seniors in the Kitchen) program, a food literacy program implemented by the Canadian Diabetes Association with funding from British Columbia's Provincial Health Services Authority. There, seniors develop and share food preparation skills, socialize, and are often introduced to healthy foods (like kale) that they might otherwise not have tried or known how to prepare. At the end of the session the Better at Home drivers take the seniors home with the food they have prepared.
- **Outcomes:** Increased community engagement, social participation, and skills development.



- **How core principles of social innovation influence the outcomes:** The services are an example of effectively aligning existing assets, programs, initiatives, funding, expertise and experience. The North Cariboo Aboriginal Family Program Society has drawn on funds, expertise and assets to build on local knowledge and services. The coordination of programs effectively strengthens protective factors and lessens risk factors for social isolation by combining transportation, healthy eating, skills development, income support, community engagement and social connectedness for lower-income seniors at risk of isolation.

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### **3 Social Connections Program**

- **Purpose:** To address seniors' interest in forms of social interaction other than one-on-one friendly visiting and telephone check-in services.
- **Type of community:** Rural
- **Jurisdiction:** British Columbia
- **Target population:** Seniors living in the community
- **Timeframe for the project:** In its third year of operation, ongoing



- **Organizations involved:** Provincial government (funds the Cranbrook Better at Home program); non-profit (Community Connections Society of Southeast BC, Cranbrook and District Community Foundation, and other partner organizations, a middle school, a religious institution, a multicultural society) and local businesses (restaurants and cafes)
- **Project description:** The Social Connections program provides opportunities for seniors to meet, interact with and support other seniors in the community through small-group lunch gatherings like “Coffee or a Cone” dates and spa days. The organization also provides backing for the creation of a peer support group for blind and partially sighted seniors and other community members of all ages. As it evolves, Social Connections has created a local network of partners to help sustain and expand the program; for example, a variety of local organizations have hosted lunch gatherings, including a middle school, a religious institution and a multicultural society. Several local restaurants and cafes have supported the program by providing coupons, donations and discounts. Further partnership opportunities are being explored with other local organizations.
- **Outcomes:** Expanded social networks, increased awareness of community services, increased participation in new activities, and exposure to diverse populations (e.g. younger people, people from varied cultural backgrounds, people of diverse abilities).



- **How core principles of social innovation influence the outcomes:** This project is built on collaboration among traditional and non-traditional partners from government, non-profit and business sectors. Partners are using their diverse experience to create accessible community services. They are also responding to the local need by building on the strengths and resources of the community. These factors contribute to sustainability and durability.

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#### **4 Wainwright and District Handivan Society**

- **Purpose:** Create an alternate transportation model for seniors who are no longer able to drive.
- **Type of community:** Rural
- **Jurisdiction:** Alberta
- **Target population:** Seniors living in the community
- **Timeframe for the project:** 2012 to present
- **Organizations involved:** Wainwright and District Handivan Society (the Handivan Society), University of Alberta Medically At Risk Driver Centre (MARD), volunteer drivers, local physicians, oil company, local seniors complex, local newspapers and the local radio station





- **Project Description:** The Handivan Society in the rural community of Wainwright, Alberta, participated in a pilot project with the MARD Centre, to create and test an alternate transportation model for seniors who are no longer able to drive. The MARD centre provided the initial seed funding for the initiative. The Handivan Society owns a bus and van, which they use to transport seniors, as well as others with physical limitations and/or disabilities, to medical appointments and family events such as weddings or funerals. At the end of the pilot project the Society committed to supporting an ongoing alternate transportation service.
- **Outcomes:** The Handivan Society's transportation service is in its second full year of operation, with plans to expand the service to adjacent communities and increase the number of vehicles in the operation. The number of rides provided has increased from 43 rides per month when they launched the service in 2013, to 120 per month in early 2016. The Handivan Society is committed to establishing the administrative and financial resources to sustain activities ten years into the future. As of 2015, the society estimates that it will receive sufficient financial and in-kind donations to fulfil this ten-year commitment. This model also helped to inform the development of the *Alternate Transportation for Seniors* toolkit. The toolkit includes tangible approaches and steps to help both rural and urban communities in developing capacity to create sustainable transportation models for seniors. In the first week following its February 2016 release, the toolkit was downloaded from the MARD Centre website over 200 times.



- **How core principles of social innovation influence the outcomes:** This project brought together a network of community organizations with different expertise and resources to meet the mobility needs of seniors, as identified in a community needs assessment. Making use of multi- and cross-sectoral partnerships to share risks and outcomes, the Handivan Society has leveraged significant private sector resources to support the project. Local businesses and employers provide ideas, financial, and in-kind donations such as fuel, free parking, and other supports. The project demonstrates durability and sustainability and is helping to inform the successful development and implementation of sustainable, responsive models of alternate transportation services for seniors in other Alberta communities. The Handivan Society model is adaptable to other small and medium size communities, especially rural and remote communities lacking comprehensive public transportation options.

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## 5 A Walk on the Wild Side<sup>42</sup>

- **Purpose:** To connect residential care residents to the larger community.
- **Type of community:** Urban
- **Jurisdiction:** Saskatchewan
- **Target population:** Residents living in long term care facilities



- **Timeframe for the project:** November 26, 2007 to November 21, 2008
- **Organizations involved:** Sherbrooke Community Centre, environmental organizations, academia and federal government (New Horizons for Seniors Program), government and non-government organizations
- **Project description:** This novel approach to facilitating seniors' social inclusion stems from what seniors have to offer rather than only at what they need. Residents in long term care facilities can be cut off from the larger community and are frequently the recipients of intervention. Seniors however, have a great deal of accumulated knowledge about the environment that is beneficial to the community. This project has created community eco-trails and an insect and butterfly garden for the benefit of Saskatonians and visitors of all ages. The project positions seniors as leaders, as holders of knowledge, as teachers to children and younger adults and as positive contributors to their community.
- **Outcomes:** After the project concluded, youth took a leadership role to continue offering guided tours for visitors to the site. Overall, there were 270 participants in the project (120 seniors and 150 non-seniors).



- **How core principles of social innovation influence the outcomes:** This project facilitates the valuing and respecting of seniors, and recasts them as contributing members of their communities. The project has resulted in collaborative partnerships between seniors and environmental organizations, schools and government and non-government organizations.

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## **6** Ithinto Mechisowin Community Country Food Program<sup>43</sup>

- **Purpose:** To increase respect for community elders and demonstrate their value to the community.
- **Type of community:** Northern, rural
- **Jurisdiction:** Manitoba
- **Target population:** Elders, First Nations, low income
- **Timeframe for the project:** 2014, ongoing
- **Organizations involved:** Provincial government (Northern Food Security Community Economic Development Fund), O Pison Na Piwin Cree Nation
- **Project description:** Community elders contributed their knowledge and skills about traditional foods and gardening to support local food self-sufficiency. The program delivered traditional foods that were harvested or hunted from the local area to people with low incomes. The Food Program also creates important learning opportunities for both youth and adults.



- **Outcomes:** 200 people receive fish, berries, vegetables and wild meat each week.<sup>44</sup> As a result of elders visibly contributing to their community, respect for them increased, facilitating their sense of value and inclusion and their greater social participation. The collaborative approach also strengthened the bonds between elders and younger community members. Based on the success of the project, it will expand to other Manitoban communities.
- **How core principles of social innovation influence the outcomes:** This project leveraged funds from another initiative (food security). It used community expertise and assets (i.e. elders' traditional knowledge) to tailor a response to a community need.

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## 7 Friendly to Seniors Program<sup>45</sup>

- **Purpose:** To increase the age-friendliness of businesses.
- **Type of community:** Urban
- **Jurisdiction:** Ontario
- **Target population:** Seniors living in the community
- **Timeframe for the project:** Ongoing
- **Organizations involved:** Businesses, seniors' organizations and municipal government



- **Project description:** The Friendly to Seniors Program offers local businesses an assessment of their senior friendliness, provides resources and awareness literature, and makes suggestions for improvements. Participants are presented with a Friendly to Seniors Certificate that can be displayed in storefronts or staff rooms. Seniors participate in business assessments and in senior awareness programs for employees.
- **Outcomes:** Started a television program, Friendly to Seniors, on the local cable station; developed YouTube videos; and certified businesses as Friendly to Seniors (including financial services, public libraries, seniors centres, coffee and book stores, and health clinics—some of which made changes in order to become certified).
- **How core principles of social innovation influence the outcomes:** This project builds on the momentum of the age-friendly communities' movement to create systemic change in the business environment. It is entrepreneurial in that businesses are rewarded for participation. This project required the commitment and contribution of the private, public and non-profit sectors, pooling their expertise and resources. Its success and durability rests on these parties sharing risks, benefits and outcomes.



## 8 South Shore Helping Hands<sup>46</sup>

- **Purpose:** To help people stay in their homes and remain independent
- **Type of community:** Rural
- **Jurisdiction:** Nova Scotia
- **Target population:** Seniors living in the community
- **Timeframe for the project:** Began in June 2015
- **Organizations involved:** Local health authority, provincial (Department of Seniors) and federal government (New Horizons for Seniors Program); non-profit (Victorian Order of Nurses)
- **Project description:** South Shore Helping Hands is a community-based program that provides people with assistance with small tasks that are becoming too difficult, or can no longer be done safely. Tasks include things like: transportation to and from medical appointments or errands; minor home repair; yard clean-up or shoveling; piling firewood; companionship and a friendly visit for seniors who live alone. Volunteers are set up with individuals on a daily, weekly or monthly basis, depending on the need and volunteer availability. Transportation is often the first need and frequently leads to other services and increased social participation. In 2014–2015, with support of the federal government’s New Horizons for Seniors Program, this project was extended to two other counties in Nova Scotia to establish similar Helping Hands volunteer programs throughout the regional health authority.



- **Outcomes:** As of August 2015, 55 volunteers have given over 1,000 hours, enabling 77 seniors to remain in their homes more safely and socially engaged than otherwise possible.
- **How core principles of social innovation influence the outcomes:** This project is an example of an effective partnership between the volunteer sector and government, accessing funding from local, provincial and federal governments. The project makes the most of human resources in the retiree community to help meet the needs in an aging community with less help. The project is also an example of expanding a successful project to reach a wider population of seniors. Both seniors who receive services and seniors who provide services benefit through increased social participation. Much of the success comes from the leadership of the founder, who led the project, found partners and encouraged collaboration.

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## 9 Senior Centre Without Walls<sup>47</sup>

- **Purpose:** To provide educational and recreational programs to seniors in their homes.
- **Type of community:** Urban, rural, remote
- **Jurisdiction:** Manitoba
- **Target population:** All seniors in Manitoba
- **Timeframe for the project:** Ongoing





- **Organizations involved:** Non-profit (A & O: Support Services for Older Adults), municipal government (Winnipeg Regional Health Authority) and provincial government (Manitoba Seniors and Healthy Aging Secretariat)
- **Project description:** Senior Centre Without Walls offers a unique opportunity for Manitobans 55 years of age and older, to join educational and recreational programs from the comfort of their own homes by teleconference. Program topics include: educational presentations, health and wellness, language classes, book clubs, travelogues and support groups. The programs are free. They are accessed through a toll-free number and are offered during the day and in the evening. Accommodations are made for seniors with vision loss.
- **Outcomes:** In 2014–2015, the program provided service to 5,400 callers and offered 526 classes.
- **How core principles of social innovation influenced the outcomes:** This project uses technology, funding and expertise to expand the capacity of standard programming, making it available to all seniors in the province. It builds on the momentum of the initiative of age-friendly communities in Manitoba. It is accessible to a broad range of seniors, including those who are housebound or have loss of mobility or vision, and seniors who are limited for reasons of finances, location or other factors.





## Creating Conditions that Generate Innovative Solutions

While the examples in the previous section show some of the core principles of social innovation, they also draw attention to conditions that lead to greater success. Some of these principles include:

- **Community readiness** – A strong commitment from organizations to engage people in developing and implementing community programs, using the strengths and relationships in the community (e.g. networks, memberships, space, expertise, talents, and funds) for a common objective. The quality of relationships among participants can affect the success of a project, so it is important to set a shared vision, clear roles and good communication from the beginning.
- **Leadership and champions** – People and organizations with influence in the community can create and sustain new ways of working together and instill a culture of learning. These leaders are vital in building teams from across sectors and helping to define objectives.
- **Planning and measuring objectives using evidence** – Plans have clear objectives when they are based on research and evidence. Part of planning a project is thinking about how objectives and success can be measured. Recognizing the strengths and weaknesses of a project makes it easier to develop and succeed. It also helps when trying to modify projects or adapt them for other communities.
- **Realistic timeframe** – As the saying goes, Rome was not built in a day. Change takes time to develop, whether in attitude, behaviour, an organization or a system. Many of the examples above were the result of a process of trial and error. It is important to take time to learn and reflect, adapt to new processes and partners, celebrate achievements and seize opportunities.



- **Openness to creativity** – Solutions based on proven methods can be very effective; this is a cornerstone of social innovation. However, this does not mean that an initiative which has been successful in one community will also be in another. Existing initiatives may be improved upon and new ideas may be very valuable. Partners should be willing to think outside the box and be open to change. Flexibility and open-mindedness help people and organizations to adjust to new and unexpected circumstances.



## Next Steps Finding Solutions to Social Isolation

As the Canadian population ages, the social and economic contributions of seniors will be increasingly tied to the success of all Canadians. To ensure that seniors continue—and even enhance—their participation in society, it is important for them to remain healthy and engaged in their communities. However, social isolation is a widespread and growing issue that has serious negative consequences for seniors, their families and their communities. How can social isolation and its effects be reduced? With the partnership of local organizations, seniors thrive and communities benefit from their continued contributions as active participants.

This first volume is an introduction to social isolation and social innovation for anyone interested in reduced social isolation in their community. Seniors, seniors' organizations, and a variety of groups with an interest in reducing social isolation among seniors can take the lead in facilitating discussions to find solutions to address the situation in their communities.

A simple step could be to have a conversation about social isolation with people serving seniors in the public, business and non-profit sectors in a community. Conversations might be informal to start and become structured meetings later on. There are different ways to start this conversation; one approach is to organize an event where ideas can be exchanged. *Social Isolation of Seniors Volume II: Ideas Exchange Event Toolkit* is a toolkit to help anyone wanting to take action to reduce social isolation in their community. It contains: (1) a series of templates for organizing and carrying out an effective ideas exchange event; and (2) a sample of tools and resources to encourage the development of lasting community



partnerships. Because communities have different abilities and readiness to act, the toolkit contains a range of resources that can be used by groups at different times and stages of partnership.

The two volumes are intended to motivate locally and culturally relevant action that reflects the environmental, economic, and social conditions of each community to reduce the social isolation of seniors. Ideas exchange events as described in volume two provide a venue for stakeholders from across the community an opportunity to express their views on what actions could be taken to reorganize efforts or generate momentum to address seniors social isolation in their community.



## Appendix A Glossary of Terms

### **Age-friendly communities**

This model was developed by the World Health Organization in collaboration with the Government of Canada, with participation from 33 cities worldwide, including 4 Canadian communities. It 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. This project brought together cities from around the world that were interested in supporting healthy aging by becoming more age-friendly. Age-friendly communities provide opportunities not just for seniors, but for the whole community. For more information on how to start, implement, and evaluate age-friendly community initiatives please visit <http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php>

### **Collective impact**

An approach which brings together different sectors for a common agenda to solve large complex problems—can be applied to existing collaborative work to help facilitate cross-sector engagement to effectively implement their strategies to achieve their desired results.<sup>48</sup>

### **Protective factors**

Traits, situations or circumstances that contribute to the social integration of seniors.

### **Risk factors**

Individual, social, environmental and community factors that may place seniors at risk of social isolation and loneliness.



- Social exclusion** Social exclusion is a multidimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live.<sup>49</sup> It is a determinant of health as defined by the World Health Organization and results from poverty, relative deprivation, racism, discrimination, stigmatization and unemployment. Social exclusion among older people refers to an experience characterized by deprivation and the lack of access to social networks, activities and services, resulting in poor quality of life.<sup>50</sup>
- Social inclusion** Describes how a society values all of its citizens, respects their differences, ensures everyone's basic needs are met, and welcomes and enables full participation in that society.<sup>51</sup>
- Social innovation** An intentional way that community organizations, governments, researchers, seniors and businesses work together and combine resources to address issues such as social isolation of seniors. Social innovation looks for concrete solutions that make the most of funds, expertise and assets, shares risks and benefits; and builds lasting partnerships between sectors.
- Social isolation** 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 relationships.





## References

- 1 Statistics Canada. Population Projections for Canada (2013–2063), the Provinces and Territories (2013–2038). Retrieved November 12, 2015 from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2014001-eng.htm>
- 2 Statistics Canada. Population Projections for Canada (2013–2063), the Provinces and Territories (2013–2038). Retrieved November 12, 2015 from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2014001-eng.htm>
- 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 September 2014 from [http://www.health.gov.bc.ca/library/publications/year/2006/keefe\\_social\\_isolation\\_final\\_report\\_may\\_2006.pdf](http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf)
- 4 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> as cited in National Seniors Council (2014). Report on the Social Isolation of Seniors 2013–2014. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 5 Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2–3).



- 6 Sneed, J. R., & Whitbourne, S. K. (2005). Models of the aging self. *Journal of Social Issues*, 61(2), 375–388.
- 7 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.
- 8 Edwards, P., Mawani, A. (2011). Health Aging in Canada: A New Vision, A Vital Investment. (A brief prepared for the Federal/Provincial/Territorial Ministers Responsible for Seniors.)
- 9 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved February 3, 2016 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 10 Office for Seniors (ND) Cross government project to reduce social isolation of older people – Interim Report: Project Phases One to Three. Department of Communities, Queensland Government, Brisbane, p.13.
- 11 Forum of F/P/T Ministers Responsible for Seniors. *Working Together for Seniors: A Toolkit to Promote Seniors' Social Integration in Community Services, Programs, and Policies* (2007). Accessed October 18, 2015 from [http://www.health.gov.bc.ca/library/publications/year/2007/policies\\_program\\_report\\_apr\\_2007.pdf](http://www.health.gov.bc.ca/library/publications/year/2007/policies_program_report_apr_2007.pdf).
- 12 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 September 2014 from [http://www.health.gov.bc.ca/library/publications/year/2006/keefe\\_social\\_isolation\\_final\\_report\\_may\\_2006.pdf](http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf)



- 13 Hawkey, Louise C., Cacioppo, John T. Loneliness. Retrieved October 2015 from [psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/hc09.pdf](http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/hc09.pdf) Center for Cognitive & Social Neuroscience & the Department of Psychology; University of Chicago.
- 14 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 15 Keefe, J., Fancey, P., Andrew, M., and Hall, M. (2006). A profile of social isolation in Canada. Prepared for Federal/Provincial/Territorial Committee of Officials (Seniors). Retrieved July 15, 2015 from [http://www.health.gov.bc.ca/library/publications/year/2006/keefe\\_social\\_isolation\\_final\\_report\\_may\\_2006.pdf](http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf)
- 16 Statistics Canada 2008–2009 Canadian Community Health Survey, cited in National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.1. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 17 Gilmour, Heather (2012). Statistics Canada Health Reports October 2012. Retrieved September 14, 2015 from <http://www.statcan.gc.ca/pub/82-003-x/2012004/article/11720-eng.htm>
- 18 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)



- 19 Keefe, J. & Fancey, P. (2007). A Profile of Social Isolation in Canada: Phase 2, Final Report. Prepared for the Federal/Provincial/Territorial Working Group on Social Isolation.
- 20 Keefe, J., Fancey, P., Andrew, M., and Hall, M. (2006). A profile of social isolation in Canada. Prepared for Federal/Provincial/Territorial Committee of Officials (Seniors). Retrieved July 15, 2015 from [http://www.health.gov.bc.ca/library/publications/year/2006/keefe\\_social\\_isolation\\_final\\_report\\_may\\_2006.pdf](http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf)
- 21 Grenade, L. and Boldy, D. (2008). *Social isolation and loneliness among older people: issues and future challenges in community and residential settings*. Australian Health Review August 2008 Vol. 32 No. 3, 468–478.
- 22 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 23 Viswanathan, L., Shakir, U., Tang, C., & Ramos, D. (2003). *Social Inclusion and the City: Considerations for Social Planning*. Toronto, ON: Alternative Planning Group (APG).
- 24 Brotman, S. (2006). *The Health and Social Service Needs of Gay and Lesbian Seniors and Their Families in Canada*. McGill University School of Social Work. Retrieved February 4, 2016 from [http://seniorspolicy.ca/Root/Materials/Adobe%20Acrobat%20Materials/needs\\_of\\_gay\\_and\\_lesbian\\_seniors.pdf](http://seniorspolicy.ca/Root/Materials/Adobe%20Acrobat%20Materials/needs_of_gay_and_lesbian_seniors.pdf)



- 25 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 26 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 27 Neri Liberlesso, A., Yassuda, M., Fortes-Burgos, A., Mantovani, E., Arbex, F., et al. (2011). Relationships between gender, age, family condition, physical and mental health, and social isolation of elderly caregivers. *International Psychogeriatrics*, Vol. 24, Issue 03, pp.472–483.
- 28 Office for Seniors (ND) Cross government project to reduce social isolation of older people – Interim Report: Project Phases One to Three. Department of Communities, Queensland Government, Brisbane, p.13.
- 29 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved July 15, 2015 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 30 Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2-3).
- 31 Holt-Lunstad J, Smith TB, Layton JB (2010). *Social Relationships and Mortality Risk: A Meta-analytic Review*. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316. Accessed February 2, 2016.



- 32 Holt-Lunstad J, Smith TB, Layton JB (2010). *Social Relationships and Mortality Risk: A Meta-analytic Review*. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316. Accessed February 2, 2016.
- 33 Cohen, G.D. et al. (2006). *The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults*. The Gerontologist 46 (6). Accessed February 2, 2016 from <http://gerontologist.oxfordjournals.org/content/46/6/726>
- 34 National Seniors Council (2014). *Report on the Social Isolation of Seniors 2013–2014*. Government of Canada, p.9. Retrieved February 3, 2016 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/social\\_isolation/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml)
- 35 Sneed, J. R., & Whitbourne, S. K. (2005). Models of the aging self. Journal of Social Issues, 61(2), 375-388.
- 36 Community Foundations of Canada (2015). *Belonging: Exploring connection to community*. Vital Signs 2015 National Report. Retrieved October 19, 2015 from <http://communityfoundations.ca/resources/vital-signs-belonging-exploring-connection-to-community-2015>
- 37 Community Foundations of Canada (2015). *Belonging: Exploring connection to community*. Vital Signs 2015 National Report. Retrieved October 19, 2015 from <http://communityfoundations.ca/resources/vital-signs-belonging-exploring-connection-to-community-2015>
- 38 Taking Care Discussion Paper – Advisory Council on Social Entrepreneurship. Retrieved July 15, 2015 from [http://tamarackcci.ca/files/taking-carefinaldiscussion-paper1\\_-\\_bc\\_social\\_innovation.pdf](http://tamarackcci.ca/files/taking-carefinaldiscussion-paper1_-_bc_social_innovation.pdf)



- 39 Frances Westley. Retrieved June 29, 2015 from  
<http://www.sigeneration.ca/home/resources/primer/>
- 40 World Health Organization (2007). Global Age-friendly cities: A Guide. WHO  
Retrieved June 12, 2015 from [http://www.who.int/ageing/publications/  
Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)
- 41 Public Health Agency of Canada. “Age-Friendly Communities.” Accessed  
February 15, 2016 from  
<http://www.phac-aspc.gc.ca/seniors-aines/afc-cao-eng.php#sec4>
- 42 Employment and Social Development Canada. Accessed July 15, 2015 from  
<http://www.esdc.gc.ca/eng/seniors/stories/index.shtml>
- 43 Retrieved June 29, 2015 from <http://www.gov.mb.ca/ana/nhfi.html>
- 44 Tides Canada. The Food that Binds Us. Accessed November 18, 2015 from  
[http://tidscanada.org/impact\\_stories/the-food-that-binds-us/](http://tidscanada.org/impact_stories/the-food-that-binds-us/)
- 45 Retrieved June 29, 2015 from  
<http://www.friendlytoseniors.ca/contact%20us.htm>
- 46 Retrieved September 30, 2015 from  
<http://mahonebaycentre.org/about-sshh/>
- 47 Retrieved September 26, 2015 from  
<http://www.ageopportunity.mb.ca/services/scww.htm>
- 48 Retrieved July 15, 2015 from  
[http://tamarackcci.ca/resource-library/collective-impact-community-  
change/collective-impact-shared-resources](http://tamarackcci.ca/resource-library/collective-impact-community-change/collective-impact-shared-resources)



- 49 Silver, Hilary. *Social Exclusion: Comparative Analysis of Europe and Middle East Youth*. Accessed September 14, 2015 from <http://www.meyi.org/publication-social-exclusion-comparative-analysis-of-europe-and-middle-east-youth.html>
- 50 Office of the Deputy Prime Minister (2006). Quoted in Queensland Government Department of Communities. *Cross-Government Project to Reduce Social Isolation of Older People: Best Practice Guidelines* (2009). [www.bristol.gov.uk/document/20182/34732/Queensland%20Govt%20%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c-720c-4bd6-ae45-a69ba7ff5b45](http://www.bristol.gov.uk/document/20182/34732/Queensland%20Govt%20%20Social%20Isolation%20of%20Older%20People.pdf/f6b58c-720c-4bd6-ae45-a69ba7ff5b45)
- 51 Rachel Westfall, Senior Statistician, Yukon Bureau of Statistics, on behalf of the Office of Social Inclusion, Department of Health and Social Services. *Dimensions of Social Inclusion and Exclusion in Yukon* (December 2010). [www.hss.gov.yk.ca/fr/pdf/SI\\_REPORT\\_\(Dec.\\_17-10\).pdf](http://www.hss.gov.yk.ca/fr/pdf/SI_REPORT_(Dec._17-10).pdf)