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Intervention Best Practices

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Building Connected Communities: **Intervention Best Practices**

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Overview



This resource summarizes some of the best practices being used in programs and initiatives designed to address social isolation and/or loneliness in the lives of older adults. Our team extensively reviewed the literature available and consulted with experts in order to find out exactly what types of interventions for social isolation and loneliness have been successful.

This Intervention Best Practices resource may be of particular interest to individuals involved in program planning and implementation. The various case studies included highlight innovative thinking, ideas, and approaches being used to reach, understand and support socially isolated and/or lonely older adults globally. We hope that some of these ideas will help inspire your organization's present and future initiatives.

This document is part of the Social Isolation and Loneliness Toolkit, which is a collection of resources about social isolation and loneliness and their impact on older adults and older immigrants in particular. It includes educational presentations, interactive maps, community data sheets, and various other tools/resources. These tools are intended for anyone in the community who interacts or works with older adults.

01 *Reaching Lonely Individuals*

Lonely individuals are very difficult to identify because many of them may also be socially isolated, and the significant stigma attached to loneliness limits the likelihood that they will ask for help or reveal their needs.

There is a concern that loneliness initiatives will only serve people with a naturally outgoing personality and individuals who may be more able to support themselves. It is argued that steps should be taken to ensure that services are pro-actively offered to individuals who are most likely to be affected by loneliness. Those who are indeed most vulnerable.

Five broad categories of approaches can support outreach to lonely individuals:

- a. Using data to target action
- b. Eyes on the ground
- c. Linking to health services
- d. Linking to faith-based groups
- e. Collaborating with other organizations

Some applications of these approaches will be presented below along with case study examples.

a. Using Data To Target Action

There is a significant body of literature on the key risk factors for loneliness and social isolation (ex. marital status, mental and physical health status).

These approaches use available data on these issues to identify areas or households where there is a higher incidence of risk factors. The information collected is then used to target services.

Case Study: Using Data To Target Action

Springboard is a program being run in Cheshire, England in partnership between Age UK and the local Fire and Rescue Services. The two organizations share data to target home visits to older people who are determined to be at risk of loneliness (Jopling, 2015).

They use National Health Survey data to pinpoint older adults who were most likely to be in need of support based on the presence of a range of risk factors for isolation and/or loneliness, such as living alone or having mobility challenges. Then Fire and Rescue staff members visit and act as a gateway to a range of early intervention and support services.

Tip: To access 2016 census data on immigrant older adults living in the Halton and Peel regions of Ontario, Canada, check out the 2016 Census Data Sheets included in the Social Isolation and Loneliness Toolkit.

b. Eyes On The Ground

Some initiatives work through human networks as they recognize that many lonely individuals must have at least a nominal level of contact with the outside world.

These approaches work by recruiting and training individuals and professionals who often make contact with older adults within the community setting. This type of training provides them the skills to recognize the signs of loneliness and to enable them to make appropriate referrals and offer support. These services link lonely older adults with a trusted 'buddy' or 'mentor' in which they are able to develop a relationship with and who offers both practical and emotional support to the individual in order to support the achievement of specific goals.

This role is different to that of an advisor or an assessor in that the mentor/friend may get very involved in going to activities with the individual.

These relationships are normally time-limited and focus on the achievement of very specific objectives, which the older adult defines. In addition, these buddy/mentor relationships often relate to connecting to a broad range of services, groups and structures within the community rather than functioning as a long-term support structure or social connection in itself.

Case Study: Eyes On The Ground

The Senior Connector Program in Halton, ON, is a peer volunteer program offered by Community Development Halton in partnership with Burlington Age-Friendly Council, offering resources and referrals to older adults and their families (Community Development Halton, 2018). Educated older adult volunteers provide face to face contact, helping to connect their peers with community information and services in Halton, empowering older adults with the knowledge to make informed decisions. They are located in neighbourhoods where older adults may reside, congregate and/or shop.

This program benefits both; the older adults who are seeking services, and for the peer volunteers who share their skills and knowledge. Volunteering has been shown to be a positive approach to reducing loneliness and isolation.



c. Linking To Health Services

This combines some of the thinking from previous approaches in that the healthcare system has access to some critical data involving risk factors for loneliness especially surrounding mental and physical health status. However, health professionals are also among the very few groups of individuals with whom lonely older adults often have consistent contact with.

Certain approaches are currently being developed that utilize the knowledge and connections of health professionals to identify potentially lonely older adults and connect them with services.

These approaches are often driven by the desire to achieve health-system outcomes (ex. reductions in GP visits, reduced accident and emergency admissions) however, quality evaluation consistently highlights reductions in loneliness and isolation among the key impacts.

Case Study: Linking To Health Services

The Rotherham Social Prescribing program is run by a volunteer organization as part of a wider integrated case management program in primary care in England (Dayson et al., 2016). A risk stratification tool is utilized by doctors to identify eligible patients (specifically older adults with a variety of long-term conditions). Patients that are identified as needing non-medical means of support to improve their health and wellbeing are referred to the social prescribing program.

Following an in-home visit and needs assessment, advisors from the Social Prescribing program develop personalized “prescriptions” or referrals for socialization-based community services such as volunteer visiting/befriending programs, clubs, group exercise, library/community centre programs etc.

In Ontario, a small group of doctors and other health care practitioners are participating in an innovative pilot project in which they write out a “social prescription” for patients who are experiencing depression, anxiety or loneliness that affects their sense of well-being. The concept involves prescribing social activities like taking a yoga class, visiting an art gallery or joining a knitting circle to patients, who in turn recognize their own value and self-worth when they’re participating and contributing to the community (Ubelacker, 2019).

A large proportion of the patients are recent immigrants or refugees, who are at particular risk of social isolation that can lead to depression and anxiety. Research has revealed that patients who are prescribed social activities benefit from a mental-health boost, but many also end up with reduced medications and find less need to visit their doctors (Ubelacker, 2019).

Tip: To learn more about our research study and the connection to faith communities. Read our supplemental publication in the Toolkit entitled “Role of faith communities in improving supports to reduce loneliness and social isolation in immigrants 65+”
By Reshma Banu, Behije Noka & Sirena Liladrie.

d. Linking To Faith-Based Groups

For a significant proportion of new immigrants, faith-based groups, organizations and places of worship are the first point of contact because they provide an environment of familiarity and a sense of community/belonging and meaning.

A number of studies have demonstrated the positive association between involvement in faith communities and reduced anxiety, depression; lower suicide rates; enhanced social ties; greater wellbeing, hope, optimism and meaning in life. As suggested by growing evidence, the positive effects on mental health also benefits physical health. This is especially true for populations such as seniors for whom religion and faith appears to be particularly relevant and provides the notion of extended family (Koenig, 2004).

The role of faith groups and their leaders in integrating older adults into larger and more supportive social networks, are associated with lower levels of loneliness in later life. Evidence suggests programs and supports offered through faith groups and places of worship can protect against social isolation and loneliness among senior immigrants, by enhancing their sense of connectedness to other people and their community (Rote, Hill & Ellison, 2012). As demonstrated in our research study, the older immigrant adults who were interviewed overwhelmingly rated their faith communities as the most important place for them in the community. Faith-based organizations are well-positioned to serve as “community connectors”.

Case Study: Linking To Faith-based Groups

Organization: Family Services of Peel (FSP); Muslim Seniors Circle

Faith Group: Muslim Community

Role: The Muslim Seniors Circle led by Mohamed Bhabha received a funding through the New Horizons Program to create a video highlighting active Muslim senior volunteers, so as to inspire other older adults to volunteer as well. Mohamed worked with volunteers to lay the foundation of the Neighbour-to-Neighbour program, funded through New Horizons. This program consists of an initiative aimed at helping seniors who are of Muslim faith, lead more active lives and to help them participate in their community. Seniors are encouraged to contribute their skills, experience and wisdom and this involvement aims to reduce the risk of social isolation in their community (Family Services of Peel, 2008). He is also the Chair of Muslims Senior Circle, a membership of men and women age 55 and over who meet regularly to participate in educational, recreational and social programs (Muslim Seniors Circle, 2014).

To view the video go to: <http://www.muslimseniorscircle.ca/msc-programs/watch-video-serving-others-memoirs-of-muslim-seniors>

e. Collaborating With Others

Community outreach is an inherently difficult task, as individuals who are isolated are by definition difficult to find. Collaborating with other organizations is a successful tactic that is frequently used by community groups, organizations and institutions to reduce the impact of challenges associated with community outreach.

Consider that other organizations may have data, information and/or access to individuals who may need your programs/services. They may also be able to help bridge cultural or language barriers by serving as “gatekeepers” to specific communities. Remember that being associated with a trusted community agency may help you become increasingly trusted in the eyes of the community as well.

When collaborating with others, you often discuss and explore ways that you and your partners can work towards common goals. Collaborating with others also frequently involves the sharing of resources, which may lead to new, exciting opportunities and endeavors.

When reviewing organizations for collaboration purposes, consider exploring ethno-specific organizations, faith-based organizations, seniors’ centres, community hubs like libraries or community centres, as well as other service providers who have access into people’s homes (i.e. Meals on Wheels, home care services, paramedics, postal carriers).

Case Study: Collaborating With Other Organizations

The Engagement to Reduce Social Isolation in caregivers at Home and Enhance Seniors (ENRICHES) collaborative brings together six local health and community agencies to address the complex challenges facing caregivers 55+ experiencing social isolation in Toronto (Canadian Mental Health Association, 2018). The partners include: CMHA Ontario, Alzheimer Society Toronto, Sinai Health System – The Reitman Centre, WoodGreen Community Services, North York Community House, and the Mount Sinai Hospital Foundation.

ENRICHES began helping caregivers in the fall of 2015. They run an integrated network of projects that identify the caregivers who are most isolated, engage them in various activities, and connect them with services to enhance coping skills and expand their social networks. One such program is the Living Life to the Full program, an 8-week course for caregivers 55+ living in Toronto that provides caregivers with practical skills and knowledge to cope with life’s challenges (Gillis, 2016).

Together these organizations are able to reach out to more and support more older, isolated caregivers than they could on their own. As a collaborative, they provide a variety of programming (representing the specialties of each organization) including cognitive behavioural therapy (run by CMHA), public education about dementia (Alzheimer’s Society), English conversation circle (North York Community House) and others.

02 Understanding An Individual's Loneliness

It is important to have a personalized response to loneliness, especially as loneliness is considered a subjective experience based on individual perceptions of the value of different social relationships.

A first contact tool might help you to identify that a person is lonely and possibly the reasons behind it. Loneliness can be the result of one or several extrinsic (external) and intrinsic (internal) factors.

If appropriate, engaging in a 'guided conversation' with the lonely individual can help you understand more about their situation, feelings and goals. This is a relatively unstructured conversation during which their specific circumstances, needs and desires are explored, eventually leading to a discussion on what services or programs are available to improve their wellbeing.

It is important to recognize and respond to the stigma attached to loneliness. The stigma even just around using the word "loneliness" can be a challenging when trying to identify, talk about and understand an individual's situation. Some suggested strategies for navigating this are:

1. If you notice someone is alluding to the issue without using the term "loneliness", avoid using the direct word also. Instead talk about the topic generally and identify signs in open conversation.
ex. *"Are you satisfied with how often you have visitors?"*
2. Adopt more positive questions.
ex. *"What's important to you? How can we support you to live the life you want?"*
3. Make the distinction between those who "should" help themselves and those who deserve support, because some individuals have a general ambivalence towards accepting help.
ex. *"People who are ill, mentally or physically, can be very lonely because they just can't get out to do what they want to do."*

Note: If you are hoping to identify or measure signs of social isolation in stead, see the Social Isolation Detection Tool provided in this Toolkit.

Case Study: Understanding An Individual's Loneliness

The Campaign to End Loneliness (2015) developed a report titled "Measuring your Impact on Loneliness in Later Life". This report includes some reasons for using a scale to measure loneliness as well as some examples of standardized and validated tools for measuring loneliness from the research literature.

We highly recommend that you explore this report as well as the various scales available for measuring loneliness by visiting the URL link below:

<https://www.campaigntoendloneliness.org/hidden-citizens/>

03 Supporting Lonely Individuals

Support for lonely individuals can come in a variety of formats including:

a. Group-based approach – These types of programs tend to be the most effective for helping lonely people to regain a sense of community/companionship because they have opportunities for socialization built right into them. They can incorporate a variety of services including learning, health promotion and peer-support through difficult circumstances. Some additional strategies to consider for group-based programs include: Targeting a particular group, inviting group members to run the program, and focusing the program content on shared interests.

b. 1:1 approach – For some individuals the practical barriers to getting out of the house and engaging with others in the community could be too great to overcome. For this segment of the older adult population, one-to-one friendships at home may be the only practical solution. These types of programs most commonly include volunteer visiting programs or others in which a match is made between the lonely individual and one other person and they have arranged meetings

c. Psychological approach (social skills, maladaptive social cognition) – A psychological approach to programming for lonely individuals is focused on supporting people to change their (often negative) thinking about their social relationships. The literature suggests that the most effective type of programming for loneliness includes strategies for addressing “maladaptive social cognition” (i.e. thoughts like “I will be alone forever”). This approach may require the support of mental health professionals who can offer strategies based on Cognitive-Behavioural Therapy and mindfulness techniques.

Another important consideration for providing support for lonely individuals is making accommodations/modifications to your program plans or delivery methods to address the barriers that individuals may be facing.

Tip: Try our Coping with Loneliness: A resource for Older Adults tool. It is a great resource when engaging in the psychological approach, and is included in the Social Isolation and Loneliness Toolkit.

Case Study: Supporting Lonely Individuals

The Friendly Visiting Program in Peel, ON, is offered by Indus Community Services (Indus Community Services, 2019a). It is designed to support senior clients 55+ to alleviate social isolation, loneliness and depression by providing a friendly visitor who will assist in social and recreational activities and maintain community contacts. The trained and screened volunteers visit the client(s) in their private home, hospital or in an assisted living setting. Volunteers assist clients with social and recreational activities that they may no longer be able to do by themselves and provide a periodic monitoring system of the client's social and mental well-being. The program is offered to senior's 55+ residing in Mississauga, Brampton and Caledon.

Indus Community Services also run the Seniors Wellness Program in Peel, ON (Indus

Community Services, 2019b). The purpose of the Seniors Wellness Program is to reduce loneliness and isolation while enhancing senior's overall well-being. Participants are engaged in various stimulating physical and mental activities that are beneficial for participants in maintaining an active and healthy lifestyle. Participants also feel a sense of companionship as they support each other with current and past hardships (i.e. immigrating to Canada, culture shock of a new country, death of loved one, taking care-giving roles). The Senior Wellness Program encourages an affirmative, non-judgmental and friendly environment.

The Seniors Wellness program is made up of primarily South Asian seniors who speak Hindi, Punjabi and Urdu. The program is run on a weekly basis for seniors aged 55 and older. The average ages of the participants are between the ranges of 65-85 years old. The Health Promotion Specialist at Indus Community Services also coordinates group activities and monthly information sessions for the Senior Wellness group. The Health Promotion Specialist hosts information sessions on relevant health related topics such as healthy eating, disease education and prevention, elder abuse prevention, mental health care etc. The Health Promotion Specialist also incorporates therapeutic programming such as art activities in collaboration with other agencies.



(Indus Community Services, 2019)

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Note

This tool was developed by the Centre for Elder Research, Oakville ON, Canada from 2015-19. It is part a 4-year research project called Building Connected Communities: Improving Community Supports to Reduce Loneliness and Social Isolation in Immigrants 65+. This project was focused specifically on the experiences of older immigrants in the Regions of Peel and Halton. This tool is not a standardized or validated treatment for loneliness and it is also not a substitute for mental health advice. The inclusion of any agency or service in this tool does not constitute an endorsement of the service.

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