

### AIMS OF THE PARTICIPATORY RESEARCH PROJECT

- To identify high priority issues for socially isolated seniors and community stakeholders
- To work alongside six organizations of the Hamilton Seniors Isolation Impact Plan (HSIIP) Connector Program to train community workers about social isolation and to share knowledge about how to identify, connect and anchor isolated seniors in Hamilton, Ontario
- To co-create innovative solutions to reduce social isolation across Greater Hamilton

### STAKEHOLDERS' PROJECT: WHO DID WE SPEAK WITH?

37 community stakeholders working in Hamilton (interviews and focus groups)

- Stakeholders represented 28 community-based and government organizations providing programs and services for seniors, and included representatives from the six HSIIP partner organizations

### STAKEHOLDER PERSPECTIVES

#### What leads seniors into social isolation?

- Critical life transitions: loss of family & friends, driving license, vision, mobility, independence
- Precarious aging: low income, food insecurity, mental health, substance abuse
- Personal safety concerns and confidence when leaving the home and 'getting around' in the city
- Challenges with housekeeping and personal care (including hoarding)
- Inadequate transportation options (limited by mobility, income, and/or rural area)
- Language and cultural barriers

*\*Multiple pathways often intersect to increase risk of social isolation and jeopardize access to support*



### STAKEHOLDER PERSPECTIVES

#### Who is most at risk of social isolation?

- Seniors with low income
- Seniors living in remote or less serviced areas
- Seniors who are newcomers to Canada and older im/migrants
- Seniors living "behind closed doors": not reached through existing channels; with multiple, complex health and social needs; seniors for whom current services are inadequate

## STAKEHOLDER PERSPECTIVES: PRIORITIES TO ADDRESS SOCIAL ISOLATION OF SENIORS

Stakeholders identified four priorities to reduce isolation, and prevent unnecessary emergency room visits and hospital admission. **“Our communities need...”**

### 1. Improved outreach strategies to identify and engage socially isolated seniors

- Develop awareness of social isolation and educate community members to recognize, assist and make referrals to appropriate providers
- Build ongoing trust among socially isolated seniors (e.g. ‘Have a presence’ in seniors’ buildings; develop consistency and persistence of care providers)



### 2. Time and resources to address basic life needs of the most vulnerable seniors



- Fund and advocate for client-centred community support roles like the HSIIIP Connectors, which fill a gap in current social support service model
- Provide resources to meet essential life needs of isolated seniors, such as food access, personal care, and safe, supported, affordable housing
- Develop and support intensive, individual case management for seniors with multiple, intersecting conditions that exacerbate isolation

### 3. Sustainable funding for programs and services that address social isolation among seniors

- Prioritize sustained, long-term funding for seniors at risk of isolation
- Invest in community organizations and partnered programs already supporting socially isolated seniors (eg. HSIIIP Connectors)
- Community agencies and local experts to have a voice in funding decisions



### 4. Better coordination of social support services for at-risk seniors



- Develop outreach and mobile services where isolated seniors live
- Clarify roles of service providers and identify service gaps
- Centralize and improve coordination of referrals from community members and partner organizations (e.g. from hospital to community care)

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