

Seniors and Social Isolation in Guelph & Wellington County

HIGHLIGHTS

Social isolation is an issue for local seniors...

- Although local service providers know that there are socially isolated seniors in our community, they say it is a challenge to determine who these seniors are and how many are isolated.

Measuring Social Isolation...

- For many reasons, measuring the numbers of seniors living in social isolation is difficult. At present we do not have an estimate of the number of seniors in Guelph and Wellington that are living in social isolation.
- Measurement of social isolation is important because high levels of social isolation are linked to mortality, hospitalization, health problems and depression.

There are several factors that contribute to individuals' well-being including their states of health, their levels of independence, their financial security and their abilities to socialize and have meaningful interactions with others¹. As a result, if individuals do not have significant contact with others, they may become socially isolated and their quality of life may diminish. There are several things that may contribute to individuals becoming socially isolated including a lack of financial resources, proximity to family members, death of friends and/or spouses, recent moves, transportation barriers, living alone, and social networks^{2,3,4,5}. Seniors will deal with each of these transitions differently depending on their ability to cope with loss, transition and change.

In discussions with service providers, isolation was identified as an issue local seniors face.

Being socially isolated can have several negative consequences. For example, social isolation is the largest factor that contributes to elder abuse⁶. Talking to individuals is often the first step in learning about

what risks they may be facing as a result of their isolation⁷. Thus, it is important that seniors communicate with others regularly to ensure that they are safe and given a chance to voice any concerns they have. For seniors who have social networks, access to opportunities for communication is often not an issue, however isolated seniors may experience many days without talking to anyone.

Some seniors are at increased risk of being socially isolated including those who live in urban areas and those who have recently immigrated to Canada. In their Second Interim Report, the Special Senate Committee on Aging indicated that individuals living in urban areas are close to three times more likely to be socially excluded than their rural counterparts. This finding is thought to result from the idea that those who live in rural areas are more likely to know each other and are more able to draw upon each other for peer support and transportation to and from activities⁸. This also highlights that social isolation is about much more than geographic isolation and people living in community settings may still experience feelings of isolation if they are unable or hesitant to participate in social activities.

Recent immigrants may also be more at risk of social isolation than seniors who have lived in Canada longer. If new Canadian seniors do not speak English, they may be at a disadvantage to meet and form meaningful relationships with neighbours and community members who do not speak their language; they may also face challenges accessing appropriate services to meet their needs. Furthermore, depending upon how many family members are nearby, seniors who are new to Canada may not have others to advocate or arrange services on their behalf; this could also increase the likelihood that they will experience isolation.

Service providers are faced with the ongoing challenge of making services inclusive and welcoming to all seniors in our community. The provision of inclusive services is about many considerations including, but not

limited to, aspects of culture, ability, sexual orientation, and family composition. When attempting to meet the needs of New Canadian clients, language and culture are two aspects of inclusiveness senior service providers may need to take into consideration; both are complex and vary across groups of people and individuals. Assumptions about how people might act or react based on ideas that are held about their cultural, ethnic or immigrant background or history could lead to misunderstandings and inadvertent exclusion. Service providers for seniors might benefit from training in anti-oppressive and inclusive practice to increase understanding of issues and needs faced by their diverse clients.

It is an ongoing challenge to locate and obtain an estimate of how many seniors are living in isolation in both rural and urban communities. Discussions at the roundtables revealed that service providers struggle to serve this population in Guelph and Wellington. People living in isolation are not likely to seek out services. Outreach programs are one way to identify seniors who would not seek out support on their own; as well, representatives from one local agency said they often receive referrals for support services from concerned family members and/or neighbours who notice that an older adult is in need of some type of assistance. This informal support is extremely important in the identification of seniors in need.

When service providers were asked what type of information they would find useful in order to best meet the needs of their clients, they said that they would benefit from research that could identify how many seniors are living in isolation in our communities. For the reasons listed above, this task would be a challenge to accurately accomplish; however it remains an important piece of missing information in service planning and provision.

MEASURING SOCIAL ISOLATION

Measuring the number of seniors who are socially isolated is a challenge faced by service providers in Guelph and Wellington and beyond. A 2006 Statistics Canada report makes the connection between social networks and level of happiness. Canadian seniors living

with a spouse are more likely than seniors living alone and seniors in other living arrangements to report feeling “very happy”. Local service providers may consider living arrangements and level of happiness as potential risk factors for social isolation. The same report suggests that not having any friends may be an indicator of social isolation. As people age it becomes more likely they will report not having any close friends – 18% of Canadian seniors 75 and over reported not having any close friends, compared to 5% of people ages 24-54. Some the reasons seniors may report less friends are:

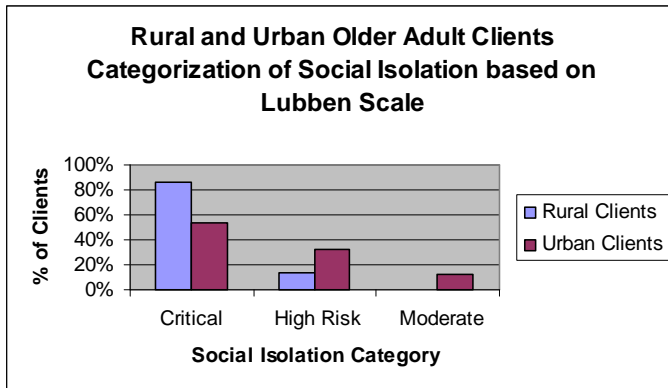
1. Loss of friends due to death or migration
2. Minimal opportunities to meet new people
3. Minimal value put on friendships⁹

Lubben Social Network Scale

The Lubben Social Network Scale is a tool that may assist service providers to determine whether or not their senior clients are socially isolated. The scale was created for use with older adults and gathers information about relationships with friends and family. Low scores have been linked to mortality, hospitalization, health problems and depression¹⁰.

How the Lubben Scale might be used Locally

The local Victorian Order of Nurses (VON) uses the Lubben Scale in their *Volunteer Visiting, Adult Day Program* and *Telephone Reassurance Programs*. From 2003-2006 information was gathered for about 100 clients across Wellington County. Sixty percent (60%) of the clients lived in rural areas and 40% lived in urban areas (including the City of Guelph and towns throughout the County). In this sample average scores were lower for people living in rural areas (indicating higher levels of social isolation) than people living in Guelph and other towns. Below is a chart that illustrates the percentage of seniors that were categorized as critical, high risk and moderate based on their social isolation scores on the Lubben Scale, as recorded through their participation in one of the three VON programs listed above.



Source: Information gathered from 100 Guelph and Wellington VON clients across three programs from 2003-2006

Two pieces of information are very important to keep in mind when interpreting the chart above:

1. The seniors whose Lubben Scale scores are reflected in the chart were referred to the VON from the Community Care Access Centre, doctors and other care givers thus they were all identified as in need of services or support before being assessed using the scale.
2. In this light, the seniors reflected in the chart are a unique sub-sample of seniors in Guelph and Wellington and the statistics above are not generalizable to the experiences of a broader sample of seniors in our community.

This information remains useful however for the following reasons:

1. Although we know that there are seniors in our community that are socially isolated, we do not know how many. The Lubben Scale is one tool that might be used with more seniors across programs and services to get a more broad sense of how many seniors are isolated.
2. The high percentages of seniors who fall into the critical and high risk categories after referral to the VON suggest that seniors may not be referred to services and supports in the early stages of needing support. Prevention and early identification strategies are needed.

ADDRESSING AND REDUCING SOCIAL ISOLATION

A British Columbia Ministry of Health report suggests that any intervention aimed at reducing social isolation must tailor to the target client group and meet the unique needs of the community in which it is to be implemented. With this in mind, their review of research and literature in the area found Peer Helping or Visiting was the most common program type used to address social isolation. These programs included:

- Home visiting (with cultural sensitivity and in a language of origin)
- Telephone support
- Transportation assistance
- Drop-in socializing programs
- Coffee wagon service
- Volunteer opportunities with children and/or other seniors
- Peer support group for widows

This report concluded with a list of recommended areas of research (including identification of best practices) and the following recommendations for program development:

- “Supporting transportation initiatives for seniors,
- Using remote communications to reduce isolation,
- Increasing community awareness of services for seniors,
- Supporting informal caregivers,
- Increasing the service delivery capacity of small community agencies,
- Supporting the development of volunteer based outreach programs.”¹¹

Their findings underscore the importance of continuing to support programs that currently exist in our communities in Guelph and Wellington, as well the development of new programs and services that respond to and address the needs of socially isolated seniors in our communities.

The longitudinal study, *Aging in Manitoba*, noted the lack of research about programs that address social isolation. Key informant interviews conducted to better understand the issue of social isolation led to the following list of characteristics of successful programs:

- Adequate and sustainable funding
- Seniors involvement in all aspects of program design and delivery
- Recognition of volunteers time and work
- Clearly defined roles for volunteers
- Program coordinators that are connected with community agencies and seniors
- Creative outreach efforts used to access isolated seniors
- Networking opportunities to share ideas about what works to help address isolation
- Individualized program design
- Diverse promotion/advertising
- Welcoming facilities with adequate space
- Accessible and affordable transportation
- Partnerships between levels of government, community organizations, citizens, etc.^{12,13}

This list might be a useful starting point for local initiatives with the goals of addressing and/or reducing social isolation in our community. As previously noted, the ways these “characteristics” will look in practice will reflect the specific needs and dynamics of the population being targeted and the community in which they are being implemented.

SOME LOCAL PROGRAM AND SERVICES

A number of local programs attempt to make opportunities for communication and contact available for seniors. These programs and/or services include:

- The Victorian Order of Nurses* (VON) provides friendly visiting and phone calls to seniors living in Guelph and Wellington County
- The Guelph Wellington Seniors Association also provides a number of support programs including *Feeling Better and Feeling Better too** (an in-home exercise program), *Seniors offering Support* (peer support)*, *Outreach* and a *Call Assurance* program

- Victoria Park Seniors Centre (Fergus)
- North Wellington Seniors Association*
- East Wellington Advisory Group*
- Community Resource Centre* (Fergus)
- Happy Hopefuls (a Women in Crisis* support group for older women).

* Indicates the agency listed receives United Way of Guelph & Wellington funding for one or more of their programs.

Please email us sarah@unitedwayguelph.com if you like to request the addition of a program or service to this list. Otherwise, the Guelph Volunteer and Information Centre has up-to-date information about services and programs in this area.

¹ Turcotte, M. (2006, Winter). Seniors’ access to transportation. *Canadian Social Trends – Statistics Canada*, Catalogue No. 11-008. Retrieved July 10, 2008, from <http://www.statcan.ca/english/freepub/11-008-XIE/2006005/pdf/11-008-XIE20060059528.pdf>

² Evans, G. W., Wethington, E., Coleman, M., Worms, M., & Frongillo, E. A. (2008). Income health inequalities among older persons: The mediating role of multiple risk exposures. *Journal of Aging and Health*, 20(1), 107-125.

³ Health Canada. (2006). *Social capital and health: Maximizing the benefits*. Retrieved July 10, 2008, from <http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2006-capital-social-capital/2006-capital-social-capital-5-eng.php>

⁴ British Columbia Ministry of Health. (2004). *Social Isolation Among Seniors: An Emerging Issue*. Retrieved August 25, 2008, from http://www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf

⁵ Statistics Canada (2006) *A Portrait of Seniors in Canada* Catalogue no. 89-519-XIE retrieved October, 2008 from <http://www.statcan.ca/english/freepub/89-519-XIE/89-519-XIE2006001.pdf>

⁶ Ontario Seniors’ Secretariat. (2006, October 19). *Ontario Government Marks Elder Abuse Awareness Day*. Retrieved July 9, 2008, from <http://www.culture.gov.on.ca/seniors/english/news/2006/n20061019.shtml>

⁷ Government of Ontario. (no date). *What You Need to Know About Elder Abuse*. Retrieved July 9, 2008, from <http://www.culture.gov.on.ca/seniors/english/programs/elderabuse/docs/needtoknow.pdf>

⁸ Special Senate Committee on Aging. (2008, March). *Issues and Options for an Aging Population*. Retrieved July 29, 2008, from

<http://www.parl.gc.ca/39/2/parlbus/commbus/senate/com-e/agei-e/rep-e/repfinmar08-e.pdf>

⁹ Statistics Canada (2006) *A Portrait of Seniors in Canada* Catalogue no. 89-519-XIE retrieved October 2008 from <http://www.statcan.ca/english/freepub/89-519-XIE/89-519-XIE2006001.pdf>

¹⁰ Lubben, J. & Gironde, M. (2004). *Measuring Social Networks and Assessing their Benefits* In Social Networks and Social Exclusion Sociological and Policy Perspectives, p. 20-35. Retrieved November 2008 from http://books.google.ca/books?id=hBaxP_FnB8wC&pg=PA24&lpg=PA24&dq=lubben+scale&source=web&ots=LvX2fY2PK0&sig=ZeparOnngUmz8xXFYlx0hEMOr0M&hl=en&sa=X&oi=book_result&resnum=6&ct=result#PPA25,M1

¹¹ BC Ministry of Health (2004). *Social Isolation Among Seniors and Emerging Issue*. Retrieved November 2008 from http://www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf

¹² Payne, B., Christian, C., Hall, M., & Edwards, J. (2005). *Social Isolation: Services, Strategies and Future Directions*. Retrieved November 2008 from <http://www.aginginmanitoba.ca/curProj/SocIsol.pdf>

¹³ Newall, N., Hall, M., & Payne, B. (2006). *Report on Seniors Social Isolation Workshop*. Retrieved November 2008 from http://www.aginginmanitoba.ca/PDF_docs/2006_Caboto_Workshop_WEB.pdf