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The Role of Faith Communities in Improving Supports to Reduce Loneliness and Social Isolation in Immigrants 65+

Supplemental Reports

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# The Role of Faith Communities in Improving Supports to Reduce Loneliness and Social Isolation in Immigrants 65+

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*Building Connected Communities:*  
**The Role of Faith Communities  
in Improving Supports to  
Reduce Loneliness and Social  
Isolation in Immigrants 65+**

Reshma Banu, Sirena Liladrie and Behije Noka

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# Introduction and Purpose



***Social isolation is a silent reality experienced by many seniors, and particularly new immigrant and refugee seniors.***

– Employment and Social Development Canada (2018)



Canada as a multicultural society, has a long history of immigration. Each individual's journey of migration, settlement and integration is unique and varies depending on their life stage and other economic, social, cultural and political factors. In documenting the settlement and integration process, the distinctive barriers faced by immigrant and refugee seniors are often a forgotten piece. An important indicator of healthy ageing is social inclusion but for a senior population already vulnerable to social isolation and loneliness, the added experience of being an immigrant/newcomer makes the senior immigrant cohort more at risk. Increasing age, health issues, disruptions in social networks and communication, language barriers, unfamiliar cultural norms, limited movement and restricted transportation, critical life transitions, intergenerational conflicts, dependence on family and financial barriers are some of the risk factors that exacerbate feelings of isolation and loneliness among senior immigrants (Community Development Halton, 2016; Employment and Social Development Canada, 2018).

There is a gap in terms of the research in this area. The Sheridan Centre for Elder Research set out to bridge this gap with its current research project. In reviewing qualitative data gathered from surveying older immigrants that participated in the research, a consistent and significant theme was the importance of faith groups/communities and faith leaders in supporting older adults at risk of social isolation and/or loneliness. The importance of place of worship was a common theme in the narratives heard from older immigrant adults pointing to the significance of this area, thus requiring special attention and further probing.

This understanding coupled with the knowledge of increasing immigration trends and diversity among the migrating senior population, is vital to taking action. According to Statistics Canada's 2016 census data, percentage of seniors (65+) outnumber children (14 and younger) for the first time. In 2016, 5.9 million Canadian seniors were 65+, 20% more than what the number was in 2011. As the first baby boomers age and with increased life expectancy, the population imbalance is only expected to grow. By 2031, 23% of Canadians will be seniors and by 2061 there could be 12 million seniors as compared to 8 million children in Canada (Grenier, 2017; "More Canadians are 65", 2015).

This is an area in need of focused research given the visible minority aging population in Ontario. We know that over 50 percent of immigrants to Canada settle in Ontario and as such, visible minority older adults are becoming the fastest growing segment of the aging population (Laher, 2017). Based on the most recent census data, the number of visible minority older adults (65+) in Ontario has increased by 44% between 2011 and 2016, compared to a 16% increase among non-visible minority older adults (Ministry for Seniors and Accessibility, 2017).

Such growth brings with it a variety of challenges for the government and community at large. This project by the Sheridan Centre for Elder Research primarily addresses the societal challenges as they relate to the ageing immigrant population: a vulnerable group with its unique set of experiences and often underexplored within research. Of concern is the growing prevalence of loneliness and/or social isolation amongst them. This project engages older immigrants, service partners and the broader community, within the Regions of Halton and Peel, both of which are experiencing a surge in their older adult and immigrant population.

As the ageing immigrant population struggles with social isolation and loneliness, the role of faith groups/leaders in building personal trusting relationships with the growing target population, understanding their needs and facilitating action plans cannot be taken lightly. This report connects survey findings with the importance of offering programs/services through faith groups and makes recommendations for creative collaborations with them in strengthening the community's response to unmet needs of older immigrants.

# Literature Review

*“While good medical care is important... social and spiritual connections also play a critical role in the health of older people”*

– Catholic Health Association of the United States (2016)

There is limited research on the prevalence of loneliness and social isolation among Canada’s ageing population, specifically ageing immigrants and within that, data around role of faith groups and leaders in mitigating this risk is more so lacking. As per a report by Centre for Addiction and Mental Health (cited by Community Development Halton, 2016), an estimated 10% of older adults are affected by loneliness, with older immigrants feeling significantly lonelier than their Canadian born counterparts. Research by Burholt & Martin (2012) and Simon et al. (2014) (cited in “Goal and project description”, n.d.) finds that many older immigrants report feeling lonely and socially isolated in spite of ways to maintain ongoing contact with their homeland (e.g. availability of air travel, inexpensive international phone service).

According to data from the Canadian Community Health Survey (cited by The National Seniors Council, 2017) up to 16% of seniors experience social isolation, 17.3% experience feeling excluded, 6% reported little to no participation in enjoyable activities, 6% reported little to no time with someone they can engage in enjoyable activities with and 5% reported having someone who listens, for a little time only or never. Loneliness and social isolation are risk factors for poor physical, mental, cognitive health, and reduced quality of life. The health consequences are akin to smoking 15 cigarettes a day and twice more damaging than obesity (The National Seniors Council, 2017). Loneliness is associated with depression, suicide and increases chances of developing clinical dementia by 64% (Jopling, 2015). On a macro level, evidence suggests that isolated seniors impact health care services when they underutilize these services resulting in unmet needs or over utilize these services thus placing a burden on healthcare systems (Khamisa, 2016).

For immigrant and refugee seniors, the negative impact of social isolation and loneliness is exacerbated by risk factors associated with their journey as an immigrant. As outlined by Employment and Social Development Canada (2018) these include:

Poor health status, caregiving responsibilities, cultural differences, language difficulties, being a visible minority, high degree of attachment to culture/language of origin, lack of awareness of culture/norms of new country, small size of communities of the same ethnicity, limited religious and cultural activities, racism, discrimination, sponsoring relations and their expectations, dysfunctional multigenerational families, lack of settlement services, decrease in income or socio-economic status. loss of social standing or value, lack of knowledge among service providers, support organizations, friends, and family about the impact of immigration pathways and seniors’ eligibility for services.

The more the risk factors present, the greater is the risk of social isolation and loneliness. As such, the need for action is increasingly understood. Although understudied, evidence suggests programs and supports offered through faith groups/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). Palmore (1995) found that seniors are more often members of faith communities as compared to other community groups (NAP 411 Senior Directory, n.d.). Data from General Social Survey (GSS) and the 2002 Ethnic Diversity Survey (EDS) found that religiosity (a combination of four dimensions: affiliation, attendance, personal practices and importance of religion) was higher among individuals in the older age groups as compared to younger people. 41% of immigrants in Canada who arrived between 1982 and 2001, were shown to have a high degree of religiosity as compared to 26% of Canadian born persons (Clark and Schellenberg, 2008).

Faith communities do not just fulfill religious/spiritual functions but they also address social and survival needs for its members. Majority of faith communities offer between two to six distinct services for its senior demographic (NAP 411 Senior Directory, n.d.). Places of worship have long been serving as spaces that foster a sense of belonging and trusting relationships through activities that enhance interpersonal connections and social support. They have the ability to offer formal/informal aid, utilize local resources (such as volunteers) and mobilize communities thereby building multiple supportive networks and shared partnerships with other like-minded organizations (Gallet, 2016). Data from the General Social Survey, 2011 (as cited by Wilkins-Laflamme, 2014) found that 21.1% of Ontarians attend religious service at least once a week and 10.8% do so at least once a month.

A number of studies have demonstrated the positive association between involvement in religious institutions 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, and as such warrants further attention in this area (Rote, Hill & Ellison, 2012).

It must be noted that the existing literature on social isolation and loneliness focuses on older population in general. There is a lack of research as it relates to the specific vulnerabilities encountered by older immigrants. The asset mapping analysis conducted as part of this project also experienced hindrance in finding specific census and regional data available for the older immigrant cohort aged 65+. We also saw that while there were more community assets supporting older immigrants within Peel Region than Halton Region, many mainstream organizations, especially within Halton worked with older adults in the community versus agencies operating from an ethno-specific, multicultural framework (Liladrie, 2016). In supporting older immigrants, one must be cautious and refrain from using generic approaches without giving due consideration to prevalence of diverse ethnic backgrounds, language and cultural nuances within the immigrant identity.

# Building Connected Communities: What We Know from Our Research

*“When you bring faith groups and human services together, they both become stronger”*

– Bishop Dr. Joseph Henderson

## Methodology

369 participants within Peel and Halton, were recruited with the help of community centres, multicultural agencies, faith groups, individual homes, informal clubs, businesses and ethno specific agencies. 63% of the participants were between the ages of 65 and 74 years and 51% of them have been in Canada for 15 or more years. This report adopts a narrative analysis approach. Participants’ answers to qualitative questions were used to provide context to existing research findings and supplement data gathered from quantitative questions on the survey (see Appendix A for the qualitative survey questions).

Narratives were then examined to identify common themes and gaps, as they relate to participants’ experiences around immigration, ageing and social isolation. Places of worship emerged as an important space, recurrently, within these narratives warranting specific focus on role of faith groups in supporting older immigrants at risk of social isolation and/or loneliness.

Additional insights on the role of faith communities was obtained by interviewing faith leaders. Semi-structured phone interviews were conducted with six faith leaders from the Christian, Muslim, Hindu and Jewish groups within Peel and Halton (see Appendix B for interview guide). Faith leaders were asked the same core questions and prompts varied depending on their responses. The goal was to obtain front line perspective from faith leaders who are a crucial part of the faith communities that participants identified to be special places for them. With consent, the interview responses were recorded, transcribed and further analysed to acknowledge the strength of faith groups in reaching out to and servicing our target population.

## Overall Findings

When asked about places in the community/neighborhood that are special to them, 264 participants reported one or more of the following as spaces being important to them:

**Table 1**

Places of importance	No. of reports
Place of worship	117
Community Centre/Library	90
Club/agency	72
Park	53

Places of importance	No. of reports
Recreational centres	40
Bank/mall/restaurant	38
Home/neighbourhood	11
Classes/information session	10
Volunteer work	9
Travelling	4

Source: SSHRC Research Project. 2018

52% of the participants reported a combination of two or more spaces, as being places they utilize. More than half of the participants elaborated on their answers to speak further about the places that were important to them. Upon analysing their responses, the value of the places that support older immigrants in dealing with social isolation and loneliness can be discussed under three broad categories: increased connections and interactions; participation in social/cultural activities; and learning new things.

Table 2 lists the three categories with some examples reported by the participants.

**Table 2**

Importance	Examples
Connect and interact	<ul style="list-style-type: none"> <li>• Meet likeminded people; from the same background</li> <li>• Feel belongingness in a group</li> <li>• Meet friends and socialize</li> </ul>
Engage in social/cultural activities	<ul style="list-style-type: none"> <li>• Volunteering</li> <li>• Recreational/exercise programs</li> <li>• Seniors clubs/drop ins</li> </ul>
Learn new things	<ul style="list-style-type: none"> <li>• Learn new topics (elder abuse, social services, understand Canadian culture)</li> <li>• Learn English</li> <li>• Read books and newspapers in their language</li> </ul>

Source: SSHRC Research Project. 2018

It is important to note that many participants reported multiple reasons for utilizing community/neighborhood spaces, falling under one or more of the above categories, as evident in this statement made by a participant when speaking of their local community agency: “I meet with my friends here and I learn new topics every week” or in this statement by another participant when speaking of a nearby park they frequent: “It is a very good place as all ladies around the same age sit there and have good laughs”. This is significant because the quantitative survey administered by Sheridan Centre for Elder Research (2017) found that 58% of participants ‘sometimes’ or ‘often’ felt isolated and 59% of participants ‘sometimes’ or ‘often’ felt a lack of companionship. Given the high percentage of social isolation and/or loneliness felt by the participants, community



spaces offer a number of protective factors to support seniors at risk, as noted through participant comments such as: “These places are important to me because I get to interact with others and help others. I feel good doing it”; “It is a change from my routine life at home”; “Being part of community group enables me to exercise regularly”. These comments further validate that non-kin ties available through friends, community groups and faith based organizations, widens social networks and provides a buffer against isolation and loneliness. Remarks such as: “I like doing Tai Chi and learning dance... it makes me feel I belong to a group of people” and “I go to the Chinese supermarket almost every day. All this makes me happy and stay healthy”, supports another key finding- that being involved in two to five social activities significantly increases positive self-perceived health scores and decreases loneliness scores (Khamisa, 2016). Participants in the current study stated being involved in community spaces decreased stress and loneliness; was rewarding and a change from routine; increased independence and encouragement; gave a feeling of happiness, sense of belonging and peace.

Places of worship leads the way with 117 participants reporting it to be an important place for them. Examples of some statements include:

***“Going to Mandir every Sunday is very important to me...there I meet and greet people from my background and country of birth....”***

***Go to temple often for “religious and cultural activities, meet people, do yoga”***

***“Church...connects me with outside world”***

***Enjoy going to the mosque everyday as it is “peaceful and get to see familiar faces each day”***

***“Enjoy going to the Gurudwara with husband and helping with the meal prep.”***

Faith leaders (see Appendix C for faith leader profiles) were interviewed to provide further insight into how faith communities play a role in supporting older immigrants at risk of social isolation and loneliness. All six faith leaders acknowledged that the older population within their group struggles with social isolation and loneliness. The following are the main themes that emerged through the interviews:

## Challenges faced by older immigrants

Participant responses to the second qualitative question provided insights into the barriers they face in navigating community spaces and services. It is not surprising that a similar list of barriers was identified through 34 agency interviews conducted early on within the grant and later through faith leader interviews; an understanding which they obtained from their front line interaction with older adults. The important thing to note is that faith leaders identified activities and services, offered through their faith community, which very well could fill the gap that participants identified, thus pointing towards the strengths that faith groups bring to the table. Social support offered through faith organizations improves seniors' self-esteem and overall quality of life. The sense of belonging it brings allows them to feel valued and appreciated. The Canadian Community Health Survey found that older adults who reported a strong sense of community belonging were 62% more likely to be in good health as compared to 40% of older adults who felt less connected (Edwards, n.d.).

Table 3 matches barriers identified by participants to examples of services/programs identified by faith leaders that could help mitigate these challenges.

**Table 3**

Barriers	Participant Comment	Faith Leader Comment
Social Isolation and Loneliness	Life in Canada is less convenient for me. I do not have many friends here so feel a bit lonely.	<p>I often make visits (personal) to them if they are living alone.(Rabbi Stephen)</p> <p>We talk to them about how we can make them engaged. We listen to their feelings...their challenges...give them counselling. (Pandit Roopnauth)</p> <p>We go out and we visit them...to make sure that they know they haven't been forgotten...we just talk with them...(Rev. Keatings)</p>

Barriers	Participant comment	Faith leader comment
Lack of social activities/ ethno-specific programs	In China....I have lots of friends. I decided to live here in Canada because my only child lives here. I wish I can find more social activities...especially on weekdays.	<p>We have a seniors group...There are over 500 seniors registered. We have monthly events that are organized...(Pandit Roopnauth)</p> <p>There is special gathering organized by these seniors in the church premises once a month...for socialization, leisure activities... (Father Martin)</p> <p>We had about 70-80 people who attend our monthly (Muslim) meetings...that was the best thing to do in a community. (Mohamed Bhabha)</p>
Language	It is hard to learn English at my age. I wish there's more translators at the hospital....	<p>We have what is called as a family unit, most of them come to the family unit because the language spoken there is Malayalam...we got to that particular unit...have a prayer...a social session (Father Martin)</p> <p>When we see some Chinese grandparents..walking.. we stop and talk to them..one of our Chinese members will translate for us and that's how we know our seniors are really lonely. (Rev. Murray-Hayes)</p>
Transport	Would like to go to Mandir more often. I depend on my children when they have time to take me there.	<p>We arrange some sort of transportation....people who have car or truck etc. they offer their service. (Father Martin)</p> <p>We provide transportation for them to go back and forth to the temple on certain days. (Pandit Roopnauth)</p> <p>If there is any way we can bring them out for special events here, then of course we offer to do that. (Rev. Keatings)</p>
Financial	Would like more free programs and services.	None of the faith leaders indicated any cost associated with their services and program offerings for older adults.
Intergenerational programming	...I moved into a senior apartment when I planned my retirement...I feel very isolated from the younger generation...	<p>We also have a monthly program for children and we invite the families to come to that...we have a great response with them (teenagers) as helpers. (Rev. Murray-Hayes)</p> <p>We have teens who work on different projects...and they organize programs with the seniors. (Pandit Roopnauth)</p> <p>We also encourage parents and children to come together...in our visits...we ask the children to find the time to come spend with their parents. (Father Martin)</p>

Barriers	Participant Comment	Faith Leader Comment
Declining health	I moved to the seniors apartment in 2007. My wife has dementia and moved to a long term care facility.	<p>We do currently three communion services in nursing and retirement homes every month. (Rev. Keatings)</p> <p>One of our members has created a fitness program for the seniors; When the weather is nice, we walk as we talk. (Rev. Murray-Hayes)</p> <p>If people had health problems, we would provide a referral service for them because we had received training. (Mohamed Bhabha)</p>
Elder Abuse	I live in my daughters house... It is a dysfunctional household where my son-in-law is abusive to me and my daughter....	<p>There is a team, we call them as the department of social services...who are coming forward to volunteer are, somewhere connected with social work.(Father Martin)</p> <p>Seniors face prejudice...we try to provide as many opportunities as we can...to participate in things for their own benefit...be involved in educational activities and outreach activities so they can serve others...and not feel only dependent on others. (Rev. Keatings)</p>

Faith leaders identified the formal ways such as prayer groups, emails, flyers, social groups/programs, outreach, volunteer opportunities and community partnerships which helped them connect with older immigrants. However, it was observed that it was the informal ways that allowed faith leaders to add a more personal touch into the work they do. The informal strategies mentioned include home visits, flexible meeting hours, texting/calling, social media, word of mouth and informal advising. The success of faith groups in relating effectively with older immigrants and retaining those trustful relationships can be attributed to a combination of strategies they capitalize on.

## The Value of Partnerships

Partnering with other organizations and various levels of government drastically increases the reach of faith organizations. While three of the faith leaders had experiences around partnerships and funding, majority of them stated the need for looking into opportunities to collaborate. Father Martin made reference to his church working off of what they see as being required by their attendees and acknowledged the lack of professional, research based activities. Faith groups are aware that they are often limited on their own and networking expands the quality and quantity of services they can provide to its members. It also creates a platform for referrals, information sharing and better equips faith groups to work with older immigrants who are socially isolated and lonely (Ferrer, Ashraf, Scantlebury and Kuipers, 2017).

Three examples from our interviews are summarized below.

**Rev. Dr. Morar Murray-Hayes** spoke of a round table hosted by her church for not-for-profit agencies serving the surrounding community. The goal was to build connections and find ways to collaborate on strengthening programs offered through the church, especially resources for mental health. As a result, they were able to integrate such programs into the already existing seniors group.

Muslim Seniors Circle led by **Mohamed Bhabha** received a funding of \$20,000 through the New Horizons Program and used it to create a video highlighting active Muslim senior volunteers, so as to inspire other older adults to volunteer as well.

**Rev. Deanne Keatings** speaks of their partnership with 'Food for Life', on a grocery supplement program. The church receives food from them every Wednesday and delivers 2-4 bags of groceries to 35 households within a subsidized housing community, mostly comprised of older immigrants. In fact, the church makes financial contributions to programs like Food for Life, Halton Fresh Food Box and Restore.

From the interviews, it can be gathered that while faith leaders are keen on securing funding and partnerships they can struggle with lack of information, time, and resources required in building enduring partnerships. However, for the ones that were able to collaborate on programs/services or at least initiate the conversation, the benefit is immense. Programs have a reach that goes beyond the place of worship. They are better organized and equipped to address challenges identified previously and narrow the professional-volunteer gap.

## Role of Informal Volunteer Sector

All six faith leaders acknowledged the role of volunteers in being able to run their programs and meet the needs of older immigrants in their communities. There are more than 170,000 registered non-profit organizations in Canada of which around 85,000 are charities. An estimated 55% of charities and non-profits are entirely volunteer run (Imagine Canada, 2013). Volunteers bond communities and allow for programs and services to be delivered to millions of people. In 2013, 44% of Canadians volunteered their time (equivalent to working one million full time jobs) and 82% gave money to a charitable or non-profit organization (Levy-Ajzenkopf, 2015). Even though volunteers are unpaid, their economic contribution is immense. In 2017 volunteers added an estimated two billion hours to Canada's work effort and their contribution was valued at \$55.9 billion (2.6% of GDP).

When we look at the conclusions from 2010 Canada Survey of Giving, Volunteering and Participating, we find that while younger Canadians are more likely to volunteer, older adults devoted higher number of hours on average. On average, seniors logged almost

double the hours (223 hours) as compared to youths aged 15 to 24 (130 hours) and younger adults aged 25 to 34 (109 hours). Outside of supporting organized program activities, informal activities such as: providing housework, yard work, and household maintenance (61%); providing health-related or personal care, such as emotional support, advice and counselling, and unpaid babysitting (53%); running errands, get to appointments or go shopping (47%); assisting with paperwork, such as filing taxes, banking and completing forms (29%); offering unpaid teaching, coaching, tutoring or reading (17%); providing direct help with other types of activities of daily living (24%), are just some of the examples of the kind of 'informal volunteering' people engage in but often do not consider volunteering. Informal volunteering is the most common type of human helping behavior but is one of the least studied. This area warrants further attention especially since research finds that more than 8 out of 10 Canadians help others (family, friends, neighbours) through informal volunteering. 35% of Canadians state that they do a lot to help friends and the community but do not consider it volunteering. The rate of informal volunteering until age 64 ranged from 82% to 87%, and reduced to 71% for seniors (The Conference Board of Canada, 2018; Vezi-na and Crompton, 2015; Volunteer Canada, 2017).

Faith leader interviews and participant narratives allow us to conclude that many of these volunteers are seniors. In 2010, religious organizations attracted 9% of the total volunteers and about 15% of total volunteer hours were devoted to this sector (Vezi-na and Crompton, 2015). Volunteering takes away from periods of social isolation and loneliness by allowing for opportunities to interact across ages, integrate (especially for new immigrants), contribute their wisdom and knowledge, give back to the community, develop new skills, feel valued and less dependent on others.

# Moving Forward: Recommendations

*Creating a community that cares. How do we do that?*

The research conducted has shown that faith groups play a significant role in supporting older immigrants at risk of social isolation/loneliness and in enhancing their well-being in later life. While the current report creates an understanding of the challenges and opportunities that exist, it makes the following recommendations to address the gaps moving forward. Various levels of government, community organizations, faith based organizations, researchers, service providers working with seniors, family members, friends and community members are encouraged to use these recommendations to initiate discussions around increasing human connections and reducing social isolation.

## **Leverage Partnerships**

The faith leader interviews allow us to establish that while faith groups have a larger reach, they are limited when operating on their own. When community organizations partner with faith groups, the result will be a lasting network of support that tackles social isolation and loneliness on a variety of levels. Partnering allows organizations to work off of each others existing strengths, create new possibilities and increase accessibility of services for older immigrants-through formal and informal channels. Faith leaders need to consider opening up their doors to allow community organizations in and community organization need to broaden their understanding of faith groups to go beyond the traditional religious definitions.

## **Bring Formal Training to An Informal Sector**

Research clearly points towards the impact of the informal volunteer sector. Their high percentage is also indicative of the untapped potential there is. Bringing training/education programs to this sector will allow a reliable team to be formed, that can supplement the work of faith leaders in identifying older immigrants at risk of social isolation/loneliness and then operating from an informed place of best practises in supporting them. Such volunteer orientation programs are inexpensive, easy to design and the return in investment in terms of better quality of life for older adults and their families, can be high (Catholic Health Association of the United States, 2016). Social isolation and loneliness toolkit developed by the Sheridan Centre for Elder Research and available through SOURCE, is an example of an excellent and free resource, to understand social isolation/loneliness and its impact on older immigrants. It includes educational presentations, interactive maps, community data sheets, and various other tools/resources, intended for anyone in the community who interacts or works with older adults.

**To access the Toolkit:**

[https://source.sheridancollege.ca/centres\\_elder\\_building\\_connected\\_communities/](https://source.sheridancollege.ca/centres_elder_building_connected_communities/)

## Funding and Resource Support

Action in this area primarily needs to be driven by different levels of government, local authorities and community organizations with available infrastructure. A challenge for many of our faith leaders has been sustaining programs due to lack of funds and resources. Faith communities must start thinking big and outside the box when it comes to funding opportunities. Leveraging mutually beneficial partnerships with the non-profit sector can assist greatly with grant applications. Faith organizations must be taken seriously, as one among many places that play a crucial role in meeting community health needs. Cross sectoral contributions will not only improve the quality of loneliness/isolation interventions but also allow faith groups to be effective in the preventative stages.

## Faith Leaders to Be A Part of Program Planning and Outreach

Faith leaders bring front line experience from their interactions, often personal interactions, with older immigrants. Given the raw information they are privy to, their participation in structuring programs and measuring the impact of initiatives, is crucial. Faith leaders must be welcomed at the table. Faith leaders also need to take the initiative to host cross sectoral conversations, possibly within their spaces, to not only discuss the needs of their older immigrant members but also use the opportunity to allow other organizations to see faith groups as versatile entities.

## Intergenerational Programming

Faith groups conveniently bring different age groups together for a specific purpose. For our older immigrants, intergenerational programs improve health, well being outcomes and provide a buffer against social isolation and loneliness. Two such successful examples came from our faith leaders:

**Father Martin** spoke of a picnic organized through his church twice a year. Groups of families spend a day at the park, cooking and interacting with each other. The picnics are especially organized for the senior population who enjoy cooking familiar dishes, which they otherwise are unable to cook at home. Father Martin commented that the seniors always participate in these picnics to the fullest.

**Rev. Dr. MorarMurray-Hayes** and her church host a monthly program for children and families called 'Messy Church'. The arts and crafts program for children also gives adults the opportunity to interact with others (Chinese and non-Chinese), share a meal and participate in a small service. As part of the program, they also utilize high school students, fluent in Chinese to serve as translators. She noted that the response to having them as helpers is always receptive.



# Conclusion



***...We get people from the church, the mosque, the temple. They're very much compelled to going there. And sometimes, new families, they would go to there first. They would address their faith community before addressing anyone else in the community, because of that's who they trust.***

– PNSG Staff (Ferrer, Ashraf, Scantlebury and Kuipers, 2017)



Over half of the individuals that immigrate to Canada settle in Ontario. Data available on immigration patterns tells us that the racialized senior population continues to increase. Efforts to support their diverse needs and challenges unfortunately has not been growing at the same rate resulting in seniors being left behind. The resiliency, wisdom and knowledge they bring to the Canadian society will remain untapped and underutilized if the recommended cross sectoral collaborations, interfaith partnerships and informal volunteer capacities are not encouraged more persistently. Our research has identified the health related costs, social costs and economic costs that comes at the expense of social isolation and loneliness of the older immigrant population. The review of literature points towards the lack of high quality studies related to social isolation/loneliness, lack of ethno-specific data and the downside of the one size fits all approach, which should be enough to tell us that something has been overlooked. We must start listening actively to our immigrant seniors and looking at interventions that are non-traditional, innovative, local, customized and sustainable. These connections begin with dialogue and reports such as these are meant to foster that dialogue, exchange of ideas and resources. This report in particular, challenges individuals and systems to think innovatively, question their perception of the role of faith leaders and acknowledge the hidden potential of faith organizations. Faith leaders and groups must form an essential part of the wider network that seeks to tackle social isolation and loneliness among older immigrants. When we are able to extend our vision of faith groups to include body, mind and spirit, we are creating more possibilities to support our older immigrant population, thus ensuring that they are far from forgotten.

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## Appendix A: Quantitative Questions in the Participant Survey

1. Are there places within your community/neighbourhood that are special to you? This could be a place of worship, a park, a community centre or any other place that has meaning for you. Please tell us about these places and why they are important to you.

2. Is there anything else you would like to tell us about this?

## Appendix B: Faith Leader Interview Guide

Thank you for taking the time to speak with me today. Your input is highly valuable to our research as we know you have insider knowledge and interactions with community members who we may not. The majority of the respondents in our survey said that their places of worship were important and special places for them. We wanted to explore this further and get your input as to how you are meeting the needs of immigrant older adults in your faith community who may be at risk of social isolation and loneliness.

Did you have an opportunity to review the Letter of Information I sent via email? Get verbal consent for both the interview and the recording (fill in the name of the interviewee and date, write verbal consent given and sign your initials).

Do you have any questions before we begin?

Official Title:

Faith Community:

Years working in this role:

**1. In your role as a Faith Leader can you describe the various interactions you have with older immigrant adults 65+ in your faith community? (ie, attend services, ask for personal visits when ill)**

a) Based on these interactions you described would you consider any of these older adults at risk of social isolation and loneliness? Why?

b) Based on your front line interactions what challenges and barriers do you think they are facing?

**2. What kinds of formal and informal strategies do you engage in to reach out and support older adults in your faith community?**

a) Do you use volunteers to support these strategies? Please describe.

b) What are the funding sources and other partnerships that help your faith-based institution do the work with older adults in your community? Please describe.

**3. What recommendations do you have to help reduce loneliness/social isolation of older immigrant adults in your faith community?**

a) Is there anything else you would like to add?

b) Would you like us to add you to our mailing list when we are ready to disseminate our results and toolkit?

Thank you again for your time.

## Appendix C: Faith Leader Profiles

### ***Pandit Roopnauth Sharma***

**Organization:** Mississauga Ram Mandir

**Faith Group:** Hindu Community

**Role:** Pandit Roopnauth Sharma is the founder and Spiritual Leader of Mississauga's Ram Mandir, a Hindu temple, where he attends to a community of over 3,000 families on all religious and social matters. He is also the founder of Canada Hindu Heritage Centre (CHHC). CHHC is focused on addressing the social, economic and cultural and needs of the Hindu community. Pandit Sharma is also the driving force behind projects related to family issues, poverty, youth violence and low-income housing. Pandit Sharma is an eloquent and knowledgeable speaker and is involved in extensive public speaking engagements on the subject of Hinduism, personal development and youth issues (Mississauga Ram Mandir, n.d.).

### ***Mohamed Bhabha***

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

**Faith Group:** Muslim Community

**Role:** Mohamed worked with ten 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).

### ***Rabbi Stephen Wise***

**Organization:** Shaarei-Beth El Congregation of Halton

**Faith Group:** Jewish Community

**Role:** Rabbi Wise has focused much of his rabbinate in striving to connect Jews of all ages to their Judaism, whether its through prayer services, learning or social action. He has worked to develop programming for young adults in their 20-30's, which aims to reignite their connections to Judaism (Shaarei-Beth El Congregation, n.d.). He is also one of the founders and leaders of the Halton Interfaith Council.

### ***Father Martin Augustine***

**Organization:** Syro-Malabar Church

**Faith Group:** Catholic group (specific to Kerala, South India)

**Role:** Father Martin has been working in Canada for the past two years. He looks after faith formation and faith education among his diaspora across Canada.

### ***Rev. Deanne Keatings***

**Organization:** St. Jude's Anglican Church

**Faith Group:** Anglo-Saxon Protestant group

**Role:** Rev. Deanne is an Anglican priest, spending majority of her time at the church making herself available to the parish. Her role involves prepping for upcoming programs and services, administrative duties, home/hospital visits, pastoral care, Christian education, worship and outreach.

### ***Rev. Dr. Morar Murray-Hayes***

**Organization:** Maple Grove United Church

**Faith Group:** Christian Community

**Role:** A former Senior Minister, Morar describes herself as "happily wallowing in ministry with these faithful people." A chatty extrovert with a conversational preaching style, a multi-tasker who is a "multi-worrier" when it comes to caring about people's problems, and a leader who treasures teaming with the lay people in her church (Maple Grove United Church, 2019). She was also founding co-chair of the Interfaith Council of Halton, has lectured at Sheridan College, been the on-call chaplain at Oakville-Trafalgar Memorial Hospital (OTMH) since 1989 and has been a presence on many Habitat for Humanity builds ("Maple Grove United is", 2013).

## Note

This report 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 report 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 report does not constitute an endorsement of the service.

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