SOCIAL INCLUSION OF VULNERABLE SENIORS

A review of the literature on best and promising practices in working with seniors

Report Prepared by: Constellation Consulting Group September 2015

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1.0 Introduction and Background

The City of Calgary has led the development of a comprehensive Seniors Age-Friendly Strategy to ensure an age-inclusive environment for Calgary's growing senior population. The Strategy follows the guidelines of the World Health Organization's "Age Friendly Cities" framework, with a broad scope that includes the following focus areas:

- Access to Information and Services
- Community Support and Health
- Housing
- Participation and Inclusion
- Prevention and Response to Elder Abuse
- Transportation and Mobility[1]

Calgary's Family and Community Support Services (FCSS) seeks to fund prevention and early intervention programs that enhance the social well-being of individuals and families. In parallel to the development and early implementation of Calgary's Seniors Age-Friendly Strategy, FCSS Calgary is undertaking a review of best and promising practices in reducing risk and increasing resiliency around social participation, social inclusion, and personal capacity of older adults living in Calgary. With a mandate to fund programs of "a preventative nature that [enhance] the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity", FCSS Calgary is exploring 'upstream' programs that may prevent negative social outcomes, such as social isolation, from occurring. Within this context it is recognized that increasing social participation, social inclusion and personal capacity of older adults can increase resiliency, and play a key role in preventing negative outcomes in the future.

In 2008, FCSS Calgary introduced the Social Sustainability Framework (SSF) to serve as a blueprint for social planning, policy development, investment decisions and funding practices, maximizing the impact of investments in the community. The two priorities outlined in the framework are:

- Prevent concentrated poverty; and
- Prevent social isolation to increase social sustainability.

FCSS-funded programs within the context of the SSF must contribute to the following mid-term outcomes linked to social inclusion:

- Family Cohesion and Positive Parenting
- Positive Child and Youth Development
- Adult Personal Capacity and Economic Self-Sufficiency
- Positive Social Ties

In the context of seniors' outcomes, impacts on 'adult personal capacity and economic self-sufficiency' and 'positive social ties' are most relevant. Information gathered through the

[1] For updates and additional details see: http://www.calgary.ca/CSPS/CNS/Pages/Seniors/Seniors-Age-Friendly-Strategy.aspx

current research project will help to inform the development of the FCSS Older Adults Investment Strategy.

The current project objectives are:

1. To identify best, promising and emerging practice programs for reducing risk and increasing resiliency with respect to social participation, positive social ties and personal capacity among vulnerable older adults (aged 65+), with a focus on addressing two FCSS Social Sustainability mid-term outcomes.
2. To identify gaps in the current research described in the FCSS research briefs across the two relevant mid-term outcome areas as they relate to Calgary's seniors.
3. To share findings from the literature with key stakeholders as Calgary's Seniors Age-Friendly Strategy is implemented.

2.0 Project Scope

2.1 Focus on Best, Promising and Emerging Practice Programs for Prevention and Early Intervention

FCSS has a mandate to fund evidence-based preventive social programs for vulnerable and at-risk populations. The current research focuses on best and promising practices in 'prevention' and 'early intervention' for vulnerable seniors specifically in relation to social participation, positive social ties, and personal capacity. Focusing on preventive social programs for vulnerable seniors is particularly important as there is limited evidence that interventions at the secondary and tertiary levels are effective.

In alignment with FCSS Calgary's mandate, the following definitions are used in this research:

- **Prevention programs** are those programs that intervene before social problems occur. These can be interventions delivered to the whole population or to groups without regard to individual risk levels ('universal interventions') or to particular groups that are at heightened risk of experiencing social problems in the future ('selected interventions')
- **Early intervention programs** are those programs that are delivered to individuals at the earliest opportunity once a social problem is occurring so as to reduce negative impacts, prevent reoccurrence, and avoid related or worsening problems in the future. [2]
- **Effective** programs refer to programs that produce significant reductions in poor outcomes or associated risk factors, or produce significant increases in positive outcomes or associated protective factors.
- **Best practices** refer to programs or components of programs or delivery methods that have been identified as effective (see above) by repeated, methodologically sound studies using an experimental (RCT) or quasi-experimental design.

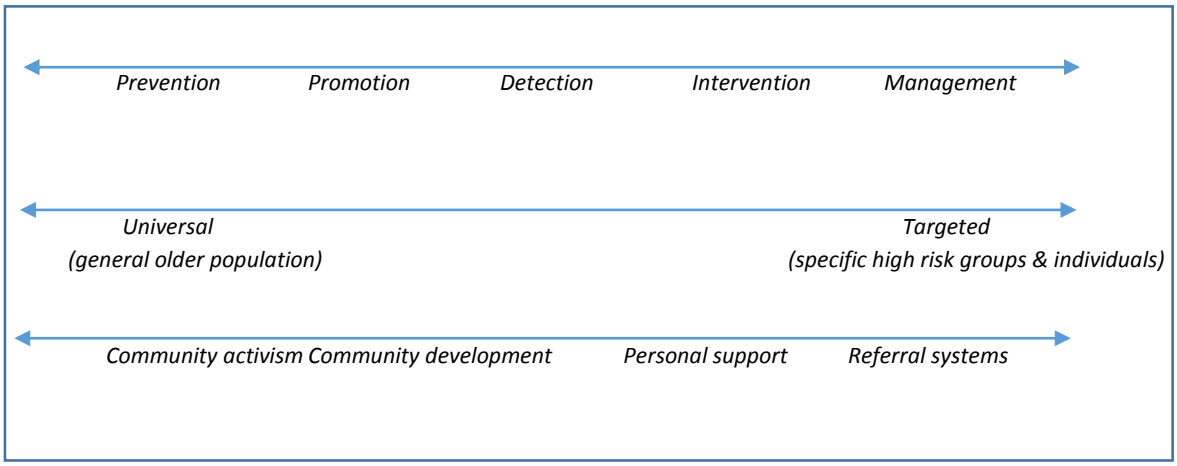
[2] See for example: Windle, K., Francis, J. & Coomber, C. (2011). *Preventing loneliness and social isolation: interventions & outcomes.* Social Care Institute for Excellence.

- **Promising practices** refer to programs or components of programs or delivery methods that have been identified as effective (see above) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample[3] of participants, and that has been subject to peer review.[4]

Rigorous research on the effectiveness of preventive social programs and interventions for vulnerable seniors is, unfortunately, limited. [5] Given the limited nature of available research on best and promising practice social programs for vulnerable seniors, the current research also considers *emerging practice* programs defined as:

- **Emerging practice programs** refer to programs that include sufficient documentation of objectives, target population(s), intervention(s) and expected outcomes that they can be assessed. They are based on a strong theoretical framework that explains how the intervention is likely to impact risk factors, target population(s) and expected outcome. These programs may be based on a model, strategy, or practice that has been shown to be effective in other settings, with other target populations or in response to other issues, and where there is a good reason for expecting that it would be effective in the area of social outcomes for vulnerable seniors.[6] There is some preliminary evidence that the program is effective, or the program is in the process of being evaluated, using a study design that does not meet the criteria for a Promising Practice program (e.g. case study design, small sample size, lack of peer review, etc.)[7]

A range of approaches at different levels can be used to address social isolation in older people[8]:



[3] For the purposes of this review, we considered a 'large sample' as more than 50 participants.
[4] See: Cooper, M. (2014). *Positive Parenting and Family Functioning.* Calgary, AB: Family & Community Support Services, The City of Calgary.
[5] Raymond *et al* (2013). On the track of evaluated programmes targeting the social participation of seniors: a typology proposal. *Ageing and Society.* 33, 267-296.
[6] For example, a program may be considered Best Practice in its own field, but only emerging practice for seniors.
[7] This definition was developed after reviewing several examples of how such a 'third category' is defined by other organizations, including: Canadian Homelessness Research Network (2013) *What works and for Whom? A Framework for Implementing Promising Practices Research.* Toronto: Canadian Homelessness Research Network Press; and Health Council of Canada (2012). *Innovative Practices Evaluation Framework: IPEF Rating Guide.*
[8] The State of Queensland (2009) Cross Government Project to Reduce Social Isolation of Older People: Best Practice Guidelines. State of Queensland, Department of Communities. (Page 12)

2.2 Understanding Social Inclusion/Exclusion/Isolation and Loneliness

Social Inclusion/Exclusion

FCSS's Social Sustainability Framework establishes *social inclusion* (and the prevention of its opposite, social exclusion) as a long-term funding program goal, and as such it forms the focus of the current research.

Social inclusion is defined by FCSS as "the ability to fully participate in, contribute to, and benefit from all aspects of society." [9]

The concept of *social inclusion* contains the following dimensions:

- Consumption (the ability to purchase goods and services)
- Production (participation in economically or socially valued activities)
- Political engagement (participation in local or national decision-making)
- Social relationships (integration with family, friends and community) [10]

Increasing positive social ties (i.e. reducing *social isolation*), is one strategy for increasing *social inclusion* and is also one of the intermediate outcomes of the Social Sustainability Framework.

Social Isolation

Social isolation can be conceptualized as an absence of:

- Positive social ties or connections that support people in activities of daily living[11];
- Feelings of worth and belonging; and
- Connections with resources.

Considered in another way, *social isolation* can be understood by identifying **attributes** (features or characteristics) of social isolation and **antecedents** contributing to the risk of social isolation. Through a concept analysis of social isolation in older adults, Nicholson (2009) identifies five attributes and five antecedents: [12]

[9] City of Calgary Community and Neighbourhood Services. (2007) *Social Sustainability Framework.*
[10] The State of Queensland (2009) *Cross Government Project to Reduce Social Isolation of Older People: Best Practice Guidelines.* State of Queensland, Department of Communities.
[11] Note: Social ties can occur within a social group (e.g. family and friends) and/or with agencies, volunteers, neighbours, and others who are less close, but whose assistance helps with daily life.
[12] Nicholson, N. (2009) Social Isolation in Older Adults: An Evolutionary Concept Analysis. *Journal of Advanced Nursing.* 65:6, 1342-1352.

Table 1: Attributes and Antecedents of Social Isolation (Nicholson, 2009)			
Attributes		**Antecedents**	
Number of contacts	The number of individuals available to interact with via phone, visit, or some other manner. Social isolation occurs with small, infrequent or non-existent contact with people.	**Lack of relationships**	Having few relationships or infrequent contact within relationships can lead to social isolation.
Feeling of belonging	Lack of belonging is an internal feeling and takes into account the perspective of the older adult, as opposed to examining social isolation based on numbers alone.	**Psychological barriers**	These include decline in cognition, altered mental health, dissatisfaction with other people, dementia, depression, loneliness and low morale that contribute to desire/ability to interact socially and thus social isolation.
Fulfilling relationships	This is a subjective feeling that includes being unsatisfied with relationships, feeling that one's needs are not being met or that the relationship is inadequate overall.	**Physical barriers**	These include general health problems, physical disability, and decline in functional health and functional impairment which can lead to social isolation.
Engagement with others	Older adults may have many contacts, but not engage with them (e.g. not phoning or contacting them)	**Low financial means and resource**	This includes economic constraints, low income and inadequate personal resources that lead to social exclusion and isolation.
Quality of network members	Low quality network members may include people who are unreliable, uncaring or even abusive. They may be merely superficial with little or no bond.	**Prohibitive environments**	This includes housing and geographic location that may make it difficult or impossible to interact socially.

Effects of Social Isolation

For seniors, social isolation is associated with poorer general health, increased risk of chronic disease, disability, reduced self-care, decreased immunity, premature death, fatigue, abuse, stress, loneliness, depression, mental illness and suicide, poor nutrition, reduced well-being and quality of life. [13, 14, 15, 16] Beyond the impact on the individual, communities can suffer as a result of decreased social participation by seniors. For example, it can cause a lack of broader social cohesion, higher social costs and the loss of experience that older adults bring to community. [17]

[13] Cooper, M. (2009). *Outcome: Positive social ties.* Calgary, AB: Family and Community Support Services, The City of Calgary.
[14] Cooper, M. (2014). *Positive social ties.* Calgary, AB: Family and Community Support Services, The City of Calgary.
[15] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council
[16] Windle, K., Francis, J. & Coomber, C. (2011). *Preventing loneliness and social isolation: interventions & outcomes.* Social Care Institute for Excellence.
[17] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council

Loneliness

In addition to social isolation and social inclusion, there is another, related term frequently used in the literature: loneliness.

Loneliness differs from social isolation in that it is less about the number of connections that a person has, and more about their subjective appraisal of the quality of those connections or relationships (i.e. a comparison between their actual experience and their expectations). [18] Therefore, a person may have many social connections (large number of contacts) but still feel lonely[19]. Loneliness may be a transient state, but may also become a chronic internal state, making it difficult to change. Strategies to increase the amount and frequency of social interaction might be insufficient to reduce loneliness; interventions designed to change lonely persons' perceptions and interpersonal skills may be required[20].

Some of the research included in this literature review addresses loneliness, however the focus has primarily been interventions that impact the social isolation of vulnerable seniors.

Measuring Social Inclusion

Measures for social inclusion at the individual level within the FCSS Social Sustainability Framework include:

- # of individuals who provide social support
- # of individuals who provide support with daily living
- The amount of social participation (e.g. volunteering, engaging in organizations and associations)
- # of individuals who provide useful connections in life, with the types of connections depending on the particular vulnerable groups

2.3 Defining 'vulnerable seniors' as a target population

The current research will focus on seniors ages 65 and older in accordance with the Government of Canada and FCSS Calgary's definition of 'senior'.

It should also be noted, however, that in the context of prevention, 'upstream' interventions, delivered to adults under the age of 65 potentially provide a means of *preventing* negative social outcomes for adults over the age of 65. These initiatives seek to prevent risk factors earlier in

[18] Fokkema, T., and Knipscheer, K. (2007) Escape loneliness by going digital: a quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults. *Aging and Mental Health* 11(5).
[19] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council
[20] Masi, C., Chen, H., Hawkley, L, & Cacioppo, J. (2011) A Meta-Analysis of Interventions to Reduce Loneliness. *Personality and Social Psychology Review.* 15:3.

life in order to impact individuals once they become seniors. In this context, the current research also considers interventions for creating change with individuals age 65+, even if the intervention may initially start when the individual is younger.

Demographics

According to Canadian demographic projections, the number of people aged 65 or over in Canada could double in the next 25 years.[21] In Calgary, it has been estimated that in the next 10 years there will be a 56% increase in the number of seniors, increasing the proportion of the city's population aged 65+ to at least 15%.[22] By 2036, it is estimated that at least one in five Calgarians will be a senior.[23] The distribution of seniors across Calgary is also expected to change, from seniors populations concentrated in inner-city and inner-suburb communities, to a broader distribution of seniors across the city, including in more distant suburbs.[24] The experience of social isolation has been found to increase with age and it is estimated that 20-30% of Canadian seniors experience social isolation. [25] [26]

Risk Factors

Seniors who are 'vulnerable' or 'at-risk' in a social context are those who are more likely to experience social exclusion, social isolation, diminishing social networks and ties, decreased social participation, and decreased personal capacity (e.g. economic self-sufficiency). These seniors are more likely to be experiencing antecedents to social isolation, including: lack of relationships, psychological barriers, physical barriers, low financial means and resources, and prohibitive environments.[27]

Risk factors that increase the vulnerability of older adults include: [28]

- Living alone
- Being over 80 years old
- Experiencing health problems (physical and/or mental)
- Having a low income, or low socio-economic status
- Being single (including widowed or divorced)

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[21] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council.; Legare, J., Decarie, Y. & Belander, A. (2014). Using Microsimulation to Reassess Aging Trends in Canada. *Canadian Journal on Aging.* 33:2, 208-219.
[22] City of Calgary (2011) *Calgary's Aging Population: An Overview of the Changing and Aging Population in Calgary.*
[23] City of Calgary. (2015). *Age Friendly Strategy.*
[24] City of Calgary. (2011). *Calgary's Aging Population: City Wide.*
[25] Cooper, M. (2009). *Outcome: Positive social ties.* Calgary, AB: Family and Community Support Services, Calgary.
[26] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council
[27] Nicholson, N. (2009) Social Isolation in Older Adults: An Evolutionary Concept Analysis. *Journal of Advanced Nursing.* 65:6, 1342-1352.
[28] See for example: Cooper, M. (2009). *Outcome: Positive social ties.* Calgary, AB: Family and Community Support Services, Calgary.; Age UK. (2010) Loneliness and isolation evidence review.; Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council; The National Seniors Council (2014). Scoping review of the literature social isolation of seniors.; Gierveld de Jong, J., Keating, N., & Fast, J. (2015) Determinants of Loneliness among Older Adults in Canada. *Canadian Journal on Aging*. 34:2, 125-136.; Heylen, L. (2010). The older, the lonelier? Risk factors for social loneliness in old age. *Aging and Society*. 30:7, 1177-1196.; Penning, M., & Wu, Z. (2014). Marital Status, Childlessness, & Social Support among Older Canadians. Canadian Journal on Aging. 33:4, 426-447.

- Experiencing loss (including widowhood, deaths of friends and divorce)
- Sudden life events (bereavement, moving into residential care, new physical/mental health problems)
- Experiencing language and cultural barriers
- Not having children
- Having a disability
- Transportation barriers.

Since women live longer than men on average, they may be at a higher risk of social isolation as they are more likely to outlive their partner and live to be 80 years old or older.[29]

While some risk factors for social isolation, such as age, not having children, experiencing loss, and sudden life events are non-modifiable, others such as transportation barriers, socio-economic status, living alone, and some health problems may be modifiable through intentional social interventions.

Protective Factors

In the mitigation of social risk factors for seniors, there are a number of identified protective factors including: [30]

- Higher education and income (higher socioeconomic status)
- Social ties with younger friends and neighbours
- A socially-cohesive community
- Having more women and family within networks
- Having a broad social network

Sub Populations

The risk factors listed above are often disproportionately experienced by certain sub-populations of seniors. These seniors have complex or compounding issues and may be facing a history of social exclusion prior to old age. These groups include: [31]

- Newcomers or immigrants to Canada
- Indigenous seniors
- Lesbian, gay, bisexual, transgendered, or queer/questioning (LGBTQ) seniors
- Seniors who are caregivers
- Seniors with mental illness (e.g. dementia, schizophrenia, PTSD, etc.)
- Seniors experiencing abuse

The current research will also examine best, promising and emerging practices in seniors' social interventions specifically targeted towards these sub-populations (See Section 6).

[29] Bristol City Council (2013). *Social Isolation in Bristol.*
[30] Cooper, M. (2009). *Outcome: Positive social ties.* Calgary, AB: Family and Community Support Services, Calgary
[31] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council

2.4 Emerging Older Adult Populations

The leading edge of baby boomers are now becoming "seniors", so it's important to understand the needs and interests of this large emerging demographic in order to plan appropriate 'upstream' preventive services. Many baby boomers plan to keep working and earning money either postponing their retirement (by 4.2 years on average)[32], or by retiring from their current job/career and then launching into an entirely new job or career. Most view retirement as an opportunity for a new, exciting chapter in life. Many baby boomers suggest that it is the "continued mental stimulation and challenge" that will motivate them to continue some work. They see retirement as an opportunity to continue learning, contributing and remaining productive. In particular, baby boomer women who are better educated, more independent and more financially engaged than previous generations "view the dual liberations of empty nesting and retirement as providing new opportunities for career development, community involvement and continued personal growth".[33] According to recent research, what current baby boomer retirees actually miss the most about working is not the reliable income but the lost social connections with fellow workers and colleagues[34]

When baby boomers contribute through volunteer work, they want to be able to put all their experience, skills and knowledge to work and preferring volunteer activities that make use of their full range of work and life skills and experience.

Baby boomers should not be considered one homogenous group. Researchers have identified five distinct and different baby boomer groups:[35]

- Empowered Trailblazers (18% are well-rounded, empowered, liberated, open to new ideas);
- Wealth-builders (31% desire material success and security),
- Anxious Idealists (20% plan to give more time, skills, money to worthwhile causes),
- Leisure Lifers (13% plan to simplify, relax, play), and the
- Stretched and Stressed (18% work longer, face financial issues, face housing insecurity, experience lowest levels of happiness).

For example, a recent survey conducted by Ipsos Reid[36] indicates that 16 per cent of Canadians who plan to continue working past age 65 said they needed to work to earn enough money to live well, and 21 per cent said they needed money for basic living expenses. Based on this analysis we can assume that along with a group of better educated and more empowered seniors there will be a significant group of vulnerable seniors emerging within the baby boomer demographic.

32 Dychtwald, K. (2009). Retirement at the Tipping Point: The Year That Changed Everything. Age Wave.
33 Dychtwald, K. (2013). America's Perspectives on New Retirement Realities and the Longevity Bonus. Merrill Lynch Retirement Study. Age Wave.
34. Ibid.
35 Dychtwald, K. (2009).
36 The Economic Pulse of the World. (December 2014). Ispos Global @dvisory. http://www.ipsos-na.com/news-polls/pressrelease.aspx?id=6702

2.5 Exclusions from the Research

The range of approaches to both prevention and early intervention is vast. In line with FCSS' mandate, and to manage the research scope, the current research focuses on programs that can be delivered through community agencies eligible for FCSS funding under the FCSS Act and Regulation. We have not considered those types of programs and strategies that are clearly outside FCSS' mandate (e.g. legislative or regulatory approaches, health care responses, long term care, funding of transportation, mental health and justice system responses, etc.). We do include some programs delivered within other jurisdictions (e.g. social programs within seniors' accommodation). The focus of the research has been on impacts for seniors ages 65 and older.

3.0. Literature Review Methodology

The literature review employed four main search strategies:

1. ***Academic literature*** was rigorously reviewed, through the use of electronic databases using the following strategy:
    - Broad searches were conducted, with articles restricted to anything published after 2005 (since FCSS Calgary research briefs were published in 2009).
    - Targeted searches were conducted with a minimum requirement of looking at anything published after 2005; however, in cases where very few results were obtained, the timeframe was expanded.
2. A '***grey literature' search*** via organizational and government websites.
3. A ***snowball strategy*** was used, following references from particularly rich articles (often review articles). We did not restrict the time frame for these articles.
4. A number of ***organizations and professionals*** were contacted directly, and asked to suggest key written works in their field.
5. Two local reference groups were consulted and they provided suggestions for additional content areas and references.

Please refer to Appendix A for a list of search terms, databases, and key informants.

4.0 Findings

4.1 Summary of Program Types and Key Best Practice Elements

Given the diversity of the vulnerable senior population and of approaches to enhancing seniors' social participation and preventing social isolation, as well as the lack of rigorous program evaluation of programs, it is difficult to create a concise list of 'best practices'. Through several reviews of social interventions for seniors, however, various authors have identified some key components of successful programs.

Key Elements of Programs for Seniors (See notes 37-44)	
Intensity, timing and duration	• Interventions should be at least 3 to 6 months in length to allow for the development of feelings of belonging as well as significant relationships. • Monitoring and encouragement of attendance to reach the amount of contact/intervention outlined in the program design. • Provision of service soon after critical life events or transitions (e.g. death of a spouse, move to a retirement home, etc.)
Approach	• Based on theory of the causes of social isolation. • Have a clear program logic. • Person-centered (holistic) rather than focusing specifically on one risk factor. • A culture of caring that creates trusting and meaningful relationships and makes participants feel welcome, secure, and comfortable • Group approaches are particularly beneficial in increasing social interaction, especially if the goal of establishing friendships beyond the particular program is explicitly facilitated. • Meaning and purpose (action/goals) in programs, rather than just time/space to 'be together' • System-wide approaches that encompass multiple areas of service • Inclusivity and flexibility in programming
Proximity	• Providing services in proximity to where seniors are located. • Flexible transportation options for seniors not living in proximity to services. • Seeking community-based partnerships to increase the identification of at-risk seniors and availability of services in proximity to seniors (seeking opportunities for delivery through community-based organizations or facilities).
Engagement of seniors in program design	• Providing services that are relevant and acknowledge and respect the different interests, needs, experience and culture of seniors (no 'one-size-fits-all' programs). • Involving seniors in the design, implementation and evaluation of programs. • Creation of specific programs for different groups of individuals (e.g. LGBTQ) • Targeting at-risk groups and addressing their specific needs
Staff training	• Training staff in person-centered and senior-specific approaches that emphasize respect and inclusion. • 'Culturally competent' delivery including recognition of different meanings attached to concepts such as 'aging' and 'social isolation' • Specific diversity training related to the needs of sub-groups such as LGBTQ, immigrant/newcomer, and Indigenous seniors

Overall, review studies of social programs for seniors advocate for preventive/early intervention and person-centered approaches. All studies examined also highlighted the paucity of published literature and rigorous evaluations related to seniors social programs. They advocate for an increased focus on rigorous research and the dissemination of evaluation results in order to build stronger evidence-based practice in the sector. [37,38,39,40,41,42,43,44]

Given the diversity of the vulnerable senior population in terms of needs, personal experiences and risk factors, a number of different program types and service delivery approaches have been established to support their social well-being. These include a spectrum of interventions presented in the following sections:

Sections 4.2 to 4.9: Program types and key program elements. Key program elements have been drawn from best, promising and emerging practice research, and do not necessarily represent a strict set of 'best practice' criteria. Rather, they are intended to help guide programming in the direction of researched successes.

Sections 5.1-5.5: Service delivery approaches.

Sections 6.1-6.6: Programming considerations for vulnerable sub-groups.

These sections include local examples to highlight key program elements being used within the Calgary context. It is important to note that these examples do not have published findings, and therefore they cannot be considered best, promising, or emerging practice models as per the FCSS definitions. They are meant to highlight where elements from the research are being used in local initiatives.

Appendix B provides a summary chart of the research evidence on which types of programs have been demonstrated to be most effective.

Appendix C provides a summary chart of the program types, descriptions of programs and key elements highlighted in the literature.

Appendix E provides examples of best, promising, and emerging practice programs.

Appendix F provides the chart on page 14 as a checklist of key program elements.

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[37] Age UK. (2010). Loneliness and isolation evidence review.
[38] Raymond et al (2013). On the track of evaluated programmes targeting the social participation of seniors: a typology proposal. Ageing and Society. 33, 267-296.
[39] Cattan, M., White, M., Bond, J. & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. Ageing and Society. 25:1, 41-67.
[40] Findlay, R. (2003). Interventions to reduce social isolation amongst older people: where is the evidence? Aging & Society. 23, 647-658.
[41] Cultural & Indigenous Research Centre of Australia. (2009). Comparative Social Isolation Amongst Older People in the Act. Sydney: Department of Disability, Housing and Community Services.
[42] Windle, K., Francis, J. & Coomber, C. (2011). Preventing loneliness and social isolation: interventions & outcomes. Social Care Institute for Excellence.
[43] Dickens et al (2011). Interventions targeting social isolation in older people: a systematic review. BMC Public Health. 11, 647
[44] The State of Queensland (2009) Cross-Government Project to reduce social isolation of older people: Best practice guidelines. State of Queensland. Department of Communities.

4.2 Programs that identify those in need and connect them with assistance

Gatekeeper programs

'Gatekeeper programs' train people who come into contact with seniors on a regular basis (e.g. health care providers, library staff, etc.) to be 'gatekeepers' who can recognize and identify at-risk or socially isolated older adults. Research supports these models as a successful way to identify socially-isolated people and connect them with support services that can reduce their social isolation. [45, 46, 47]

Gatekeeper programs are attractive as they:

- Mobilize and train non-traditional referral sources, expanding awareness of the issue.
- Allow the general public to take action on behalf of vulnerable adults without getting too involved.
- Can be adapted to any community setting.
- Open lines of communication between agencies and build community capacity.
- Are cost-effective.[48]

Gatekeeper programs that have been evaluated and shown to be successful, also include a 'navigation' component that connects vulnerable individuals to services after they have been identified. See Appendix D for researched program examples.

Key Elements of Successful Gatekeeper Programs

- Broad reach to train large numbers of non-traditional referral sources
- Single point of entry for services
- Individual assessment of the isolated senior, followed by connection to appropriate services ('navigation' component)

'Community Navigator' programs [49]

'Community Navigators' is a term applied to staff or volunteers who are trained to provide 'hard to reach' or vulnerable people (including seniors) with emotional, practical, and social support, acting as an interface with public services and helping individuals to find and connect with appropriate programs/ services. See Appendix D for an emerging practice example of a Community Navigator program.

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[45] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council
[46] Cooper, M. (2009). *Outcome: Positive social ties.* Calgary, AB: Family and Community Support Services, Calgary.
[47] Findlay, R. (2003). Interventions to reduce social isolation amongst older people: where is the evidence? *Aging & Society.* 23, 647-658.
[48] Ibid.
[49] The terms "advocacy", "outreach", "information and advice services", and "support brokerage" are also used to describe similar kinds of services. See for example Orellana, K. (2009). *Prevention in Practice: Service models, methods, and impact*. Age Concern and Help the Aged.

Community navigator programs contribute to reducing social isolation by connecting participants with services, some of which, in turn, may address social isolation.[50] At the same time, such services can impact the social isolation antecedent of low income and resources and contribute to the FCSS intermediate outcome of improved personal capacity and economic self-sufficiency, particularly when seniors are connected with financial benefits or subsidized resources to which they are entitled.

Activities of community navigator programs may include, for example:[51,52]

- Information, advice and guidance
- Signposting (referral) and support to connect to services
- Assisting clients to access entitlements: Income Assistance, Canada Pension Plan
- Providing advocacy with income assistance personnel
- Emotional support and wellbeing coaching
- Advocating at doctor appointments
- Reconnecting families
- Life skills coaching (e.g. money management, banking, grocery shopping, meals)
- Liaising with landlords
- Mentoring and befriending

Key Elements of Successful Community Navigator Programs

- Detailed knowledge of available services to provide support within a complex system that may seem daunting to seniors

CALGARY EXAMPLES: Gatekeeper and Community Navigation Programs

The SeniorConnect Program offers a Gatekeeper channel for concerned citizens to take action on behalf of a senior who may be at risk, or in crisis, in the community. Through community mobilization, SeniorConnect, and the Distress Centre 24-hr help line allows for a timely referral and visit from a registered social worker who begins to work with the senior to address immediate concerns and secure ongoing community supports. Free information on identifying at-risk seniors is available at www.seniorconnect.org or by phone.

The Way In Network is a collaborative network of four agencies (Carya, Calgary Chinese Elderly Citizens Association, Calgary Seniors Resource Society, and Jewish Family Services) who provide outreach and navigation services for seniors. Social workers meet with seniors in their home, area offices, and the community, to provide support, referrals, information and resources. Seniors can access this service through a single point of entry - the 403-SENIORS (403-736-4677) line. The network approach has contributed to the success of the program.

[50] Windle, K., Francis, J. & Coomber, C. (2011). *Preventing loneliness and social isolation: interventions & outcomes.* Social Care Institute for Excellence.
[51] Turning Point Birmingham Community navigator Service (n.d.) *Community navigator service overview*.
[52] Canadian Mental Health Association, BC Division (2010). *Community Navigator March 2010 Update*.

4.3 Group Programs

Social group activities and programs for seniors have been highlighted in the literature as a particularly useful way to prevent and address negative social outcomes, including social isolation. [53]There is more research evidence to support group programs compared to other types of programs such as those delivered in a one-on-one basis.[54] [55]

Overall research has shown that, "the key point in successful [group] intervention is less its content than the effects of group cohesion and peer support, of participants having control over the implementation of the group programme, and of empowerment and enhanced feelings of mastery".[56] (See Appendix D for researched program examples)

Groups may include:

- Activity-based programs (e.g. cultural, artistic, physical or other interest-based activities)
- Psychosocial groups that address psychological or social issues and concerns of participants
- Friendship groups that focus on developing or improving friendships
- Educational groups that provide a purposeful learning objective

Key Elements of Successful Group Programs for Seniors

- Involving older adults in the planning, development and delivery of activities.
- Providing ongoing social support, typically for at least 3-6 months

CALGARY EXAMPLES: Group Programs

Calgary groups including Bow Cliff Seniors, Bowness Seniors' Centre, Confederation Park, Good Companions, 50 Plus Club, Greater Forest Lawn Seniors Citizens Society, Ogden House Senior Citizens' Club, Parkdale Nifty Fifties Seniors Association, and the West Hillhurst Go-Getters provide a range of weekly social groups to encourage isolated seniors to enjoy the simple pleasures of 'getting-out' for the afternoon. A taxi service is provided for less-mobile seniors in some centres.

[53] *Age UK. (2010). Loneliness and isolation evidence review.*
[54] Cattan, M., White, M., Bond, J. & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society.* 25:1, 41-67.
[55] Windle, K., Francis, J. & Coomber, C. (2011). *Preventing loneliness and social isolation: interventions & outcomes.* Social Care Institute for Excellence.
[56] Routasalo, P., Tilvis, R., Kautiainen, H., and Pitkala, K. (2009). Effects of psychosocial group rehabilitation on social functioning, loneliness, and well-being of lonely, older people: randomized controlled trial. *Journal of Advanced Nursing* 65 (2), p. 302.

4.4 One-to-One Programs

Some seniors find it difficult, if not impossible, to attend group programs, because of ill health, limited mobility, or lack of access to transportation. As a result, programs that seek to reduce social isolation by providing an opportunity for the development of one-to-one relationships with vulnerable seniors are very common.

Befriending programs

Befriending is defined as 'an intervention that introduces the client to one or more individuals, whose main aim is to provide the client with additional social support through the development of an affirming, emotion-focused relationship over time'.[57] Befriending generally involves either home visiting or telephone contact with a volunteer or sometimes a staff person.

The literature on befriending is mixed, with some studies showing a positive effect and others finding no effect.[58] [59] Dickens' 2011 systematic review, while concluding that the evidence for group programming was stronger than for one-to-one programming, did identify two studies of successful befriending interventions. Qualitative feedback from participants in befriending schemes reveals that recipients value the service highly, and claim that it makes a major difference in their lives. Researchers continue to seek ways to capture these impacts quantitatively.[60] (See Appendix D for emerging practice program examples from the literature).

A 2010 meta-analysis of befriending (both home visiting and telephone) interventions for a variety of age groups and their effect on depression concluded that befriending has a positive effect on depression, although, interestingly, there was no effect on social support.[61] The latter finding was puzzling to the authors, as one might have expected that it was through an increase in social support that depression was reduced. The authors pointed to the need for further study of the relationship between the two concepts, and improved means of measuring social support.

CALGARY EXAMPLES: Befriending Programs

Locally, there are several examples of befriending programs, including:

CSRS Friendly Visiting Program where isolated seniors are matched with volunteers who visit once a week for one hour minimum.

CSRS Telephone Reassurance Program where a volunteer calls a senior daily to do a wellness check, make sure the senior is not in distress and show that someone cares.

Chinese Elderly Citizens' Association Volunteer Visiting Program where volunteers make scheduled, hour-long visits to homebound seniors for supportive friendship, hobbies, games and conversation.

[57] Windle, K., Francis, J. & Coomber, C. (2011). *Preventing loneliness and social isolation: interventions & outcomes.* Social Care Institute for Excellence.
[58] Cooper, M. (2009). *Outcome: Positive social ties.* Calgary, AB: Family and Community Support Services, Calgary.
[59] Cattan, M., White, M., Bond, J. & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. Ageing and Society. 25:1, 41-67.
[60] Mountain et al (2014) 'Putting Life in Years' (PLINY) telephone friendship groups research study: pilot randomised controlled trial. *Trials* 15: 141.
[61] Mead *et al* (2010) Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. *The British Journal of Psychiatry* 196:96-101.

Telephone befriending schemes are common, as they are accessible for people with mobility or transportation issues, are low-cost, and contact is easily arranged at a mutually convenient time for the caller and the person being called. Again, research results are mixed.

The highest quality study to date[62] showed no differences in social support and mental health between low-income isolated women who received one of two types of telephone befriending services (by peers or by staff), and a control group. Conclusions from the authors supported the need to understand the target population and its needs, and to involve seniors in determining the best and most relevant approach to programming. Less rigorous research[63] (i.e. at the 'emerging practice' level), has reported that telephone befriending helped participants feel that life was worth living, gave them a sense of belonging and made them feel that they had a friend. (See Appendix D for emerging practice program examples from the literature.)

Key Elements of Successful Befriending Programs for Seniors

- Friendly disposition and good social skills of matched friend (found to be more important than careful matching based on shared interests or backgrounds)
- Giving and sharing food or drink (e.g. tea, cakes, etc.)
- Reciprocal sharing relationship (as opposed to participants seeing themselves as recipients of a service
- Reliability and regularity of contact (random visits are not effective)

See: Lester et al. (2012) An Exploration of the Value and Mechanisms of Befriending for Older Adults in England. Ageing and Society. *32:2, 307-328*

Mentoring Programs

The review of the literature found little to no evidence that one-to-one mentoring programs (which are more goal-oriented than befriending programs[64]) have an impact on social isolation of older adults. While one study showed promising results,[65] these were later contradicted by a more rigorous study of the same program. [66] Further research of these programs is warranted.

[62] Heller *et al.* (1991), 1991 Peer Support Telephone Dyads for Elderly Women: Was This the Wrong Intervention? *American Journal of Community Psychology*, 19:1.

[63] Cattan et al (2011). The use of telephone befriending in low level support for socially isolated older people- an evaluation. *Health and social care in the community.* 19(2) 198-206

[64] Note: The purpose of a mentor is to provide support within a given context, with the level of support offered being variable and responsive to the perceived needs of the recipient. Mentoring has been defined as a unique learning partnership offering either emotional or instrumental support. The relationship is designed to achieve specific goals for the mentee (as compared to stressing the value of the relationship itself, as in befriending)

[65] Greaves *et al* (2006). Effects of creating and social activities on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *The Journal of the Royal Society for the Promotion of Health* 128:3, 134-142

[66] Dickens et al (2011). An evaluation of the effectiveness of a community mentoring service for socially isolated older people: a controlled trial. *Biomedical Public Health* 11,218.

4.5 Counselling programs

Counselling or psychotherapeutic approaches are a targeted form of prevention that aim to address an existing problem and stop it from becoming more serious. Counselling does not present itself primarily as an approach to decreasing social isolation; rather, it addresses risk factors related to social isolation, such as the experience of loss, and focuses on some of the personal factors (perceptions, behaviours, skills) that may underlie loneliness. Counselling as referred to here is provided by a professional therapist.

A 2007 systematic review of counselling for older adults concluded that counselling is an effective form of treatment for persons 50 years of age and older, particularly in the treatment of anxiety and depression, and in the improvement in subjective well-being. [67] The review noted that group counselling approaches appeared to have stronger evidence of effectiveness, but that the elderly preferred individual interventions and were more likely to use them. A review conducted in 2006,[68] which included only randomized control studies, also concluded that psychological treatment is effective in treating depression among older adults, but did not find any differences between individual and group delivery, or between different types of therapy such as cognitive behavioural therapy as compared with interpersonal therapy or reminiscence and life review therapy. See Appendix D for bereavement group program example.

Key Elements of Successful Counselling Programs for Seniors

- Voluntary entry into treatment
- Responsive to the unique individual needs of participants
- Flexibility of response from the therapist
- Counselling provided by a professional therapist
- The intended outcome is to bring about change in the domains of psychological and behavioural functioning

CALGARY EXAMPLE: Counselling Program

Carya offers counselling services on a sliding fee scale specifically targeted to adults ages 65+. Counselling is intended to help manage changes such as declining health and mobility, changing family and societal roles, increased need for care, and isolation and loneliness. Through counselling, older adults learn different ways to solve problems, better communication, methods to cope with stress, anxiety, hoarding tendencies, and depression, ways to strengthen community connections and support, and how to understand and manage a wide variety of feelings.

[67] Hill, A., and Brettle, A. (2007) Counselling older people: what can we learn from research evidence? *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare, and the Community* 20:3

[68] Cuijpers, P., van Straten, A. and Smit, F. (2006) Psychological treatment of late-life depression: a meta analysis of randomized control trials. *International Journal of Geriatric Psychiatry.* 21, 1139-1149.

4.6 Connecting via the Internet and Internet Training Programs

The internet potentially offers a way for seniors to communicate frequently, easily, and inexpensively with family and friends regardless of distance, as well as a way of meeting new friends who share similar interests and of feeling more connected with the outside world. However, many seniors are not familiar and comfortable with using internet or other new technology. Internet training programs have been highlighted as an intervention that can open avenues of social connection for many older adults.[69] [70] [71]

A meta-analysis undertaken in 2012 concluded that internet training had a modest but statistically significant positive effect on loneliness, but not on depression.[72] In addition, qualitative results revealed that internet training programs produced feelings of empowerment and mastery.

See Appendix D for researched promising practice examples of internet training programs.

Key Elements of Successful Internet Training Programs for Seniors

- Hands-on learning, with adequate opportunities for practice
- Participants grouped according to skill level
- One-on-one support during the training to help those who may be struggling
- Clear, step-by-step handouts (without overwhelming with too much information)
- Provide one computer per person at training sessions
- Use computer interfaces that are simple to learn
- Create an atmosphere where participants feel comfortable asking questions

[69] Woodward *et al*. (2011) Technology and aging project: training outcomes and efficacy from a randomized field trial. *Ageing International* 36 (1)
[70] White *et al* (2002) A randomized controlled trial of the psychosocial impact of providing internet training and access to older adults. *Aging and Mental Health* 6 (3).
[71] Ibid.
[72] Choi, M., Kong, S., Jung, D. (2012) Computer and internet interventions for loneliness and depression in older adults: a meta-analysis. *Health Care Informatics Research* 18 (3)

4.7 Volunteer Programs

There is strong evidence in the literature that older adults who volunteer experience increased feelings of purpose and meaning in life, increased feelings of self-confidence and self-worth as well as feelings of connection to the community and contribution to society.[73] According to a 2014 review of 73 rigorous studies on the effects of volunteering, the benefits associated with volunteering among older adults include: improvements in social support and social networks as well as decreased depression and increased positive affect or happiness. The same study indicated that "descriptive studies have consistently found senior volunteers to report that their volunteering allowed them to meet new people, make friends, and develop a sense of community."[74] Although there is a multitude of volunteer opportunities for seniors, no one model has been identified as the most effective.[75] See also Appendix D for promising practice examples of volunteer programs.

Successful Strategies for Engaging Older Adult Volunteers

- Extend personal invitations to seniors
- Ensure there is role flexibility in the volunteer opportunity
- Offer stipends to volunteers
- Ensure the volunteer engagement includes some form of social interaction
- Provide support to volunteers from paid staff
- Offer volunteer opportunities that are meaningful
- Ensure volunteers are recognized for their efforts

Key Elements of Successful Volunteering Programs for Seniors

- A 'moderate' level of volunteering (authors caution that the effect of increased volunteer hours on social benefits is non-linear, meaning more hours doesn't automatically result in better outcomes. On average, optimal social benefits are reached at approximately 100 hours of volunteering per year, or 2 to 3 hours per week)
- Volunteers feel appreciated and valued for their efforts

See: Sellon (2014). Recruiting and retaining older adults in volunteer programs: Best practices and next steps. *Ageing International* (39): 421-437. And Anderson *et al* (2014). The Benefits Associated with Volunteering Among Seniors: A Critical Review and Recommendations for Future Research. *Psycholoaical Bulletin* 140:6. 1505-1533.

[73] See for example: Naegele, Gerhard and Eckhart Schnabel. (2010) *Measures for Social Inclusion of the Elderly: The Case of Volunteering*. Eurofound Working Paper.; Greenfield, E. & Marks, N. (2004) Formal Volunteering as a Protective Factor for Older Adults' Psychological Well-Being. *Journal of Gerontology*. 59: 5, 258; Morrow-Howell *et al* (2003). Effects of volunteering on the well-being of older adults. *Journal of Gerontology*. 58:3, 137-45.

[74] Anderson *et al* (2014). The Benefits Associated with Volunteering Among Seniors: A Critical Review and Recommendations for Future Research. *Psychological Bulletin* 140:6, 1505-1533.

[75] NOTE: For information on rigorous studies of different volunteer program types refer to: Anderson *et al* (2014). The Benefits Associated with Volunteering Among Seniors: A Critical Review and Recommendations for Future Research. *Psychological Bulletin* 140:6, 1505-1533.

4.8 Intergenerational Programs

Intergenerational programs are interventions that engage older adults as well as younger generations in the same program with mutually beneficial results. Intergenerational programming is very diverse and includes many different types of activities such as homework help, home maintenance, community projects, choirs, art groups, visitation programs etc. It can also be considered an approach to service delivery for seniors that does not segregate program participants by age, but rather provides programs and services to multiple generations simultaneously.

One commonly used intergenerational program typology suggests four main types of intergenerational programs:

1. Older people supporting youth (e.g. homework help)
2. Youth supporting older people (e.g. home maintenance)
3. Older people and youth collaborating to support their community (e.g. community mural project)
4. Older people and youth engaging together in learning/social activities (e.g. choir)[76]

Overall, intergenerational programs have been shown to be effective, although different intergenerational program types and activities may vary in effectiveness (the literature did not clearly identify specific best practice types or activities).[77] Intergenerational programs in general have been found to increase personal and social development, decrease social isolation and reduce negative stereotypes and attitudes for both seniors and younger generations, contributing to the overall wellbeing of individuals and communities.[78]

Hermann *et al* (2005) caution that while there are often positive social impacts of intergenerational programs, there may be seniors or youth who experience unintended negative outcomes such as decreased psychological well-being. These authors suggest that focusing intergenerational programming on things that are meaningful for seniors can help reduce negative outcomes.[79]

CALGARY EXAMPLES:
Intergenerational Programs

LINKages Society provides opportunities for student volunteers from junior and senior high schools to visit with matched senior mentors in seniors' residences throughout the school year. The aim of the programming is to foster friendship and learning between generations through shared activities, fun and conversation.

A 2015 review of 27 intergenerational programs also stressed the importance of meaningful activities for seniors within intergenerational programs as findings demonstrated the type of program had less of an impact on positive outcomes than whether the activity was meaningful

[76] Ayala *et al* (2007). Intergenerational Programs. *Journal of Intergenerational Relationships.* 5:2, 45-60.
[77] Kuene, V. *ed.* (2013). *Intergenerational Programs: Understanding What We Have Created.* New York: Routledge.
[78] Ayala *et al* (2007). Intergenerational Programs. *Journal of Intergenerational Relationships.* 5:2, 45-60.
[79] Hermann *et al* (2005) Benefits and Risks of Intergenerational Program Participation by Seniors. *Educational Gerontology.* 31, 123-138.

for participants and supported shared opportunities for relationship building and growth.[80] A 2011 meta-analysis of intergenerational program evaluations reviewed 127 published articles and concluded that, while most programs indicated that they sought to create benefits for all participants (younger and older participants), the programs are otherwise quite varied in structure and approach. No best practice recommendations came out of the study.[81]

See Appendix D for best and promising practice examples of intergenerational programs.

Key Elements of Successful Intergenerational Programs

- Provision of adequate training and support
- Offering meaningful activities

RESEARCH ON INTERGENERATIONAL PROGRAMS IN CALGARY

In 2007, a review of intergenerational programs in Calgary was published. The review found that of 107 agencies interviewed, 44 felt they were successfully delivering intergenerational programs. Few overlaps in intergenerational program services were identified, however gaps in service were identified and linked to barriers such as: resource barriers (e.g. funding, staffing, time), transportation barriers (e.g. getting seniors and youth in the same place), timing/scheduling barriers (i.e. youth are in school during the day and seniors may not be willing to participate in programs at night), and safety barriers, including liability and insurance issues for organizations. For participants personally, the physical and/or emotional health of seniors, as well as myths and negative attitudes perceived by seniors were identified as barriers to participation in intergenerational programming.

Overall, the study suggested that **Calgary has a vibrant and diverse selection of intergenerational programs offered by different service providers**, but that barriers should be address to create even greater opportunity for these types of programs.

See: Ayala *et al* (2007). Intergenerational Programs. *Journal of Intergenerational Relationships.* 5:2, 45-60.

[80] Galbraith, B., Larkin, H., Moorhouse, A., & Oomen, T. (2015). Intergenerational Programs for People with Dementia. *Journal of Gerontological Social Work.* 58, 357-378.

[81] Jarrott, S. (2011). Where Have We Been and Where Are We Going? Content Analysis of Evaluation Research of Intergenerational Programs. *Journal of Intergenerational Relationships.* 9,37-52.

4.9 Programs to Increase Personal Capacity and Economic Self-Sufficiency

According to a 2010 review of seniors' loneliness and social isolation in the UK, "for low-income seniors, taking steps to increase their income or decrease their expenses may indirectly prevent or reduce social isolation. For example, helping them obtain benefits or transfer payments to which they are entitled, but not receiving, or reducing housing or medical costs may free up the means to increase social engagement." [82] This fits within Nicholson's concept analysis of social isolation, which highlighted low financial means and resource as well as prohibitive environments as antecedents to social isolation.[83] Programs include:

- Gatekeeper programs (see Section 4.2)
- Community navigator programs (see Section 4.2)
- Financial literacy programs
- Homeshare programs
- Home maintenance and home improvement programs
- Food delivery programs like Meals on Wheels
- Time banking programs
- Employment programs[84]

While the literature review did not reveal specific best, promising and emerging practice program elements for these types of programs, emerging research has highlighted some benefits and effects.

Financial Literacy Programs

In general, 'financial literacy' refers to the skills and tools to understand and manage one's personal finances. The financial literacy of older adults is important to maintain and promote given the changing landscape of financial interactions (e.g. online banking) as well as the prevalence of financial scams targeted towards seniors. Further, as many seniors move into retirement characterized by fixed incomes, managing personal finances becomes essential to live well day-to-day.[85] The literature suggests that professionals working with seniors should be aware of financial literacy concerns and able to assess the financial competence of older adults they encounter.[86] While there is limited research on the efficacy of programs to increase financial literacy amongst seniors, emerging research recommendations for programming include financial literacy education programs.[87]

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[82] *Age UK. (2010). Loneliness and isolation evidence review.*

[83] Nicholson, N. (2009) Social Isolation in Older Adults: An Evolutionary Concept Analysis. *Journal of Advanced Nursing.* 65:6, 1342-1352.

[84] Note: employment programs have not been explored through this literature review as they are outside the funding mandate of FCSS Calgary.

[85] Lusardi, A. (2012) Financial Literacy and Decision-Making in Older Adults: An Economist's Look at the Level of Financial Knowledge Among Elders, and the Quality of Their Financial Decision Making. *Journal of the American Society on Aging.* 36:2, 25-32.

[86] Gardiner *et al* (2015). Financial Capacity in Older Adults: A Growing Concern for Clinicians. *Clinical Focus.*202:2, 82-86.

[87] See for example: Into, F. (2003). Older Women and Financial Management: Strategies for Maintaining Independence. *Educational Gerontology.* 29, 825-839.

Homeshare Programs

Home sharing is defined as an arrangement between two unrelated people to share a living space to their mutual benefit. Homeshare programs match seniors who need help in their homes with students who exchange time spent with the senior or small household duties for free accommodation in the senior's home. These programs address both the economic self-sufficiency of seniors by reducing their home maintenance costs as well as, to a certain extent, social isolation, by increasing intergenerational interactions with their tenant(s). The literature review did not reveal any best or promising practice research on the model, however several less-rigorous evaluations have been published as grey literature via program websites.[88]

Key Elements of Successful Homeshare Programs

- A community development approach works best
- Clear expectations should be laid out in advance for both parties

CANADIAN HOMESHARE EXAMPLE

One example in Canada is the St. John's Homeshare Program, which has been running since the fall of 2012. A qualitative evaluation of the St. John's Homeshare Program revealed successes and limitations of the program. While older adults felt less lonely due to the Homeshare Program, there was little or no impact on 'social inclusion'. Program participants did, however, feel more civically engaged and that they were giving back to their communities. There were also positive impacts on intergenerational learning, and nearly all participants indicated the program was financially beneficial.

See: Legge, R. J. (2014) *A qualitative evaluation of the home share St. John's pilot program.* Masters thesis, Memorial University.

Home Maintenance and Home Improvement Programs

Home maintenance programs impact both the limited resources of seniors and the physical barriers to participation present in their home environments (prohibitive environments have been identified as an antecedent to social isolation).[89] The literature review did not uncover published literature supporting home maintenance and home improvement programs. Theoretically and practically, however, the link between properly maintained and adapted homes and seniors' personal capacity and social ties is clear.[90] By providing home maintenance free of charge to seniors, limited financial resources can be saved. Further, seniors can stay in

[88] See for example: Montague, M. (2001, June). *Increasing Housing and Support Options for Older People.* Research and Policy Services: Melbourne Australia.; Coffey, J. (2012) *An Evaluation of Homeshare Pilot Programmes in West Sussex, Oxfordshire and Wiltshire.* Oxford Brookes University: School of Health and Social Care.

[89] Nicholson, N. (2009) Social Isolation in Older Adults: An Evolutionary Concept Analysis. *Journal of Advanced Nursing.* 65:6, 1342-1352.

[90] See for example: Fausset, *et al* (2011). Challenges to Aging in Place: Understanding Home Maintenance Difficulties. *Journal of Housing for the Elderly.* 25:2, 125-141.

their homes longer and participate in their home neighbourhoods. By improving homes, physical environment barriers can be improved or eliminated for seniors, making social participation easier and removing burdensome costs of renovations.

Time Banking Programs

Time banking is a scheme whereby people earn credits by spending time or skill helping others (either member-to-member or in community service projects). These credits can then be redeemed for goods or services. Many of the needs of elderly people for informal support, transportation, minor home repairs, and so on are being met through time banking projects in various cities in the US. Time banking appears to have several potential benefits for seniors, both in reducing social isolation, and in reducing expenses and thus contributing to the outcome of personal capacity and self-sufficiency.[91] It also provides opportunities for the elderly to interact with non-elderly, generating bridging social capital which can lead to increased social integration.[92] Unfortunately, there is, as yet, little rigorous evaluation of time banking.[93] It can be considered an emerging practice approach.

Key Elements of Successful Time Banking Programs

- Seniors are aware of, and make use of the service
- Security considerations are taken into account for vulnerable seniors
- Creative ways are found for dependent seniors to 'give back' and realize the benefits of reciprocity

[91] Cahn, E., Gray, C. (2015). The time bank solution. *Stanford Social Innovation Review*.
[92] Collom, E. (2008) Engagement of the elderly in time banking: the potential for social capital generation in an aging society, *Journal of Aging & Social Policy*, 20:4.
[93] See, for example: http://www.timebanking.org/what-is-timebanking/research/research Accessed August 7, 2015

Food Delivery Programs

Adequate resources for proper nutrition are essential for the health and well-being of older adults living in the community. Meal delivery programs, such as Meals-on-Wheels and Grocery Delivery services, have been demonstrated to improve the food security of older adults, addressing one resource constraint that may contribute to social isolation. Further, there is some evidence to suggest that meal delivery to older adults can impact social isolation directly through increased social interactions, however this is qualified by the opportunities for social interaction and socialization encouraged within the program delivery model. [94] [95] [96]

Key Elements of Successful Food Delivery Programs

- Programs with intentional emphasis on social interaction are more effective for impacting social isolation
- More frequent social contact is important (e.g. daily contact is more effective in reducing social isolation than weekly contact)

CALGARY EXAMPLES: Food Programs

Calgary Meals on Wheels has five programs serving individuals, families, school children and community groups. The Lunch & Supper Program is a meal delivery service that is available 365 days per year, with deliveries Monday to Friday. Currently, this program predominantly serves individuals over the age of 65 and/or persons with disabilities. Volunteers deliver "more than a meal" to clients each delivery day, bringing a sense of community right to their doorstep.

The Chinese Elderly Citizens' Association partners with Calgary Meals on Wheels to offer "Chopsticks on Wheels".

Ogden House Seniors Filling the Gap Program offers a bi-weekly community kitchen program for seniors to cook low cost meals while also socializing.

[94] Zhu, H. & An, R. (2013) Impact of Home-Delivered Meal Program on Diet and Nutrition Among Older Adults: A Review. *Nutrition and Health.* 22:2, 89-103.
[95] Timonen, V. & O'Dwyer, C. (2010). 'It's Nice to See Someone Coming In": Exploring the Social Objectives of Meals on Wheels.
[96] Thomas, K., Dosu, D. (2015). More Than a Meal. Results from a pilot randomized control trial of home-delivered meal programs. Meals on Wheels America.

5.0 Service Delivery Models or Approaches

Beyond the effective program types highlighted in Sections 4.2 through 4.9, the literature review revealed a number of *service delivery models or approaches* for working with seniors. In practice, service providers often use a mix of different approaches including:

- Seniors Centres – Described in **Section 5.1**
- Neighbourhood Houses – Described in **Section 5.2**
- Community Development (CD) Approaches – Described in **Section 5.3**
- Services delivered through Community Facilities – Described in **Section 5.4**
- Satellite or "Franchised" approaches – Described in **Section 5.5**

Appendix C provides a summary chart of different service delivery models or approaches.

5.1 Seniors' Centres

In Alberta, Seniors' Centres are usually "free standing buildings that offer a wide range of activities that facilitate socializing, health promotion and the enhancement of people's quality of life. Central is an acknowledgement that seniors are important, necessary, and contributing members of society. Such centres are essential in supporting seniors' wellness so they can live quality lives and age within their own homes and neighbourhoods, if they so choose."[97]

In 2013 Calgary's Canadian Research Institute for Law and the Family (CRILF) in partnership with the Kerby Centre, examined best practice models for Seniors' Centres. They found that "there is no one-size-fits-all model for a best practice multi-purpose Senior Centre. Developing a best practice model involves balancing facility space, resources, and participant needs and desires".[98]

While no 'best practice' model for Seniors' Centres has emerged, most Seniors' Centres offer a variety of programs, including social programs. Usually centres offer between 11 and 20 programs like nutritional programs, exercise programs, and social programs.[99] Seniors' centres can be facility-based (single site) or community-based (multiple sites or satellite sites).[100] [101] Overall, the social component of seniors' centres has been highlighted in the literature as a key to program success and participant engagement.[102]

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[97] Whitfield, K., & Daniels, J. (2014, September). Examining Seniors' Centres in Alberta as Centres of Excellence: Identifying their Needs and Capacities. Edmonton: University of Alberta.

[98] MacRae-Krisa, L., Paetsch, J. (2013) An Examination of Best Practice in Multi-Service Senior Centres. Calgary: Canadian Research Institute for Law & the Family, and the Kerby Centre.

[99] Ibid.

[100] Whitfield, K., & Daniels, J. (2014). (page 65)

[101] MacRae-Krisa, L., Paetsch, J. (2013) (Page 25)

[102] Zuran, B. (2012) Helping Seniors Age in Place: A Scoping Literature Review of Senior Centre Programs which Address Social Inclusion and Social Isolation in Community-Dwelling Seniors. Department of Occupational Therapy, University of Alberta.; Cicione, T. (2012) Helping Seniors Age in Place: A Scoping Review of Health Promotion Programs in Seniors Centres. Department of Occupational Therapy, University of Alberta.; Pardasani, M.P. & Thompson, P. (2010). Senior Centers: Innovative and Emerging Models. *Journal of Applied Gerontology*, 31(1), 52-77.; Turner, W.F.D. (2012). Senior Center Participation in Northwest Arkansas: An Examination of Future Marketing Strategies, Policy Implications, and Program Needs to Attract the Baby-Boomer Generation. Doctoral Dissertation, University of Arkansas.

Challenges Engaging Younger Seniors

Those seniors currently using Seniors' Centres are usually women, and primarily in their later years (70s or 80s). The perceived stigma attached to Seniors' Centres means that younger seniors are not as likely to participate in services. According to the CRILF's 2013 brief, "baby boomers, while aging, do not see themselves as old. Senior Centres need to redefine their image and provide activities that will serve the needs of the more active baby boomers" (page 22). According to the University of Alberta's Report on Seniors' Centres in Alberta (2014) that reported on interviews with users and non-users of Seniors' Centres, younger seniors are most interested in support groups that focus on care giving, grief and loss, and services that address specific health needs, as well as home care.[103] In attracting younger seniors, focusing on an approach to programming that is based on people's strengths and interests, rather than their problems, has been highlighted as an important paradigm shift for many Seniors' Centres.[104]

Key Elements of Successful Seniors Centres

- Clearly define the target population (current clientele as well as those who could be attending but are not) and understand their varying needs and desires
- Programming categories: nutritional support, health promotion, recreation, information/navigation, education, social activities, and volunteer opportunities
- Strategic partnerships (e.g. with schools, health care, social services, businesses, faith communities etc.) to ensure a full range of programming, avoiding duplication, improving sustainability and creating greater awareness and interest in the community
- Site-based but with flexibility to deliver services in multiple locations
- Flexible programming meeting the needs of each centres' seniors (five days a week with the option for weekend and evening programming, although some seniors may not drive or want to be out at night)
- Provision of transportation to reduce barriers to participation
- Group activities offered over a long period of time (e.g. 11 months) to increase group connectedness of members

See: Cicione, T. (2012) Helping Seniors Age in Place: A Scoping Review of Health Promotion Programs in Seniors Centres. Department of Occupational Therapy, University of Alberta.

MacRae-Krisa, L., Paetsch, J. (2013) *An Examination of Best Practice in Multi-Service Senior Centres.* Calgary: Canadian Research Institute for Law & the Family, and the Kerby Centre.

[103] Whitfield, K., & Daniels, J. (2014, September). *Examining Seniors' Centres in Alberta as Centres of Excellence: Identifying their Needs and Capacities.* Edmonton: University of Alberta. (page 9)
[104] MacRae-Krisa, L., Paetsch, J. (2013) *An Examination of Best Practice in Multi-Service Senior Centres.* Calgary: Canadian Research Institute for Law & the Family, and the Kerby Centre. (page 25)

5.2 Neighbourhood Houses

Neighbourhood Houses are physical spaces based in geographic neighbourhoods that use community engagement and capacity building approaches to identify and respond to local community needs. Started as 'settlement houses' to support newcomers, they are inherently responsive to cultural diversity, and have expanded community-responsive service development to include multigenerational, multicultural involvement of residents.[105]
Neighbourhood House programs may include activities such as:

- licensed childcare
- community celebrations and food programs
- employment support and job training
- community art projects
- community gardens
- family support and resource programs
- information, referral and counseling
- ESL classes and settlement and integration activities
- seniors health, wellness and education activities
- volunteer training and community involvement opportunities
- informal activities and initiatives.

Because the facilities are not just for seniors, they may avoid the stigma that younger seniors attach to seniors' centres; they may also facilitate intergenerational programming, with the attendant benefits noted earlier.

Key Elements of Successful Neighbourhood Houses

- Free or low cost programming
- Food provided with activities
- Transportation provided when needed and possible
- Activities determined and run on a day-to-day basis by participants (including seniors who facilitate seniors' programming as well as other programming)

[105] Larcombe, K. (2009, February) *Sustaining Programs Through the Neighbourhood House Model*.

5.3 Community Development Approaches

In a community development approach seniors are engaged as full participants in a process of coming together to take collective action and generate solutions to common problems. A number of the models already described use a community development approach. For example, use of cultural or network brokers to engage with ethno-cultural communities or help increase local resident engagement and influence may also be used within a community development strategy. Engaging seniors directly through a community development approach has been used as a successful strategy for development of supports and services within local neighbourhoods (e.g. yard maintenance services, intergenerational connections, etc.). See Appendix D for program examples.

Key Elements of Successful Community Development Approaches

- Community members/seniors viewed as the experts and drivers of change, and are active participants in planning and implementation.
- In order to flourish, CD process usually requires some support resources such as access to space, some funds and someone who understands how to facilitate the CD process (e.g. Trained CD professional or experienced community volunteers.)

CALGARY EXAMPLE: Community Development Approach

The Elder Friendly Communities Program (EFCP) seeks to promote meaningful engagement among older adults through neighbourhood-based community development, supported by a collaborative partnership of community agencies. The program aims to engage and empower older adults using community development to build skills, leadership and advocacy capacities. There is a focus on supporting older adults within their homes and communities. After conducting a needs assessment, priority issues were selected by older adults in each neighbourhood, supported by professional community development workers. Programs range from those that link school-age children to seniors for snow removal, seniors' columns in local newspapers, connecting elders with different cultural backgrounds, and infrastructure improvements. Services are delivered by a number of different organizations, including the University of Calgary, City of Calgary, the Calgary Health Region, Carya, Jewish Family Services and the Calgary Catholic Immigration Society.

This is an emerging practice model evaluated in Calgary, see: Austin et al (2015). Community development with older adults in their neighborhoods: the elder friendly communities program. *Families in Society: The journal of contemporary social services.*

5.4 Service Delivery through Community Facilities

Rather than focusing on seniors to the exclusion of other age groups, service delivery models (e.g. libraries, community associations, recreation centres, and faith communities) can provide services using a broad multigenerational approach. This approach can include intergenerational programs that target seniors and youth, or it may involve a less-directed, more naturally occurring interactions between seniors and other age groups who are using the same spaces (see, for example, Neighbourhood Houses).

Program Delivery through Public Libraries

Since libraries are community resources scattered throughout communities, they have been highlighted as positive public spaces for older adults to receive services and engage in socialization activities.[106] According to Hunsucker (2012), adults are more likely to turn to local public libraries for more 'public sphere' meetings as they grow older. The same study found that participation in public libraries was more common amongst those with a higher level of community involvement and engagement, but also among those with lower-income.[107] Given the proximity of library facilities to citizens within communities and their appeal to lower-income and vulnerable populations, programming through public libraries offers an encouraging opportunity for social engagement of older adults. Research suggests that in appealing to older adults libraries should seek to offer services and programs that reflect the specific interests of older adults in their community. In particular, technology education has been highlighted as an appealing and positive program component for older adults.[108]

CALGARY EXAMPLE: Service Delivery through Community Facilities

The **Calgary Public Library** offers programs for seniors at branches across the city. For example, "50+ Coffee and Conversation" is offered weekly at five different library branches. The library also offers a Computer Coaching program that engages volunteers to provide one-on-one support for seniors who wish to learn about computers.

[106] Bennett-Kapusniak, R. (2013). Older Adults and the Public Library: The Impact of the Boomer Generation. *Public Library Quarterly*, *32*(3), 204-222.
[107] Hunsucker, R.L. (2012). Local Public Libraries Serve Important Functions as Meeting Places, but Demographic Variables Appear Significant, Suggesting a Need for Extensive Further Research. *Evidence Based Library and Information Practice.* 7:1, 96-101.
[108] Glusker, A. (2014). Public Libraries Could Better Serve Older Adults by Having More Programming Specifically Directed Toward Them. *Evidence Based Library and Information Practice.* 9:4, 70-74

5.5 Satellite or "Franchised" Approaches

One approach to broadening the reach of proven best practice programs is to distribute the programming using a satellite or "free franchise" approach. This typically involves developing, piloting and rigorously evaluating a program to establish its usefulness, then developing a standardized programming manual with program materials and implementation instructions. It may also include training requirements for those who deliver the program. The proven program can then be distributed and offered through other service providers, Seniors' Centres, or community groups in proximity to the seniors who may benefit from the program. Some examples of this approach are the First Link® and Minds in Motion® programs developed and distributed through the Alzheimer's Society of Canada, the Memory P.L.U.S.[109] program developed in BC and promoted by Alberta Health Services, and the Contact the Elderly[110] program in the U.K.

Key Elements of Successful Satellite or "Franchised" Approaches

- Prepared program materials and implementation instructions available.
- May include training for those who will implement the program
- Uses collaborative, partnership, or free franchise approach to extend the reach and availability of programming.

CALGARY EXAMPLES: Satellite and "Franchised" Approaches

The Greater Forest Lawn 55+ Society works with Alberta Health Services to offer the researched and franchised **Memory P.L.U.S.** program out of their location, making the program more accessible to local seniors (see Appendix D and Section 6.4 for additional details about the program)

The **Kerby Seniors Centre** offers satellite programming in Calgary's East Village as well as in the Haysboro/Willow Park community.

The **Calgary Chinese Elderly Citizens' Association** offers satellite programming in Edgemont community, where there is a high concentration of Chinese seniors.

[109] Benner, E., Tuokko, H., McGee, P. (2005). Memory Plus. Community Support and Social Interactions for Seniors with Dementia and Their Caregivers. Centre of Aging. University of Victoria.
[110] Contact the Elderly. (2008). *Reaching Isolated Older People. Franchise Project Report.*

6.0 Addressing the Needs of Vulnerable Sub Populations

The risk factors for social isolation and vulnerability amongst seniors are often disproportionately experienced by certain sub-populations of seniors, such as immigrant seniors, Indigenous seniors, seniors who are also caregivers, LGBTQ seniors, seniors with ongoing mental health issues and seniors who are abused. These seniors have complex or compounding issues and may be facing a history of social exclusion prior to old age. Specific programming and program approaches may be needed to ensure inclusion of these vulnerable sub-groups of seniors.

6.1 Newcomers, refugees or immigrants to Canada

In addition to the risk factors experienced by any older adult, often immigrants who are seniors experience additional risk factors due to various cultural and linguistic barriers associated with their status as newcomers to Canada. These risk factors include: cultural and language barriers, migration circumstances, age at the time of migration, gender, whether or not they are caregivers to grandchildren or aging spouses, the availability of culturally appropriate services, racism, intergenerational differences and conflicts, and a lack of connection with their current social circumstances.[111]

Reaching immigrant seniors may be especially difficult and compounded by cultural and language barriers. In Calgary, it is estimated that approximately eight per cent of seniors don't speak English or French at a conversational level.[112]

Some suggested programming from the literature includes: citizenship classes, language classes, meal sharing programs, community education (teaching about how Canadian culture and community works), interpretation services, and English classes.[113] Further, Brown, Consedine & Magai (2005) found that volunteer programs and other opportunities for culturally diverse older adults to *give* as well as receive support result in positive social outcomes. [114] The literature also suggests that providing senior-specific programming through immigrant-serving agencies and activities (e.g. settlement) provides opportunities for culturally competent service delivery to immigrant seniors without creating additional requirements for other, non-immigrant specific, seniors' services. However, there is no specific evidence to support the effectiveness of this approach. [115]

[111] Bartlett et al (2013). Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. *Ageing and Society* 33: 1167-1189.
[112] City of Calgary (2011) *Calgary's Aging Population: An Overview of the Changing and Aging Population in Calgary.*
[113] See for example: Chenoweth, J. & Burdick, L. (2001). The Path to Integration: Meeting the Special Needs of Refugee Elders in Resettlement. Refuge. 20:1, 21-29.; NSW Refuge Health Service. (2006) Caring for Older Refugees in NSW: A Discussion Paper.
[114] Brown, W., Consedine, N. & Magai, C. (2005). Altruism Relates to Health in an Ethnically Diverse Sample of Older Adults. Journal of Gerontology. 60B:3, 143-152.
[115] Age UK. (2010). Loneliness and isolation evidence review.

The literature has not revealed specific best or promising practice programs for addressing the needs of vulnerable newcomer, refugee or immigrant seniors; however, approaches to decreasing barriers for this senior group have been suggested by several authors. [116] [117] [118]

Key Elements for Working with Newcomer, Refugee or Immigrant Seniors

- Recognizing diversity between and within different cultural groups
- Using strengths-based approaches
- Involving immigrant seniors in determining types of services, activities and engagement strategies
- Developing cultural competencies among staff (e.g. training for staff, multi-lingual staff, cultural competency assessment and policies, etc.)
- Cultivating tolerance and anti-discrimination
- Providing information and improved communication (e.g. information in different languages, information provided at places immigrant seniors may frequent, including daycares their grandchildren may attend, etc.)
- Working in partnership (e.g. building on community services serving other seniors and creating culturally relevant programming for immigrant seniors)
- Understanding that refugees and immigrants may have different experiences of government and may be resistant to providing information and engaging with services that appear to be linked with government

6.1.1 Program Types and Approaches for Working with Newcomer, Refugee or Immigrant Seniors

Host Programs

One evaluated program in Canada is the Citizenship and Immigration Canada Host Program, where Canadian-born or permanent resident hosts are matched with newcomers (based on shared interests). The aim of the program is to mitigate culture shock and vulnerability by creating bridges between newcomers and established Canadians who can help with day-to-day activities and navigating Canadian culture and systems. The evaluation found that, through participation in the program, participants increased social support networks and decreased social isolation. While the program isn't specific to seniors, some older adults are engaged in

[116] Benevolent Society (2011). Research to Practice Briefing 4: Supporting Older People from Culturally and Linguistically Diverse Backgrounds.
[117] NSW Refuge Health Service. (2006) Caring for Older Refugees in NSW: A Discussion Paper.
[118] Wood, A., & Alberta, A. (2009) A Community-Driven Behavioral Health Approach for Older Adults: Lessons Learned. Journal of Community Psychology. 37: 5, 663-669.

the program and the evaluation highlighted the opportunity to create more peer-to-peer groups for participating seniors.[119]

Another, similar program that has been highlighted to reduce social isolation among immigrants is the Welcoming Community for Newcomers Program from the Regina Open Door Society which assists newcomers to become familiar with their community, establish supportive social networks and enhance their objectives. The program matches newcomers with community volunteers who are established residents in the community and are familiar with local social, educational, employment and recreational systems.[120]

Cultural Brokers

Cultural broker programs recruit volunteers or staff from specific cultural groups to act as 'brokers' between cultural communities and local community services providers. These cultural brokers may act as navigators, ambassadors or community liaisons in facilitating integration and addressing the unique needs of older adults from diverse backgrounds (including brokerage between family members and the older adult).[121] The cultural broker model adds an additional element of cultural understanding and recognition that facilitates trust and communication between seniors from different cultural groups.

CALGARY EXAMPLE: Connecting Elders from Ethno-cultural Communities (CEEC)

The CEEC program trains and supports the work of 'Elder Brokers' in the Calgary community. Elder Brokers are community members who have committed to making connections among older adults and between other adults and ***The Way In*** program (See Section 4.2) facilitated by Carya Calgary. Communities that currently have Elder Brokers include: Polish, Bengali, Burmese, Colombian, Eritrean, Ethiopian, Persian, Filipino, Hindi, Korean, Gujarati, Latino, Arabic, Punjabi, Romanian and Vietnamese. The program is facilitated by a partnership between Carya and the Ethno-Cultural Council of Calgary.

Other approaches

Seniors' Centres offer another approach to delivering seniors' services to newcomers, refugees and immigrants. In their 2013 study on seniors' centres best practice approaches, the Canadian Research Institute for Law and the Family indicated that "appealing to ethnic minority seniors may require culturally specific activities, programming in multiple languages and ethnic diversity among staff"[122] Some Seniors' Centres in Alberta are already providing things like translation services that help immigrant seniors navigate systems and get the information that they need. "In particular, seniors who did not speak English as their first language indicated that they

[119] Citizenship and Immigration Canada, Research and Evaluation Division (2010, September) *Evaluation of the Host Program.* Ref. No. ER201103.03E

[120] Government of Canada (2014) *Report on the social isolation of seniors*. The National Seniors Council.

[121] Blair, T. (2012). "Community Ambassadors" for South Asian elder immigrants: Late-Life Acculturation and the Roles of Community Health Workers. Social Science and Medicine. 75, 1769-1777.

[122] MacRae-Krisa, L., Paetsch, J. (2013) An Examination of Best Practice in Multi-Service Senior Centres. Calgary: Canadian Research Institute for Law & the Family, and the Kerby Centre. (page 56)

mainly go to their Seniors' Centres because they provide information regarding various services in the health and social service community. They also stated that the centre is very important to them because it provides translation services, at no cost, giving them the ability to contact various government services."[123] This indicates a significant opportunity for Seniors' Centres to be a point of engagement for newcomer, refugee and immigrant seniors.

In Vancouver, *Neighbourhood Houses* are an emerging practice model for multicultural inclusion in a facility-based setting that includes seniors as well as other generations. Lauer & Yan (2007) found that involvement in Neighbourhood Houses by multi-ethnic seniors increased their diversity and quantity of personal ties that crossed immigrant status and ethnic boundaries.[124] See Section 5.2 for more details on the Neighbourhood House model.

[123] Whitfield, K., & Daniels, J. (2014, September). Examining Seniors' Centres in Alberta as Centres of Excellence: Identifying their Needs and Capacities. Edmonton: University of Alberta. (page 88)

[124] Lauer, S. R. & Yan, M.C. (2007, October). Neighbourhood Houses and Bridging Social Ties. Centre for Excellence for Research on Immigration and Diversity: Working Paper Series No. 07-07.

6.2 Indigenous Seniors

Due to ongoing colonization-specific experiences and more proximal socioeconomic disadvantages that Indigenous individuals experience in Canada, their health status is lower, on average, than the non-Indigenous population. This often translates into Indigenous individuals experiencing multiple risk factors of social isolation and aging earlier than the non-Indigenous population (i.e. earlier experiences of the antecedents of social isolation outlined by Nicholson).[125] Due to these health trends as well as the general youthfulness of the Indigenous population (i.e. higher proportion of youth in the community), 55 years and older is often argued to be a more appropriate age cut-off to distinguish 'seniors' in Indigenous communities.[126] Further, beyond social isolation at the individual level, Indigenous community isolation, experienced due to limited resources, physical barriers, and racism/ethnocentricity in Canadian society, may affect the overall well-being of Indigenous older adults.[127] While the Indigenous senior population (aged 65+) is quite small (projected at 6.5% for 2017), it is expected to grow in the coming years.[128]

Many Indigenous seniors were part of the Residential School era. The final report of the Truth and Reconciliation Commission (TRC) of Canada has called this practice both cultural genocide and one of the most destructive mass human rights violations in Canada's history.[129] The lack of availability of culturally appropriate or sensitive services makes it difficult for Indigenous seniors to heal from this trauma.[130] [131] Indigenous seniors who attended Residential Schools may face additional challenges, including higher rates of depression due to the traumatic and intergenerational impacts of the Residential School system. [132]

Overall "colonization and Residential School experiences, along with continuing experiences of racism in Canadian society, have created a significant mistrust of mainstream institutions" and service providers may have little understanding of the historic experience or the practical realities of everyday life for Indigenous seniors.[133]

The literature review did not reveal any research on best and promising practice interventions for Indigenous seniors, and programs highlighted in the literature as 'emerging' have yet to be

[125] Kaspar, V. (2014) The Lifetime Effect of Residential School Attendance on Indigenous Health Status. *American Journal of Public Health.* 104:11, 2184-2190.
[126] Wilson, K., Rosenberg, M., Abonyi, S. & Lovelace, R. (2010, October). *Aging and Health; An Examination of Differences between Older Aboriginal and non-Aboriginal People.* SEDAP Research Paper No. 279.
[127] Parrack, S., & Joseph, G. (2007). The Informal Caregivers of Aboriginal Seniors: Perspectives and Issues. *First Peoples Child & Family Review.* 3:4, 106-113.
[128] Turcotte, M. and Schellenberg, G*., A Portrait of Seniors in Canada, 2006* (Ottawa: Minister of Industry, 2007).
[129] Truth and Reconciliation Commission of Canada. (2015). *Honouring the Truth, Reconciling for the Future: Final Report of the Truth and Reconciliation Commission of Canada.*
[130] Bartlett et al (2013). Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study. Ageing and Society 33: 1167-1189.
[131] National Seniors Council. (2009, February). Report of the National Seniors Council on Low Income Among Seniors. Human Resources and Skills Development Canada.
[132] Tunstall, L. & McIntyre, S. (2014, October). *Effective Practices on Collaboration Between Affordable Seniors' Housing Providers & Mental Health Service Providers.* Calgary, AB: Older Adult Service Providers of Calgary (OASPoC).
[133] Health Council of Canada. (2013). *Canada's Most Vulnerable: Improving Health Care for First Nations, Inuit, and Metis Seniors.*

evaluated. As such, when considering programming for this specific group of seniors, we would suggest adopting the overall healing practices framework outlined in the FCSS Indigenous Research Brief (2014).[134]

Key Elements for Working with Indigenous Seniors

- The well-being of seniors in Indigenous communities needs to be understood from a social systems perspective that does not just focus on health or social participation, but rather understands well-being as part of a broader system that includes community. When considering the approach of 'person centered care' for Indigenous seniors, a *community perspective* should be fostered rather than a Western, individual-focused conception of 'person centered'.
- Indigenous conceptions of aging and 'end of life' need to be taken into consideration when considering programming for seniors, where different Indigenous groups may have different paradigms around aging and 'end of life' which may not be congruent with the Western paradigm. This can include connection to traditional lands and place of birth, which can impact the desires of aging Indigenous persons. Ranzijn (2010) highlights this through research on experiences of 'active aging' policy in Indigenous communities in Australia, arguing that the 'active aging' paradigm is incongruous with Indigenous views of aging and decreases the potential for engagement of older Indigenous adults in programming.
- An Elder (always capitalized) in the Indigenous contexts is a person who acts as a cultural and spiritual guide within the community and who has "gifts of insight and understanding as well as communication skills to pass on the collective wisdom of generations who have gone before". Not all older people or seniors in an Indigenous community would be deemed an Elder, and some Elders can actually be fairly young. The title of Elder is awarded based on role and merit, and may be given to an individual who is a spiritual as well as political representative of a community.

See: Ranzijn, R. (2010) Active Aging – Another Way to Oppress Marginalized and Disadvantaged Elders? Aboriginal Elders as a Case Study. *Journal of Health Psychology.* 15:5, 716-723.

Habjan, S., Prince, H., & Kelley, M. (2012). Caregiving for Elders in First Nations Communities: Social System Perspective on Barriers and Challenges. *Canadian Journal on Aging.* 31:2, 209-222.

Benevolent Society (2013). *Working with Older Aboriginal and Torres Straight Islander People Research to Practice Briefing 8.*

Quote source: Dumont-Smith. (2002) *Aboriginal Elder Abuse in Canada.* Aboriginal Healing Foundation.

[134] Available online at: http://www.calgary.ca/CSPS/CNS/Documents/fcss/fcss_brief6_aboriginal_programs.pdf

6.2.1 Program Types and Approaches for Working with Indigenous Seniors

While rigorous evaluation of programs for Indigenous seniors are not available, several programs have been highlighted as emerging practice models.

The Portage Friendship Centre's **Seniors Medicine Wheel program** in Manitoba has been highlighted by the Canadian Mental Health Association (CMHA) as a promising tool for addressing the needs of vulnerable Indigenous seniors and has been included in their *Mental Health Toolkit* document. The Medicine Wheel approach emphasizes connectedness and harmonious interaction. The project began as an attempt to connect Indigenous seniors to culturally appropriate services, however, by bringing the seniors together for weekly meetings and sharing circles the Medicine Wheel project also began producing positive social results.

The meetings have grown into a community engagement and community development program that has connected children and elders in the community, creating a cycle of cultural sharing and emotional recovery. [135] In Edmonton, a similar program has been implemented by the Edmonton Aboriginal Seniors' Centre.[136]

The **Edmonton Aboriginal Seniors Centre** builds on the seniors centre approach but provides programming that is specifically relevant to Indigenous seniors. This includes: a five day a week drop-in program promoting socializing, a Medicine Wheel program, a 'tea and Cree' group that promotes socializing and preservation of the Cree language, an outreach program that includes home visits, information sharing, and Cree translation services, a traditional arts group program, among other programs.[137]

[135] Public Health Agency of Canada (2009) *Reach Up, Reach Out: Best Practices in Mental Health Promotion for Culturally Diverse Seniors.;*
Canadian Mental Health Association (1999) *Mental Health Toolkit.*
[136] See: http://www.easc.ca/?page_id=87
[137] See the Edmonton Aboriginal Seniors Centre website for current programs and more details: http://www.easc.ca/

6.3 Lesbian Gay Bisexual Transgendered and Queer/Questioning (LGBTQ) Seniors

According to the National Resource Centre on LGBT Aging, "sexual orientation and gender identity are crucial elements in [adults'] lives, shaping how they view themselves and their place in the world, and impacting the kinds of services they need as they age."[138] Aging LGBTQ individuals face unique barriers to social participation and increased risk of social exclusion and social isolation. Current cohorts of LGBTQ seniors came of age during a socio-historical context that was distinctly heteronormative, if not homophobic, leading to experiences of social exclusion for many LGBTQ individuals. This exclusion has the potential to carry into old age, with many older LGBTQ people viewing seniors' services and seniors' social settings (including care facilities) as lacking sensitivity towards their sexual identity.[139]

LBGTQ seniors have been found to experience higher levels of loneliness and social isolation. This is potentially linked to risk factors such as bereavement and loss and having no children, but it has also been speculated that it is related to 'minority stress' associated with being part of any minority group in society.[140] The CBC's 2014 *Gay and Grey* series highlighted many of these challenges faced by LBGTQ seniors in the Canadian context, emphasizing a need for social programs specifically for this sub-population.[141] Paralleling the overall increase in older adults in the population, the number of LGBTQ seniors is estimated to increase in the coming years.

The literature review did not reveal any research on best and promising practice interventions specifically for LGBTQ seniors, and programs highlighted in the literature as 'emerging' have yet to be evaluated. While specific programs have not been evaluated or highlighted as 'best practice' several key strategies for engaging and providing services to LGBTQ seniors have emerged in the literature.[142] [143] [144] [145]

[138] National Resource Center on LGBT Aging (2015), *LGBT Programming for Older Adults*
[139] Orel, N. (2014). Investigating the Needs and Concerns of Lesbian, Gay, Bisexual, and Transgender Older Adults: The Use of Qualitative and Quantitative Methodology. *Journal of Homosexuality.* 61:1, 53-78.
[140] Kuyper, L. & Fokkema, T. (2010). Loneliness Among Older Lesbian, Gay and Bisexual Adults: The Role of Minority Stress. *Archives of Sexual Behavior.* 39, 1171-1180.
[141] CBC News. (2014, March). *On the Coast: Gay and Grey.*
[142] National Resource Center on LGBT Aging (2015), *LGBT Programming for Older Adults*
[143] National Resource Center on LGBT Aging (2012), *Inclusive Services for LGBT Older Adults*
[144] Knochel *et al*. (2012). Training, Geography, and Provision of Aging Services to Lesbian, Gay, Bisexual and Transgender Older Adults. *Journal of Gerontological Social Work.* 55:5, 426-443.
[145] National Resource Center on LGBT Aging (2012), *Inclusive Services for LGBT Older Adults*

Key Elements for Working with LGBTQ Seniors

- Creating specific programming for LGBTQ individuals and disseminating information about the programming
- Engaging LGBTQ individuals in the development of programming that is relevant to them
- Providing a safe and confidential space for LGBTQ seniors to self-identify
- Providing training for staff that increases awareness, inclusivity and sensitivity towards LGBTQ seniors and specific issues they may face
- Intake forms that do not presume sexual orientation, gender identity, or relationship status of any of the clients, including terms such as partner, life partner, domestic partner and significant other alongside terms like husband, wife or spouse.
- Asking questions about sexual and gender identity in a safe and confidential manner.
- Not presuming to be able to identify LGBTQ individuals on sight or by external characteristics
- Asking about preferred gender pronoun preference

6.3.1 Program Types and Approaches for Working with LGBTQ Seniors

Training Programs

Since there are very few programs targeted specifically towards LGBTQ seniors, training older adult service providers to provide services in an LGBTQ-inclusive and sensitive manner has been highlighted as a key strategy and promising practice. For example, the *Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) Training Program* in the United States has been highlighted as a promising practice model. It includes four hours of training, with three levels for mainstream aging service providers. It was developed in partnership with seven seniors and LGBTQ-serving agencies and includes pre and post-test measures to determine effectiveness.[146]

Other Programs

SAGE also provides a number of programs that may enter into emerging practice programming for LGBTQ seniors including: SAGEWorks, an innovative program designed to provide employment assistance to LGBT people age 40 and over; groups for women including discussion groups, dance groups, and support groups; and the SAGE Caring and Preparing program supporting LGBT caregivers to navigate community systems.[147] The National Resource Centre on LGBT Aging also highlight movie night programs as a way to engage LGBTQ seniors. [148]

[146] Meyer, H & Johnston, T. (2014) The National Resource Center on LGBT Aging Provides Critical Training to Aging Service Providers. *Journal of Geronological Social Work.* 57:2-4, 407-412.
See: http://www.sageusa.org/programs/training.cfm for more details
[147] See http://www.sageusa.org/ for more details.
[148] National Resource Center on LGBT Aging (2015), *LGBT Programming for Older Adults*

6.4 Seniors Who are Caregivers

For many older people, caring for elderly spouses, parents or friends becomes a major part of life. While senior caregivers provide support for those around them, they simultaneously suffer their own decline in mental and physical well-being, many times without support. Senior caregivers have increased levels of depression and lower ratings of subjective well-being often reporting balancing multiple morbidities, feeling overwhelmed and exhausted, dealing with personal health issues, and feeling isolated. Oftentimes this burden is disproportionately borne by older women due to both societal and familial expectations and longer life expectancy, on average, than their male counterparts. It is estimated that in the United States up to 20-25% of caregivers are 65 or older, with a similar trend expected in Canada.[149]

While there is little research on the efficacy of interventions for older adult caregivers specifically, there is some research on social support for caregivers (of older adults) more generally. This research can possibly be applied to older adult caregivers, however the unique situations of older adult caregivers should be taken into account in applying general research findings. For example, while Smith & Toesland (2006) found telephone support to be an effective intervention for adult child caregivers of frail older adults, there was no evidence of effectiveness of the intervention for spousal caregivers. The authors speculated that the spousal relationship and situation (living daily with the person for whom they are caring) impacts their support needs, making the telephone intervention non-impactful for this group.[150]

McGhan *et al* (2003) further stress that older adult caregivers are unique, as they may have needs as a co-recipient of care. They suggest that cues of older adult caregiver distress must be recognized and addressed, even if the caregiver does not immediately recognize themselves as needing care.[151]

Key Elements for Working with Seniors who are Caregivers

- Addressing barriers to participation such as: need to escort the care recipient to medical visits, cost of transportation, lack of time due to caregiving tasks or professional activity
- Providing "psychosocial" programs that build additional knowledge and skills around program content of interest to caregivers (in discussion with caregivers)

See: Abreu *et al* (2015). Psychoeducational Programs for Informal Caregivers for Dependent Older Adults: Barriers to Participation. *Procedia Social and Behavioral Sciences.* 171,629-634.

[149] McGhan, G., Loeb, S., Baney, B., & Penrod, J. (2013). End of Life Caregiving: Challenges Faced by Older Adult Women. *Journal of Gerontological Nursing.* 39:6, 45-54.
[150] Smith, T. & Toseland, R. (2006). The Effectiveness of a Telephone Support Program for Caregivers of Frail Older Adults. *The Gerontologist.* 46:5, 620-629.
[151] McGhan, G., Loeb, S., Baney, B., & Penrod, J. (2013).

6.4.1 Program Types and Approaches for Working with Seniors who are Caregivers

Counselling Programs

Counselling has been demonstrated as a **promising practice** intervention for individuals (including elderly spouses) caring for individuals with Alzheimer's disease. The literature states that "in this elderly population caring for spouses with Alzheimer's Disease, where caregivers spend almost all of their time in their homes, isolated from society, and no longer receive the support they formerly could expect from their spouses, what really matters is having a close circle of people who can be called upon for emotional support. Moreover, having socially supportive contacts come to their homes to visit helps these caregivers stay connected and feel less isolated."[152] (See Appendix D for program examples)

Group Programs

Group programs for caregivers have emerged in the literature as **promising practice** programs that have been found to improve caregiver competence, ability to cope with stress and overall mental wellbeing, areas which can improve personal capacity and address antecedents of social isolation. [153] [154] **Emerging practice** research also demonstrated that member-to-member sharing within groups impacts knowledge and information, however one-on-one interventions can often create greater impact in this area (and lower impact around social support).[155] The Memory P.L.U.S. program and the Minds in Motion program are two **emerging practice** programs targeted to adults in the early stages of dementia and their caregivers. Memory P.L.U.S. is a 12 week group program facilitated by trained staff and volunteers and attended jointly by the caregiver and the person they are supporting. Sessions offer education about coping with the changes associated with dementia, with information delivered in friendly, informal atmosphere through social activities, music memory games and exercises. Minds in Motion uses a similar format but has a stronger focus on physical wellbeing (e.g. flexibility, strength, fall prevention), spending the first 45 minutes of a session in physical activity followed by social activities. Memory P.L.U.S. was evaluated by University of Victoria researchers who identified positive outcomes for improved caregiver/care receiver relationship, improved mood/happiness, and increased satisfaction/contentment with life. Minds in Motion has been widely used in BC and is currently being piloted and evaluated in six communities across Ontario. (See Appendix D for more details on these programs)

Befriending and Mentoring

Programs involving volunteer mentoring, peer matching, and befriending have limited evidence to support effectiveness in reducing social isolation for seniors who are caregivers.[156]

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[152] Drentea *et al* (2006) Predictors of Improvements in Social Support: Five-Year Effects of a Structured Intervention for Caregivers of Spouses with Alzheimer's Disease. *Social Science & Medicine.* 63, 957-967.

[153] Chiu, M., Wesson, V., Sadavoy, J. (2013). Improving caregiving competence, stress coping, and mental wellbeing in informal dementia carers. *World J Psychiatry* 3(3): 65-73

[154] Chiu, M., Pauley, T., Wesson, V., Pushpakumar, D., Sadavoy, J. (2015). Evaluation of a problem-solving techniques based intervention for informal carers of patients with dementia receiving in home care. International Psychogeriatrics.

[155] Toseland *et al* (1990, May). Comparative Effectiveness of Individual and Group Interventions to Support Family Caregivers. *Social Work.* 210-217.

[156] See for example: Charlesworth *et al* (2008); Smith, R., & Greenwood, N. (2014)

6.5 Seniors with Ongoing Mental Illnesses

In general, seniors are at a greater risk of experiencing certain mental health issues including delirium, dementia and depression.[157] These mental health issues can be compounded by other ongoing mental illnesses including schizophrenia and other psychotic disorders, bipolar disorder and borderline personality disorder. Adding a mental illness, with often long-term medication use, to the natural process of aging can result in a person becoming 'functionally geriatric' before the age of 65.[158] Older adults with ongoing mental illnesses are at higher risk of social exclusion due to societal stigma associated with aging and mental health issues as well as ongoing difficulty engaging with supports.[159] They are also at a higher risk of experiencing abuse and worsening mental health due to abuse (see Section 6.6).[160]

In Calgary, it is estimated that there are up to 2,130 seniors who are living with persistent psychotic disorders, including schizophrenia and delusional disorder, while some 21,300 suffer from some form of mental illness. Projections suggest that these numbers will increase in coming years as the population of seniors increases overall.[161]

Beyond the clinical needs of older adults with mental illnesses, this subgroup is also in need of support for social functioning, including social interaction, assistance with managing money and entitlements, and keeping up with domestic chores. Intimate relations and social contact needs are among those most often cited by older adults with mental health issues as being unmet.[162]

There is limited research on the effectiveness of different social inclusion approaches to working with this subpopulation, and most literature focuses on interventions that are beyond the scope of the current review (e.g. they involve health and justice system responses). One review of effective outreach programming indicated that gatekeeper programs with a community navigation component can be effective in identifying older adults with mental health issues that may need psychiatric outreach support in the community.[163] Other authors stress the need for interdisciplinary responses for older adults with ongoing mental illnesses.[164] While the research on best, promising, and emerging practice interventions to increase social inclusion of older adults with mental illness is lacking, practitioners and service providers should, nevertheless, be

[157] Tunstall, L. & McIntyre, S. (2014, October). Effective Practices on Collaboration Between Affordable Seniors' Housing Providers & Mental Health Service Providers. Calgary, AB: Older Adult Service Providers of Calgary (OASPoC).
[158] Ntounas, P. et al (2012). Dementia in Elderly Long Term Inpatients with Serious Mental Illness: Poster Presentation #457. 20th European Congress of Psychiatry.
[159] Tunstall, L. & McIntyre, S. (2014, October). Effective Practices on Collaboration Between Affordable Seniors' Housing Providers & Mental Health Service Providers. Calgary, AB: Older Adult Service Providers of Calgary (OASPoC).
[160] Cooper, C. & Livingston, G. (2014). Mental Health/Psychiatric Issues in Elder Abuse and Neglect. Clinical Geriatric Medicine. 30, 839-850.
[161] Tunstall, L. & McIntyre, S. (2014, October). Effective Practices on Collaboration Between Affordable Seniors' Housing Providers & Mental Health Service Providers. Calgary, AB: Older Adult Service Providers of Calgary (OASPoC).
[162] Cummings, S. & Kropf, N. (2009) Formal and Informal Support of Older Adults with Severe Mental Illness. Aging and Mental Health. 13:4, 619-627.
[163] Citters, A. & Bartels, S. (2004). A Systematic Review of the Effectiveness of Community-Based Mental Health Outreach Services for older adults. Psychiatric Services. 55:11, 1237-1249.
[164] Loboprabhu, S. & Molinari, V. (2012) Severe Loneliness in Community-Dwelling Aging Adults with Mental Illness. *Journal of Psychiatric Practice.* 18:1, 20-28.

conscious of the multiple complexities and exclusion faced by these individuals and seek partnerships to address their unique needs effectively.

CALGARY EXAMPLE: Responses to Service Needs of Older Adults with Ongoing Mental Health Issues

In 2014, the Older Adult Service Providers of Calgary (OASPoC), currently known as the Older Adult Council of Calgary (OACC) conducted a large-scale investigation into the needs of Calgary's older adults with severe mental illnesses, particularly in relation to their housing needs, but also in consideration of their psychosocial needs. In working with this vulnerable subpopulation of seniors, we recommend service providers consider the toolkits highlighted in Section 8 of the OASPoC's 2014 report.

See: Tunstall, L. & McIntyre, S. (2014, October). Effective Practices on Collaboration Between Affordable Seniors' Housing Providers & Mental Health Service Providers. Calgary, AB: Older Adult Service Providers of Calgary (OASPoC).

6.6 Seniors Who are Abused

When older adults (usually aged 65 and over) are abused, physically, sexually, emotionally or otherwise, "within any relationship where there is an expectation of trust" the abuse is considered "elder abuse".[165] The prevalence of elder abuse is difficult to determine as many seniors who are abused face particular barriers to identification and disclosure of abuse, including: different understandings of the term 'abuse'; fear of retribution; lack of professionals' awareness of the issue; rationalizing abusers' behaviours; dependency of the abuser on the older adult and vice versa; fear of being institutionalized; societal/internalized stigma and shame around being a 'victim'; and ongoing negative social responses to abuse. [166] In Canada, no comprehensive prevalence study of elder abuse has been conducted to date, however based on incidents reported to police, over one quarter (29%) of police-reported incidents against older people were committed by a family member, with older women being more likely than older men to be victims of family violence.[167] In the United States the estimated prevalence of elder mistreatment among community-dwelling seniors is 8-11% annually, with a similar trend expected in Canada.[168]

Isolation is related to elder abuse in a number of ways. It can be a risk factor for abuse, making the older person a target for abuse. It can be a barrier to disclosing abuse, making it difficult for seniors to escape abusive situations. And it can be a consequence of abuse: either directly perpetrated by the abuser, who may isolate the older adult as part of their abuse; or indirectly as an abused senior may isolate themselves due to shame or perceived stigma.

Older adults from ethnocultural communities, including Indigenous older adults, are often at greater risk of experiencing elder abuse as they are more likely to experience risk factors of abuse and less likely to feel able to report abuse.[169] [170]

Reviews of the literature on elder abuse indicate that there is limited research and evidence around effective interventions to prevent and/or address elder abuse.[171] [172] It is beyond the scope of the current research to conduct a thorough investigation into effective elder abuse prevention and intervention models, particularly as many of these models involve justice, health, and other systems responses. Benett and Kingston's book 1993 book *Elder Abuse: Concepts, theories and interventions* provides a good overview of different types of interventions and preventative measures against elder abuse. Elder Abuse Networks, such as

[165] Public Health Agency of Canada (2012). *Elder Abuse in Canada: A Gender-Based Analysis*.
[166] Pickering, C. & Rempusheski, V. (2014) Examining barriers to self-reporting of elder physical abuse in community-dwelling older adults. *Geriatric Nursing*. 35: 120-135.
[167] Public Health Agency of Canada (2012). *Elder Abuse in Canada: A Gender-Based Analysis*.
[168] Rizzo, V., Burnes, D. & Chalfy, A. (2015). A Systematic Evaluation of a Multidisciplinary Social Work-Lawyer Elder Mistreatment Intervention Model. *Journal of Elder Abuse & Neglect*. 27:1, 1-18.
[169] Tam, S. & Neysmith, S. (2006). Disrespect and Isolation: Elder Abuse in Chinese Communities. *Canadian Journal on Aging.* 25:2, 141-151.
[170] Podnieks, E. (2008). Elder Abuse: The Canadian Experience. *Journal of Elder Abuse and Neglect.* 20:2, 126-150.
[171] Wang, X. *et al* (2015). Elder Abuse: An Approach to Identification, Assessment, and Intervention. *Canadian Medical Association Journal.* 187:8, 575-581
[172] Ploeg, J. *et al* (2009) A Systematic Review of Interventions for Elder Abuse. *Journal of Elder Abuse and Neglect.* 21:3, 187-210.

the *Alberta Elder Abuse Awareness Network,* are a common collaborative response to elder abuse that involve multiple partners across jurisdictions, however the literature review did not reveal any published rigorous research on the effectiveness of these networks. [173]

From the limited evidence available, effective community program responses to elder abuse may include outreach support that involves community navigation and gatekeeping and intergenerational responses that change perceptions about older adults, however further research is needed to understand the impact of different program types.[174]

Key Elements for Working with Seniors who are Abused

The British Columbia government has created a comprehensive document on understanding and responding to elder abuse. We recommend the techniques outlined in *Section C – Working with Older Adults who have been Abused and/or Neglected*. BC Ministry of Justice. (2009). *Understanding and Responding to Elder Abuse.* Available online at: http://www.pssg.gov.bc.ca/victimservices/shareddocs/ElderAbuse.pdf

We also recommend referring to the FCSS literature review on best practices to prevent intimate partner violence: Buckle, L., Simpson, B., Berger, S. & Metcalf, R. (2014, June 12). *Prevention and Early Intervention for Domestic Violence.*

[173] See for example: Podnieks, E. (2008). Elder Abuse: The Canadian Experience. *Journal of Elder Abuse and Neglect.* 20:2, 126-150.

[174] See: Podnieks, E. (2008). Elder Abuse: The Canadian Experience. *Journal of Elder Abuse and Neglect.* 20:2, 126-150. (Page 143-144); Mariam, L. *et al* (2015). Eliciting Change in At-Risk Elders (ECARE): Evaluation of an Elder Abuse Intervention Program. *Journal of Elder Abuse & Neglect.* 27:19-33.

7. Considerations for Future Service Development

As FCSS moves to develop an investment strategy for the seniors' portfolio that contributes to Calgary's Seniors Age Friendly Strategy, it can draw upon the information presented in this report regarding the types of programs and service delivery approaches that have been shown to be effective through rigorous research.

The Best Practice Guidelines developed for the State of Queensland, Australia, note that "a specific project cannot be 'all things'. Based on evidence and theory, it is important to select the most appropriate approach, model and method (or combinations of) that will deliver on strategic directions, address local needs and be within resources available" [175] Similarly, a funder such as FCSS will want to consider an appropriate mix of intervention types and levels, according to its mandate, and after a thorough assessment of the needs, resources, and other players in its community. FCSS has the opportunity to support projects in a way that will enhance their effectiveness and impact based on researched best, promising and emerging practices.

Key Elements for Funding Seniors Services

- ***System response***
  - A holistic, integrated and coordinated whole-of-community response is required to address social isolation. Individual services and projects should participate and contribute.
- ***Timeframes***
  - Give at least 12-18 months for projects to be implemented/established before expecting results
  - Projects may need considerable timeframes if they involve partnerships or network building
- ***Funding and resourcing***
  - Establishment of new programs/models should include adequate resourcing for initial development, implementation and establishment
  - Projects that involve volunteer networks may need paid coordinators to undertake recruitment, training and supervision.
- ***Sustainability and Cost Effectiveness***
  - Focus on community capacity building to enhance sustainability and long-term benefits
  - If a project or service ceases, appropriate follow-up and referrals should be arranged to ensure participants are not left without support.
- ***Governance***
  - Clear project governance established as early as possible in the implementation phase
- ***Best Practice Elements***
  - Ensure new program development is grounded on sound and researched theoretical base

[175] The State of Queensland (2009) Cross Government Project to Reduce Social Isolation of Older People: Best Practice Guidelines. State of Queensland, Department of Communities.

Appendix A: Literature Review Methodology Details

Databases searched:

EBSCO, Academic Search Complete, Social Services Abstracts, Google Scholar (2005-2015)
All University of Calgary Databases

Key terms searched:

Senior AND program AND (inclusion OR isolation)
Senior AND "Best practice" AND (inclusion OR isolation)
Senior AND program AND (inclusion or isolation) AND vulnerable
Senior AND "Best practice" AND (inclusion OR isolation) AND vulnerable
Elder* AND "Best practice" AND (inclusion OR isolation)
"Older adult" AND "Best practice" AND (inclusion OR isolation)
Elder* AND program AND (inclusion OR isolation)
"Older adult" AND program AND (inclusion OR isolation)
Senior AND (LGBT or gay or LGBTQ or lesbian or Aboriginal or "First Nation" or indigenous or "mental health" or newcomer or immigrant or migrant) AND program AND (inclusion or isolation)
Senior AND (LGBT or gay or LGBTQ or lesbian or Aboriginal or "First Nation" or indigenous or "mental health" or newcomer or immigrant or migrant) AND (inclusion or isolation)
Senior AND (LGBT OR gay OR LGBTQ OR lesbian) AND (inclusion or isolation)
Senior AND (LGBT OR gay OR LGBTQ OR lesbian) AND "best practice" AND (inclusion or isolation)
Senior AND "best practice" AND (aboriginal OR indigenous OR "first nation") AND (program OR intervention)
seniors AND "best practice" AND aboriginal
seniors AND "best practice" AND "first nation"
seniors AND "best practice" AND "mental health"
seniors AND "best practice" AND isolation AND disability
"older adult" AND "social participation"
"older adult" AND "social participation" AND program
"older adult" AND "social participation" AND intervention
Aboriginal AND elder AND program

Journals reviewed (2010-2015)

Aging & Society
Canadian Journal on Aging
Journal of Gerontological Nursing
Journal of Gerontological Social Work
Journal of Applied Gerontology

Key Informants Consulted

Dr. Jennifer Hewson
Dr. Susan McIntyre
Elizabeth DesCamp
Lili Bunce
Seniors Centre Resource Committee
Age Friendly Strategy Implementation Committee – Social outcomes
New Horizons collective impact application steering committee

Appendix B: Summary of Rigor of Literature Evidence by Program Type

Program Type	Research Evidence
Gatekeeper and Community Navigator Programs	Some evidence at promising practice level
Group Programs	Lots of evidence at best and promising practice levels
One-on-One Programs	Mixed evidence (some studies show effect, others show no effect), some at promising practice level. (Note: no research evidence for effectiveness of one-on-one mentor matching for seniors)
Counselling Programs	Some evidence at promising practice level
Internet Training Programs	Some evidence at promising practice level
Volunteer Programs	Evidence for the benefits of seniors volunteering in general, limited specific program examples
Intergenerational Programs	Some evidence at best and promising practice levels
Food Delivery Programs	Mixed evidence on social impacts
Homeshare Programs	Emerging evidence – more research needed
Financial Literacy Programs	No rigorous research found
Home Maintenance/Improvement Programs	No rigorous research found
Timebanking Programs	Emerging evidence – more research needed

Appendix C: Summary Chart of Program Types, Brief Descriptions and Key Elements

Program Type	Brief Description	Sample Programs	Key Elements
Programs that identify those in need and connect them with assistance (See Section 4.2)			
Gatekeeper programs	Gatekeeper programs train those who are in regular contact with the elderly through their normal work (e.g. police, library staff, health care providers, pharmacists, home maintenance workers) to identify signs of social isolation or other needs, and put people in touch with appropriate services.	Promising practice Senior Reach Program Emerging practice Community Connect Program (See Appendix D)	• Broad reach to train large numbers of non-traditional referral sources • Single point of entry for services • Individual assessment of the isolated senior, followed by connection to appropriate services ('navigation' component)
Community Navigator programs	Community navigator programs (also referred to as outreach, advocacy, or 'support brokerage' programs), aim to connect people with services and activities to meet their needs. In the UK the role is generally filled by volunteers; in Canada staff called 'outreach workers' or, in the health care system, 'patient navigators', perform a similar, if somewhat broader function.	Emerging practice Turning Point Birmingham First Link® (See Appendix D)	• Detailed knowledge of available services to provide support within a complex system that may seem daunting to seniors

Program Type	Brief Description	Sample Programs	Key Elements
Group Programs (See Section 4.3)			
Activity-based programs	Such programs involve cultural, artistic, physical, or other interest-based activities offered in a group environment.	Promising practice Norwegian Senior Centre; Silver Sneakers Fitness Program; Indoor Gardening Program Emerging practice Arts, Health and Seniors (See Appendix D)	• Involving older adults in the planning, development and delivery of activities. • Providing ongoing social support, typically for at least 3-6 months
Psychosocial groups	Such groups have an explicit focus on addressing psychological or social issues and concerns of participants, often together with activities. They are usually facilitated by a professional and/or trained volunteer.	Best Practice Psychosocial group (See Appendix D)	
Friendship groups	In these groups the focus is on increasing opportunities for regular social contact, and may include explicit discussions around developing new friendships or improving the quality of existing friendships.	Promising practice Friendship Enrichment Program Emerging practice Contact the Elderly (UK) (See Appendix D)	
Educational programs	Educational programs are structured around a specific theme, and often follow a curriculum.	Promising practice Seniors CAN (See Appendix D)	

Program Type	Brief Description	Sample Programs	Key Elements
One-On-One Programs (See Section 4.4)			
Befriending programs	Befriending generally involves either home visiting or telephone contact with a volunteer or sometimes a staff person. The intervention focuses on developing an emotional relationship and, when offered through home visiting, may include providing transportation and performing small errands such as picking up medications or shopping. With telephone befriending, group telephone support is an emerging trend.	Promising practice Volunteer Friendly Visiting Program Emerging practice A Call in Time; and Putting Life in Years (PLINY) (See Appendix D)	• Friendly disposition and good social skills of matched friend (found to be more important than careful matching based on shared interests or backgrounds) • Giving and sharing food or drink (e.g. tea, cakes, etc.) • Reciprocal sharing relationship (as opposed to participants seeing themselves as recipients of a service • Reliability and regularity of contact (random visits are not effective)
Counselling Programs (See Section 4.5)			
Counselling programs	Counselling may be provided in an individual, family or group format, by a professional such as a psychologist, social worker, psychiatric nurse, with the purpose of helping clients address personal or interpersonal issues and improve their social and psychological functioning.	Promising practice Bereavement Counselling Group (See Appendix D)	• Voluntary entry into treatment • Responsive to the unique individual needs of participants • Flexibility of response from the therapist • Counselling provided by a professional therapist • The intended outcome is to bring about change in psychological/behavioural functioning

Program Type	Brief Description	Sample Programs	Key Elements
Connecting Via the Internet and Internet Training Programs (See Section 4.6)			
Internet training programs	Training in how to use a computer, and in particular, the internet, is provided to older adults, generally in a group setting over a period of weeks or months. Some programs also provide computers.	<u>Promising practice</u> Technology and aging project Esc@pe project (See Appendix D)	• Hands-on learning, with adequate opportunities for practice • Participants grouped according to skill level • One-on-one support during the training to help those who may be struggling • Clear, step-by-step handouts (without overwhelming with too much information) • Provide one computer per person at training sessions • Use computer interfaces that are simple to learn • Create an atmosphere where participants feel comfortable asking questions
Volunteering as an Intervention (See Section 4.7)			
Volunteer programs	Multiple program types and structures, including peer to peer, intergenerational, local community, humanitarian, and other.	<u>Emerging practice</u> Senior Companion Program (See Appendix D) See also: Anderson *et al* (2014). *The Benefits Associated with Volunteering Among Seniors: A Critical Review and Recommendations for Future Research. Psychological Bulletin* 140:6, 1505-1533.	• A 'moderate' level of volunteering (authors caution that the effect of increased volunteer hours on social benefits is non-linear, meaning more hours doesn't automatically result in better outcomes. On average, optimal social benefits are reached at approximately 100 hours of volunteering per year, or 2 to 3 hours per week) • Volunteers feel appreciated and valued for their efforts

Program Type	Brief Description	Sample Programs	Key Elements
Intergenerational Programs (See Section 4.8)			
Intergenerational programs	These interventions engage older adults as well as younger generations in the same program with mutually beneficial results. Intergenerational programming is very diverse and includes many different types of activities such as homework help, home maintenance, community projects, choirs, art groups, visitation programs etc. It can also be considered an approach to service delivery for seniors that does not segregate program participants by age, but rather provides programs and services to multiple generations simultaneously	Best practice Experience Corps Promising practice Life Skills Volunteer Program REPRINTS (See Appendix D)	• Provision of adequate training and support • Offering meaningful activities

Program Type	Brief Description	Sample Programs	Key Elements
Programs for Caregivers (See Section 6.4)			
Caregiver capacity building programs	In this program, caregivers come together to learn more about their role, strategies for managing the relationship between caregiver and person cared for, and personal coping strategies to reduce stress and improve personal emotional wellbeing. The group nature of the program may provide side benefits of social support.	Promising Practice CARERS (See Appendix D)	• Follow established promising practice program format. • Staff trained to deliver the program
Programs for Caregiver and Patient	Group programs for caregivers and their patient where the two attend the activity together. Sessions are generally activity based with some educational components for caregivers, using an informal friendly atmosphere with social activities, music, memory games, physical exercise, etc.	Emerging Practice Memory P.L.U.S. Minds in Motion (See Appendix D)	• Manualized program follows a set format of specific socially engaging activities in a group setting • Facilitated by trained staff and volunteers
Counselling and Support for Caregivers	Professional counsellors provide individual and family counselling enhanced by a variety of follow up support services for caregivers supporting an adult with dementia.	Promising Practice Counselling and Follow Up Support for Caregivers of Adults with Dementia (See Appendix D)	• Combination of counselling and support methods including individual and group, with follow-up supports • Counselling is custom-tailored to meet the needs of each family

Program Type	Brief Description	Sample Programs	Key Elements
Programs to Build Personal Capacity and/or Economic Self-Sufficiency (Section 4.9)			
Food delivery programs	In the Meals on Wheels model, low cost prepared meals delivered to vulnerable seniors in their homes. Other programs use volunteers to provide grocery shopping and delivery services combined with brief socialization for elderly, frail and shut-in seniors. While these programs are commonly mentioned as a way of supporting seniors to stay in their homes longer, there is no specific research on effectiveness.	Promising Practice Meals on Wheels (See Appendix D)	• Programs with intentional emphasis on social interaction are more effective for impacting social isolation • More frequent social contact is important (e.g. daily contact is more effective in reducing social isolation than weekly contact)
Homeshare programs	Home sharing is defined as an arrangement between two unrelated people to share a living space to their mutual benefit. Homeshare programs match seniors who need help in their homes with students who exchange time spent with the senior or small household duties for free accommodation in the senior's home.	*No specific program examples found in the literature.*	• A community development approach works best. • Clear expectations should be laid out in advance for both parties.
Financial literacy programs	In general, 'financial literacy' refers to the skills and tools to understand and manage one's personal finances. New research suggests financial literacy education may be an effective intervention for seniors.	*No specific program examples found in the literature.*	*No key elements from the literature*
Home maintenance/ improvement	Free maintenance or upgrade/improvement support for seniors who wish to continue living in their homes.	*No specific program examples found in the literature.*	*No key elements from the literature*
Time banking programs	Time banking is a scheme whereby people earn credits by spending time or skill helping others. Credits can then be redeemed for goods or services.	Time Banking UK has an accreditation system (www.timebanking.org)	• Seniors are aware of, and make use of the service • Creative ways are found for dependent seniors to 'give back' and realize the benefits of reciprocity

Appendix D: Summary of Service Delivery Models and Approaches

Models & Approaches	Brief Description	Key Elements
Senior Centres (See Section 5.1)	Facility based centre specifically purposed with providing a variety of services for Seniors (e.g. social activities, health and wellbeing, fitness, information and connection to services, etc.) Each centre is unique in its array of programs and services.	• Clearly define the target population (current clientele as well as those who could be attending but are not) and understand their varying needs and desires • Programming categories: nutritional support, health promotion, recreation, information/navigation, education, social activities, and volunteer opportunities • Strategic partnerships (e.g. with schools, health care, social services, businesses, faith communities etc.) to ensure a full range of programming, avoiding duplication, improving sustainability and creating greater awareness and interest in the community • Site-based but with flexibility to deliver services in multiple locations • Flexible programming meeting the needs of each centres' seniors (five days a week with the option for weekend and evening programming, although some seniors may not drive or want to be out at night) • Provision of transportation to reduce barriers to participation • Group activities offered over a long period of time (e.g. 11 months) to increase group connectedness of members
Neighbourhood House (See Section 5.2)	Physical spaces based in geographic neighbourhoods that use community engagement and capacity building approaches to identify and respond to local community needs. Multigenerational including some specific programming for Seniors.	• Free or low cost programming • Food provided with activities • Transportation provided when needed and possible • Activities determined and run on a day-to-day basis by participants (including seniors who facilitate seniors' programming as well as other programming)

Models & Approaches	Brief Description	Key Elements
Community Development (CD) Approaches **(See Section 5.3)**	A grass roots approach that engages seniors within their community to become active participants in determining and development the activities and services best suited to their needs and interest. CD approaches may be used within other models. For example, Neighbourhood Houses are based on a CD philosophy and approach.	• Community members/seniors viewed as the experts and drivers of change, and are active participants in planning and implementation. • In order to flourish, CD process usually requires some support resources such as access to space, some funds and someone who understands how to facilitate the CD process (e.g. Trained CD professional or experienced community volunteers.)
Services Delivered through Community Facilities **(See Section 5.4)**	Community based programming offered broadly to all age groups. Seniors may participate with other age group in same programming or may participate in programming specifically designed and targeted to Seniors. (e.g. Recreation Centres, Community Hubs, Public Libraries, Community Associations, etc.)	*No key elements from the literature*
Satellite or "Franchised" Approaches **(See Section 5.5)**	Well developed, piloted and tested, pre-packaged or manualized programs are distributed widely for implementation by a range of service providers in varying geographic locations.	• Prepared program materials and implementation instructions available. • May include training for those who will implement the program. • Uses collaborative, partnership, or free franchise approach to extend the reach and availability of programming.

Appendix E: Examples of Best, Promising and Emerging Practice Programs

Gatekeeper Programs

Senior Reach (Promising Practice)
The Senior Reach program[176] trains both traditional referral sources (e.g. primary care physicians, seniors' services) and non-traditional sources such as bus drivers, restaurant and retail staff, and members of civic organizations to spot signs need or distress among elderly people who might require services. More than 17,000 people have received training through Senior Reach in various communities. Those identified are referred to Senior Reach through one central phone number. Senior Reach staff then contacted the elderly person, explain the program, engage the senior, and offer services. Over 90% of seniors so contacted have accepted services. An in-home assessment is provided by a mental health practitioner, and a recommendation made for information and referral, care management, mental health treatment, or some combination of these. The original Senior Reach pilot was offered through a partnership between two mental health centres and a seniors' centre, who pooled resources and co-located staff. It is worth noting that short term mental health services were provided as part of the program.
A pre-post evaluation (average time in the program, 5.5 months) of the program showed statistically significant improvement in social isolation, as well as other outcomes such as emotional disturbance, cognitive impairment, economic disadvantage. There were some differences between clients referred by traditional and non-traditional sources.

Senior Reach was piloted in Denver, Colorado, has expanded throughout the state, and now is available for other communities to implement. Materials such as training manuals are available. The organization provides training and technical support over a three year period. More information is available at www.seniorreach.org, and on the National Registry of Evidence-Based Programs and Practices at http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=330#std708.

Community Connect (Emerging Practice)
Ottawa Public Health operates the Community Connect [177] program, and provides training to people in the community who come in contact with seniors to recognize signs that may put a senior at risk. Training may be provided at workplaces and lasts one half hour. If someone identifies a senior in need of help, they contact the Ottawa Public Health Information Line and may then be referred directly to community services, or to Community Connect. The subsequent assessment may be done either in person or by telephone. It does not appear that Community Connect offers direct mental health services in the same way that Senior Reach does.

'Community Navigator' Programs

Turning Points[178], Birmington, UK (Emerging Practice)
Community Navigators' activities in this project include:

- Wellbeing coaching
- Support to connect to services
- Information, advice and guidance

[176] Bartsch, D., and Rogers, V.K (2009) Senior Reach outcomes in comparison with the Spokane Gatekeeper Program. *Care Management Journals* 10:3.
[177] Community Connect website: http://ottawa.ca/en/community-connect-training
[178] Turning Point Birmingham Community navigator Service (n.d.) *Community navigator service overview*.

- Emotional support
- Practical support through the timebank
- Mentoring and befriending
- Signposting (referral)

First Link (Emerging Practice) [179]

First Link is a program of the Alzheimer's Society of Canada that helps to ensure that individuals and families are referred directly to First Link at the time of diagnosis or as soon as possible after a diagnosis is made. Formal referrals come from physicians and other health-care providers (i.e. allied health professionals), diagnostic and treatment services, and community service providers. Once a referral is made, the First Link Coordinator contacts the person with dementia and family members, linking them to Alzheimer Society services and other programs and services within their community. An evaluation of First Link in two provinces in Canada using mixed research methods found that First Link was able to connect clients to the Alzheimer Society significantly sooner after diagnosis than self-referral (e.g. 11 to 12 months sooner), health professionals and caregivers had a greater capacity for managing dementia and were more aware of the available community services and resources available, and caregivers believed that the services they received as a result of First Link improved their ability to manage and survive the caregiving role.

Group Programs

Psychosocial Group[180] (Best practice)

Two professional (registered nurse and occupational therapist or physiotherapist) leaders, with experience working with older people, were trained in a psychosocial group intervention. Groups of 7-8 participants worked together once a week for 5 – 6 hours, with coffee breaks and lunch provided. The program lasted three months. Meetings were goal-oriented and consisted of either art-based activities, group exercise and discussion of health-related topics, or therapeutic writing and group therapy. Sessions were free and transport and food were provided. Group leaders aimed to empower participants, promote friendships, and mastery.

A randomized control trial with over 100 participants in each of the intervention and control groups revealed that participants in the intervention made new friends, became more socially active, improved their psychological functioning, and felt more needed than did the control group, but formal scales measuring loneliness and social isolation did not change.

Norwegian Senior Centre Group Program[181] (Promising practice)

The program was run by volunteers who completed a training course and who were supervised by a project leader. The program included various activities and provided a physical training program, as well as time to discuss various topics chosen by the participants. Weekly meetings, three hours in duration, were carried out 35-38 times a year. Membership was closed, with 7-10 members in each group. Three seniors' centres provided the physical space for programming.

Participants in the intervention group experienced a larger increase in social support compared to the control group but the level of depression increased and life satisfaction decreased for both groups (more in the control group). There were improvements in social support that correlated with the number of times people participated in the meetings, although this finding was not statistically significant.

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[179] McAiney, C., Hillier, L. Stolee, P., Harvey, D., Michael, J. (2013). Throwing a lifeline: the role of First Link® in enhancing support for individuals with dementia and their caregivers. Alzheimer Society of Canada.

[180] Routasalo et al (2008). Effects of psychosocial group rehabilitation on social functioning, loneliness, and well-being of lonely, older people: randomized controlled trial. *Journal of Advanced Nursing.*

[181] Boen (2012). Characteristics of senior centre users- and the impact of a group programme on social support and late-life depression. *Norsk Epidemiology* 22(2): 261-269.

SilverSneakers (Promising practice)
SilverSneakers[182] is a program that provides seniors with a fitness centre membership and a customized fitness program that focuses on flexibility, strength, balance and endurance. An experienced Senior Advisor is available to help seniors get started at the fitness centres. Member support programs are also available online, and focus on losing weight, quitting smoking and reducing stress. Fitness classes are seen as a place for socialization with other members.

In a large study of over 5000 SilverSneakers participants and a matched comparison group, SilverSneakers participants had better physical and emotional health and less impairment in daily activities than the matched comparison group. This trend continued three years after participation in the program. While the study did not measure social isolation or social support, these positive health effects could well lower the risk of later social isolation, since poor health can lead to social isolation.

Indoor Gardening Programme[183] (Promising practice)
Over a period of 8 weeks, an indoor gardening programme was introduced to seniors in a nursing home. Seniors were introduced to gardening activities, selected their seeds, started a planting diary, and discussed gardening skills. Participants felt happiness, responsibility, engaged in social activity, and increased physical activity. Overall, participants felt more life satisfaction, reduced loneliness and increased activity compared to the control group.

Arts, Health and Seniors (Emerging practice)

Vulnerable seniors participated in this project which paired groups of seniors at participating seniors' centres with an artist, who led them in a year-long process to create a group project for sharing with the community. Weekly two hour sessions provided the opportunity to learn new artistic skills. Additional support was provided by a community worker at each centre. The products included dance, visual arts, digital storytelling, and textile arts.

The project evaluation, which relied on qualitative and repeated administration of quantitative surveys, found that the participants experienced improved physical (e.g., fewer doctors' visits, improved perceived health) and social well-being (e.g. increased activity levels, greater sense of community, although some items failed to reach statistical significance. The qualitative results were extremely positive, indicating that the participants increased their sense of belonging to the community, and felt that they had something to contribute. The features of this particular project that were felt to be key included the long duration (at least one year), the participation in a public showing of the results of their work, working together as a group, the challenge of learning something new, and being held accountable to serious artistic goals. [184]

Seniors CAN (Promising practice)
Seniors CAN[185] aims (a) to educate and promote health and quality of life by enhancing mastery and (b) to create social support networks to decrease loneliness and stress. The program provided an interactive curriculum over 15 lessons on topics such as: nutrition and food, personal safety, financial strategies, and general wellness. Instructors highlighted how lessons could be applied in the seniors' lives. The program

[182] Hamar et al (2013). Impact of a senior fitness program on measuring of physical and emotional health and functioning. *Population Health Management* 16(6).
[183] Tse (2010). Therapeutic effects of an indoor gardening programme for older people living in nursing homes. *Journal of Clinical Nursing* 19: 949-958
[184] Phinney, A., Moody, E., and Small, J. (2014) The effect of a community-engaged arts program on older adults' well-being. *Canadian Journal on Aging* 33 (3)
[185] Collins and Benedict (2006). Evaluation of a community-based health promotion program for the elderly: lessons from Seniors CAN. *American Journal of Health Promotion* 21(1)

was provided on a weekly basis over a 4 month period, taught by paraprofessionals, volunteer peer educators, and on-site staff. Each participant received an average of 32 hours of intervention.
This educational intervention was found to be effective in increasing participants' mastery, decreasing loneliness and reducing perceived stress. The absence of a control group for the study makes the findings less robust.

Friendship Enrichment Program (Promising practice)
The program[186] aims to empower older women through meeting personal goals in friendship. It explicitly helps participants clarify their need, desire and expectations around friendships, analyze their current networks to identify potential and actual friends, formulate goals around friendship and strategies to achieve these goals. Women attend 12 lessons, once a week, focusing on self-esteem, relational competence, social skills, and phases of friendship formation.
Women in the intervention group experienced more positive changes in friendship, either making new friends or improving existing friendships, compared with those in the control group. It was also found that only those women who both developed new friends and improved existing friendships (not only one or the other) had significant reductions in loneliness. The authors of the study noted that the action-oriented approach to friendship development does not work for everyone, and suggested that a combination of individual counselling and group work might be needed for some women.

Contact the Elderly (Emerging practice)

Contact the Elderly is a national charity in the UK, that offers monthly teas on Sunday afternoons in people's homes to seniors 75 years and older who live alone. Groups typically consist of 8 to 10 people, and are hosted by a volunteer. Each person is picked up by a volunteer driver and driven to the tea party. The host volunteer changes each month, but the volunteer drivers remain constant. Sunday afternoon was selected because to many seniors it is the loneliest day of the week.
According to a participant survey[187], 50% and more of participants (depending on the measure) reported that they felt less lonely, had made new friends, felt more a part of their community, and had experienced improved health. Further, many had increased their confidence to get out and join another activity as a result of participating in the monthly 'tea and chat'.

One-to-One Interventions – Befriending Programs

Volunteer Friendly Visitor Program (Promising practice)
In this program[188], volunteers (university students studying gerontology) visited socially isolated clients who were in receipt of home care. Visits occurred weekly for approximately three to four hours, and activities (mutually agreed upon) consisted of walks around the house, conversations, reading, writing letters, and often just listening. Despite the age difference, volunteers were matched with clients according to general interest, visit expectations and personality. Initial training and ongoing monitoring, including monthly volunteer meetings, often with presentations by professionals, supported the volunteers.

A randomized control trial (albeit with a small sample) showed positive effects on both social support and life satisfaction. While the clients were also receiving visits from nurses and homemakers, so were

[186] Stevens et al (2006). Meeting the need to belong: Predicting effects of a friendship enrichment program for older women. *The Gerontologist* 46(4): 495-502.
[187] Contact the Elderly UK (2008). *Reaching Isolated Older People: Results of a project to evaluate alternative methods of service delivery and support to isolated and lonely older people.* Downloaded from www.contact-the-elderly.org.uk.
[188] MacIntyre, J. , Corradetti, P., Roberts, J., Browne, G., Watt, S., and Lane, A. (1999) Pilot study of a visitor volunteer program for community elderly people receiving home health care. Health and Social Care in the Community 7 (3).

members of the control group, so the positive effects were assumed to have occurred as a result of the addition of the volunteers' visits.

In another study[189], home visiting by university students, as well as home visiting which included accompanying the senior on walks twice a week. (In the second intervention, the senior also walked once on their own.) Both interventions were equally effective in reducing overall depression and psychological symptoms, but only the 'visit plus walking' decreased both somatic and psychological symptoms of depression.

Finally, a research study[190] compared the results of several home visiting models: one in which the participants controlled the frequency and duration of visits (i.e. the visitor asked them when they would like another visit, and gave them the opportunity to cut short or extend visits), another where the visitor let the participant know in advance when they would visit, and a third where the visits were random. There were no positive effects of random visiting, but the other two types showed positive effects on social activity as well as health status and psychological status (e. g., hope, loneliness, boredom, happiness). The authors suggested that knowing in advance when the visits were to occur gave participants something to look forward to, which contributed to the positive effect.

A Call in Time[191] (Emerging practice)

This project tested eight different models of telephone befriending in different areas of the UK. Each service was managed by volunteers with a project coordinator managing the process. Access to the program was through referral, advertising and word of mouth. The intervention consisted primarily of 'ordinary conversation' such as one would have with a friend, catching up on what has happened with the other person in the time since the last call, talking about events or activities in the outside world, as well as activities of daily life. Participants saw this a being in contrast to contacts with social workers or doctors, which have a problem-solving focus.

The evaluation, which included qualitative interviews with participants and a quality of life telephone survey, concluded that telephone befriending service helped older people to re-engage with the community and their external environment. The calls reportedly helped participants feel that life was worth living, have a sense of belonging and know that they had a friend. Another theme of the interviews was that participants felt less anxious and depressed, and more confident. The evaluation, which consisted of qualitative interviews, found that the telephone service provided a needed service for socially isolated and lonely seniors.

At the end of the project, a consensus process was conducted with project coordinators to develop a 'best practice' model. The model included the following recommendations[192]:

- Flexible based on local needs (e.g. frequency, duration of contact)
- Reciprocal relationship, where participants are encouraged to make calls as well as receive them
- Option of including face-to-face visiting, or expanding into telephone clubs

[189] McNeil JK, LeBlanc E, Joyner M. (1991). The effect of exercise on depressive symptoms in the moderately depressed elderly. *Psychology and Aging*, 6: 487–8.

[190] Schulz R. (1976) Effects of control and predictability on the physical and psychological well-being of the institutionalized aged. *Journal of Personality and Social Psychology* 33:563-573.

[191] Cattan et al (2011). The use of telephone befriending in low level support for socially isolated older people- an evaluation. *Health and social care in the community.* 19(2) 198-206.

[192] Cattan, M., Kime, N., and Bagnall, A. (2008*) Low-level support for socially isolated older people: An evaluation of telephone befriending.* Centre for Health Promotion Research, Leeds Metropolitan University.

- Matching based on interests rather than age, gender, or ethnicity

Putting Life In Years (PLINY) programs (Emerging practice)
Following upon the research on A Call in Time, a pilot program called Putting Life in Years (PLINY)[193] was then developed to assess the feasibility and effectiveness of telephone friendship groups. Volunteers engaged elderly participants in weekly telephone calls for six weeks, after which they were assigned to a group, facilitated by the same volunteer. Teleconferences were held weekly for twelve weeks at a pre-arranged time. Unfortunately the evaluation (a randomized control trial) was terminated because of difficulties recruiting volunteers.

Counselling Programs

Bereavement Counselling Group (Promising practice)
Constantino[194] tested two approaches to group work with widows, many of whom had been widowed for several years. One was a crisis intervention bereavement group, while the other was a social activity group. Each group met weekly for about 1.5 hours for six weeks. While the first group followed a structured format where participants were encouraged by the facilitator to talk about, share, and think about their experience of grief, the second group consisted solely of activities such as visits to a museum or to restaurants, with no intentional discussion of issues. Results of a randomized control trial showed that the bereavement group was successful in reducing depression and increasing socialization among participants (and that the social activity group was not). However, the authors noted that the effect did not last beyond the time of the intervention, leading to a recommendation that a short term (perhaps 8 weeks) bereavement group focusing on crisis intervention be followed with a continuing support program focusing on education and reorientation to the widow's internal and external resources.

Internet Training Programs

Technology and Aging Project (TAP) (Promising practice)
TAP was implemented in a rural community agency, with the purpose of teaching elderly people how to feel comfortable using the internet to maintain contact with geographically distant family and friends. Participants were divided according to experience (beginner or intermediate), and group training occurred every two weeks for 11 sessions plus one extra session for beginners. The instructor was a
In the second phase of the project[195], a number of people who had successfully completed the computer training became peer tutors for another group of seniors. The phase one curriculum was modified based on participant feedback, and consisted of 18 weekly sessions plus an orientation and wrap up; 11 sessions covered specific topics while 7 were open sessions where people could practice and have their questions answered.

Both models – staff-led and peer-led- resulted in positive changes in comfort and confidence in using computers, and an increase in use of internet tools. (In phase one the evaluation employed a control group, which gives greater weight to the finding.) In phase one there was also a small difference in perceived social support, and a trend towards a larger social network. These changes were not seen in

[193] Mountain et al (2014) 'Putting Life in Years' (PLINY) telephone friendship groups research study: pilot randomised controlled trial. *Trials* 15: 141.
[194] Constantino, R. (1988) Comparison of two group interventions for the bereaved. *Journal of Nursing Scholarship* 20:2
[195] Woodward, A.T., et al. (2013) Outcomes from a peer tutor model for teaching technology to older adults. *Ageing and Society* 33 (08).

phase two. The authors noted that participants in both phases scored quite high on social support and quality of life measures, thus limiting the amount of change possible. It was suggested that the model needs to be tested on more vulnerable seniors, and a larger sample. (It is interesting that some members of the group in phase two were provided with home tutoring, because they were unable to attend the group sessions, and it was noted that this might be more necessary with the expansion of the target group to include seniors who are perhaps older, more frail, and so on.)

In sum, the authors felt that the peer tutor model was at least as effective as the staff-directed model, and is much more cost-effective.

Esc@pe Project (Promising practice)[196]

The participants in this project were seniors who lived at home with a chronic illness or disability and had been identified by home visitors as being extremely lonely. They received five two-hour lessons in their home, delivered by experienced volunteers from a computer interest group. Follow-up support was available from their regular home visitors (who themselves received internet training where needed) and from a trouble-shooting team. In addition, they received a computer on loan for a three year period. The evaluation relied on a very small sample, but showed promising results in terms of reducing loneliness through increasing contact with family and acquaintances. An unexpected finding was that participants' self-confidence increased, as a result of their learning how to use the computer, and in some cases this led to them venturing out more and further reducing their isolation.

The program at Penn State University has produced a booklet[197] describing programs that use technology to increase connections between the generations. Not all programs are about using the internet for communication, nor does the publication present research results, but there are some interesting program models described, with further information available from the programs themselves. One innovative example of computer training is *Get Your Folks On Line*, a program in Ireland which provides structured lessons to help family members teach computer use to their elderly relatives.

Volunteer Programs

Senior Companion Program[198] **(Emerging practice)**

This is a national program in the US that is delivered at the local level by a variety of service providers such as university extension departments or United Ways. It provides volunteer opportunities with small stipends to low-income older adults. These volunteers provide companionship and assistance to frail community elders, to support them staying in their homes.

Participants are required to apply to the program, be interviewed, provide three reference letters, have a background check and a medical exam. Volunteers receive monthly training relevant to their role, and work with 4-6 clients whom they see on a weekly basis, adding up to a 15-20 hour per week commitment. They may provide general companionship, rides to appointments or the grocery store, respite for other caregivers, and perform other errands.

Stipends (as of 2006) were $2.65/hour for volunteers whose incomes were up to 125% of the poverty line.

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[196] Fokkema, T., and Knipscheer, K. (2007) Escape loneliness by going digital: a quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults. *Aging and Mental Health* 11(5).

[197] Kaplan, M., Sanchez, M., Shelton, C., Bradley, L. (2013). Using Technology to Connect Generations. Profiles of Highlighted Programs. University Park, PA: Penn State University & Washington D.C.: Generations United. Retrieved from: http://extension.psu.edu/youth/intergenerational/program-areas/technology.

[198] Butler (2006). Evaluating the senior companion program. *Journal of Gerontological Social Work* 47(1-2) 45-70

An exploratory study of the program on both recipients and volunteers found that both groups reported benefits. The study did not use a pre-post design, but the reported levels of loneliness, social isolation, and depression were below the cut-off scores defining risk. The value of the program, as described qualitatively by the volunteers, was seen as being able to give, and to experience the rewards of making a difference, keeping active, and gaining companionship.

Intergenerational Programs

Experience Corps[199] (Best practice)
One well-researched best practice program involving older adults as volunteers is the Experience Corps program in the United States,[200] sponsored by the American Association for Retired People (AARP) Foundation's Experience Corps program.

This award-winning national program engages people 50 years of age and older in tutoring at-risk children and youth in schools. Older adults are recruited in the community to serve as volunteers in the program. In some locations they receive compensation or stipend. The volunteer recruitment cycle typically runs from June through August. To be a volunteer an individual must: be 50 years of age or older, possess a high school diploma or GED, pass a criminal background check, and pass a basic literacy screening. Volunteer tutors must commit to serve 5-15 hours per week for the entire school year. Tutors receive at least 25 hours of training each year through the *Common Core Curriculum* training program developed by AARP.

Once volunteers are trained, they are assigned as part of a team to a local school participating in the program. The team-based approach creates a peer support network for tutors and students and establishes a positive presence in the schools. At the beginning of the school year, teachers refer low-achieving students to the program; and Experience Corps volunteers begin regular tutoring with the children. The relationship lasts the entire school year.
According to the Experience Corps website, the program's success is due to the following factors:

- Focus on outcomes: Produces measurable results for students, schools and 50-plus adults
- High member commitment: Ensures reliable, consistent support to students
- Rigorous member training: Provides highly qualified tutors and mentors for students, and new skills for volunteer members
- Team-based approach: Creates peer support network; establishes significant presence in schools
- Community roots: Connects schools and communities; fosters public/private partnerships[201]

Multiple independent research studies have shown that Experience Corps boosts student academic performance while simultaneously enhancing the social, physical and mental well-being of adults 50 and older in the process.

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[199] See for example: Fried *et al* (2004). A Social Model for Health Promotion for an Aging Population: Initial Evidence on the Experience Corps Model. *Journal of Urban Health.* 81:1, 64-78. Tan *et al* (2006) Volunteering: a physical activity intervention for older adults – the Experience Corps Program in Baltimore. *Journal of Urban Health.* 83: 5, 954-969; Carlson *et al* (2015) Impact of the Baltimore Experience Corps Trial on Cortical and Hippocampal Volumes. *Alzheimer's and Dementia.* Carlson *et al* (2009) Evidence for Neurocognitive Plasticity in At-Risk Older Adults: The Experience Corps Program. *Journal of Gerontology.* 64:12, 1275-1282.
[200] Barron *et al* (2009) Potential for Intensive Volunteering to Promote the Health of Older Adults in Fair Health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.*
[201] See: http://www.aarp.org/experience-corps/our-impact/

Life skills volunteer program[202] (Promising practice)
Senior volunteers received training and then were assigned to teach either a violence/anger reduction curriculum or a vocational-education/career-development curriculum to grade 6 students. Researchers evaluated the psychological effects of the program compared to a control group in a quasi-experimental design. They found that senior volunteers did experience more gains in 'generativity' (described in the study as "the fundamental belief that one has had active involvement in improving the world, has acted in service to others, and has contributed something worthwhile to the betterment of society.") [203] Not all volunteers benefitted equally: those teaching lifeskills did not score as highly, although this might have been due to some recruitment and other problems with the study. The authors did note that one cannot assume that all seniors will benefit from volunteering, and that it is important that they see what they are doing as socially meaningful.

Recommendations for senior volunteer programs made by the researchers include:

- Written materials, including clear directions and calendars, and printed in large font, should be used
- Volunteers should operate in teams
- Recognition and acknowledgment is important.

REPRINTS[204] (Promising practice)
REPRINTS is an intervention (implemented in Japan) where older volunteers read picture books to children at their schools. Volunteers receive intensive weekly training seminars for three months. Participants read books with children every 1-2 weeks for 15-30 minutes per class. Based on an evaluation that included a control and intervention group (but very small sample size), participants had a significant increase in their sense of meaningfulness and a decrease in social isolation and loneliness.

Personal Capacity and Economic Self-Sufficiency Programs

Meals on Wheels[205] (Promising Practice)
Most Meals on Wheels programs deliver low cost meals hot and ready-to-eat to individuals at home who are unable to purchase or prepare their own meals. Some programs deliver cold meals in containers ready to microwave, and others supply deep-frozen meals. Depending on the program, meals may be delivered by paid drivers or by volunteers. In addition to providing nutrition to sustain the health of a client, a meal delivery by a Meals on Wheels driver or volunteer also serves as a safety check and a source of companionship for the client. Most clients of Meals on Wheels programs are elderly, but others who are unable to shop or cook for themselves may also access the services.

There is some evidence to suggest that meal delivery to older adults can impact social isolation directly

[202] Hermann et al (2005). Benefits and risks of intergenerational program participation by senior citizens. *Educational Gerontology* 31: 123-138.
[203] Hermann et al (2005). Benefits and risks of intergenerational program participation by senior citizens. *Educational Gerontology* 31: 135
[204] Murayama et al (2015). The effect of intergenerational programs on the mental health of elderly adults. *Aging and Mental Health* 19(4): 306-314.
[205] Thomas, K., Dose, D. (2015). More Than a Meal. Results from a pilot randomized control trial of home-delivered meal programs. Meals on Wheels America.

through increased social interactions, however this is qualified by the opportunities for social interaction and socialization encouraged within the program delivery model. [206] [207] [208]

Caregiver Programs

Counselling and Support Program for Caregivers[209] (Promising Practice)
The Counselling and Support Program mentioned in the research study was based on individual and family counseling done by experienced clinicians, with degrees in social work, counseling, psychology or gerontology. Individual and family counseling was custom-tailored to meet the needs of each family. The intervention involved 4 months of individual, in-person counselling followed by support groups, telephone counselling and occasional face-to-face appointments. The study found that the group that received the intervention experienced consistently higher levels of support satisfaction than the usual care control group beginning at the first follow-up, 4 months after baseline.

Coaching, Advocacy, Respite, Education, Relationship, and Simulation – CARERS Program[210],[211] (Promising Practice)
The CARERS program uses Cognitive Behavioural Therapy based problem-solving techniques, simulation experiences and development of coping skills in order to reduce the stress experienced by family caregivers. Ten weekly small group sessions, each lasting 2.5 hours co-facilitated by professional therapist. The program is not specific to caregivers who are seniors.

Memory P.L.U.S. [212] (Emerging Practice)
Memory P.L.U.S. is a 12 week group program facilitated by trained staff and volunteers and attended jointly by the caregiver and the person they are supporting. Sessions offer education about coping with the changes associated with dementia, with information delivered in friendly, informal atmosphere through social activities, music memory games and exercises. Couples make a Memory Book together. The program was developed and evaluation in Victoria BC and is being promoted by Alberta Health Services.

Minds in Motion®[213] (Emerging Practice)
Minds in Motion® is a program of the Alzheimer's Society of Canada that provides physical activity, mental stimulation and socialization opportunities for people experiencing early stage memory loss due to Alzheimer's disease or another dementia and a friend, family member or care partner. A certified fitness instructor conducts the fitness portion of the program (first 45 minutes), and a facilitator ensures participants are welcomed and involved in other social activities or just enjoying social time and light

[206] Zhu, H. & An, R. (2013) Impact of Home-Delivered Meal Program on Diet and Nutrition Among Older Adults: A Review. *Nutrition and Health.* 22:2, 89-103.
[207] Timonen, V. & O'Dwyer, C. (2010). 'It's Nice to See Someone Coming In": Exploring the Social Objectives of Meals on Wheels.
[208] Thomas, K., Dosu, D. (2015). More Than a Meal. Results from a pilot randomized control trial of home-delivered meal programs. Meals on Wheels America.
[209] Drentea *et al* (2006) Predictors of Improvements in Social Support: Five-Year Effects of a Structured Intervention for Caregivers of Spouses with Alzheimer's Disease. *Social Science & Medicine.* 63, 957-967.
[210] Chiu, M., Wesson, V., Sadavoy, J. (2013). Improving caregiving competence, stress coping, and mental wellbeing in informal dementia carers. *World J Psychiatry* 3(3): 65-73
[211] Chiu, M., Pauley, T., Wesson, V., Pushpakumar, D., Sadavoy, J. (2015). Evaluation of a problem-solving techniques based intervention for informal carers of patients with dementia receiving in home care. International Psychogeriatrics.
[212] Benner, E., Tuokko, H., McGee, P. (2005). Memory Plus. Community Support and Social Interactions for Seniors with Dementia and Their Caregivers. Centre of Aging. University of Victoria.
[213]See: http://www.alzheimer.ca/en/on/We-can-help/Minds-In-Motion/What-is-Minds-in-Motion

refreshments in a relaxed atmosphere. The program in held weekly for two hour over 8 weeks. The program is intended to improve balance, mobility, flexibility and alertness, sharpened mental functioning, and reduced sense of isolation. For care partners, it's an opportunity to focus on their own health, receive mutual support and learning from other care partners. The program is currently being piloted and evaluated in six communities in Ontario.

Programs for Immigrant and Indigenous Seniors

Citizenship and Immigration Canada Host Program[214] (Promising Practice)
Canadian-born or permanent resident volunteer "hosts" are matched with newcomers based on shared interests to create a bridge between newcomers and Canadian society. Help with day to day activities, navigating Canadian culture and systems. This program is not specific to seniors.

Cultural Brokers[215]
Cultural broker programs recruit volunteers or staff from specific cultural groups to act as a bridge or link between cultural communities and local community services providers. The cultural broker model adds an additional element of cultural understanding and recognition that facilitates trust and communication between seniors from different cultural groups. There are no researched program examples available at his time.

Seniors Medicine Wheel Program
The Medicine Wheel approach emphasizes connectedness and harmonious interaction. **Seniors Medicine Wheel** project began as an attempt to connect Indigenous seniors to culturally appropriate services, however, by bringing the seniors together for weekly meetings and sharing circles the Medicine Wheel project also began producing positive social results. The meetings grew into a community engagement and community development program that has connected children and elders in the community, creating a cycle of cultural sharing and emotional recovery. [216] In Edmonton, a similar program has been implemented by the Edmonton Aboriginal Seniors' Centre.[217]

Programs for LGBTQ Seniors

SAGEWorks
SAGEWorks is an employment support program for lesbian, gay, bisexual and transgender (LGBTQ) people age 40 and older that expands participants' job hunting skills and career options, and connects employers to diverse high-caliber candidates. SAGEWorks provides hands on workshops, technology training and personal coaching. SAGEWorks offers a place where LGBT older people can find a peer network that can help them navigate today's tough employment terrain, as well as a space where they can freely share job and career aspirations as LGBT people.

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[217] See: http://www.easc.ca/?page_id=87

SAGE Caring & Preparing (SAGECAP)
SAGECAP is a program for LGBT Caregivers that combines education, outreach and support services to help LGBT caregivers (or those who are caring for LGBT loved ones). Studies have shown that LGBT people of baby boomer age are more likely to be caregivers than their heterosexual counterparts, and are also more likely to be caring for multiple people simultaneously. The program helps caregivers through a variety of programs: health and wellness, assistance with navigating benefits and entitlement, individual and group counselling and legal and financial assistance among other.

Community Development Approaches

Cultural or Network Brokers
Another community development approach that has been used with ethnically diverse communities is the use of 'cultural brokers'. Here, an individual or individuals from a specific cultural group act as bridges or links to mainstream communities or services with the aim of facilitating understanding between the two groups, creating connections and enhancing community capacity. While the approach has primarily been tested with newcomers and ethnically diverse groups, it may also be applied to older adults as a group using the 'network broker' concept. In this model, some older adults, who are engaged in the community and know the service landscape, can be empowered as 'senior brokers' to support other older adults in their transition to a new phase of life in the community. In our communities, it is suggested that "brokers have been somewhat overlooked in favour of institutional perspectives, whereas a network perspective [that involves community brokers] draws attention to the role of individuals and their relationships in participation".[218]

Elder Friendly Community Program[219]
The Elder Friendly Communities Program (EFCP) seeks to promote meaningful engagement among older adults through neighbourhood-based community development, supported by a collaborative partnership of community agencies. The program aims to engage and empower older adults using community development to build skills, leadership and advocacy capacities. There is a focus on supporting older adults within their homes and communities. After conducting a needs assessment, priority issues were selected by older adults in each neighbourhood, supported by professional community development workers. Programs range from those that link school-age children to seniors for snow removal, seniors' columns in local newspapers, connecting elders with different cultural backgrounds, and infrastructure improvements. Service was delivered by a number of different organizations, including the University of Calgary, City of Calgary, the Calgary Health Region, Calgary Family Services, Jewish Family Services and the Calgary Catholic Immigration Society.

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Appendix F: Key Program Elements Checklist

Program Elements		✓	Comments
Intensity, timing and duration	• Interventions should be at least 3 to 6 months in length to allow for the development of feelings of belonging as well as significant relationships.		
	• Monitoring and encouragement of attendance to reach the amount of contact/intervention outlined in the program design.		
	• Provision of service soon after critical life events or transitions (e.g. death of a spouse, move to a retirement home, etc.)		
Approach	• Based on theory of the causes of social isolation		
	• Have a clear program logic		
	• Person-centered (holistic) rather than focusing specifically on one risk factor.		
	• A culture of caring that creates trusting and meaningful relationships and makes participants feel welcome, secure, and comfortable		
	• Group approaches are particularly beneficial in increasing social interaction, especially if the goal of establishing friendships beyond the particular program is explicitly facilitated.		
	• Meaning and purpose (action/goals) in programs, rather than just time/space to 'be together'		
	• System-wide approaches that encompass multiple areas of service		
	• Inclusivity and flexibility in programming		
Proximity	• Providing services in proximity to where seniors are located.		
	• Flexible transportation options for seniors not living in proximity to services.		

Appendix F: Key Program Elements Checklist

	• Seeking community-based partnerships to increase the identification of at-risk seniors and availability of services in proximity to seniors (seeking opportunities for delivery through community-based organizations or facilities).		
Engagement of seniors in program design	• Providing services that are relevant and acknowledge and respect the different interests, needs, experience and culture of seniors (no 'one-size-fits-all' programs).		
	• Involving seniors in the design, implementation and evaluation of programs.		
	• Creation of specific programs for different groups of individuals (e.g. LGBTQ)		
	• Targeting at-risk groups and addressing their specific needs		
Staff training	• Training staff in person-centered and senior-specific approaches that emphasize respect and inclusion.		
	• 'Culturally competent' delivery including recognition of different meanings attached to concepts such as 'aging' and 'social isolation'		
	• Specific diversity training related to the needs of sub-groups such as LGBTQ, immigrant/newcomer, and Indigenous seniors		

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