



HAMILTON
**SENIORS
ISOLATION**
IMPACT PLAN

MAY 2018

FUNDED IN PART BY GOVERNMENT OF CANADA'S NEW HORIZONS FOR SENIORS PROGRAM

Canada 

WHAT IS ISOLATION?

➤ **Social isolation:**

- Few relationships / low quality of relationships
- Lack of interaction & participation
- Not well connected to supports

➤ **Loneliness:**

- A negative feeling about being alone or disconnected from the world
- Not everyone who is isolated feels lonely... Not everyone who feels lonely is isolated

➤ **Very strong relationship between isolation & health**

- Degree of impact is comparable to smoking or obesity

HSIIP PARTNERS

HCoA

Hamilton Council
on Aging



Support, every step of the way



Thrive Group
Integration. Inspiration. Independence.

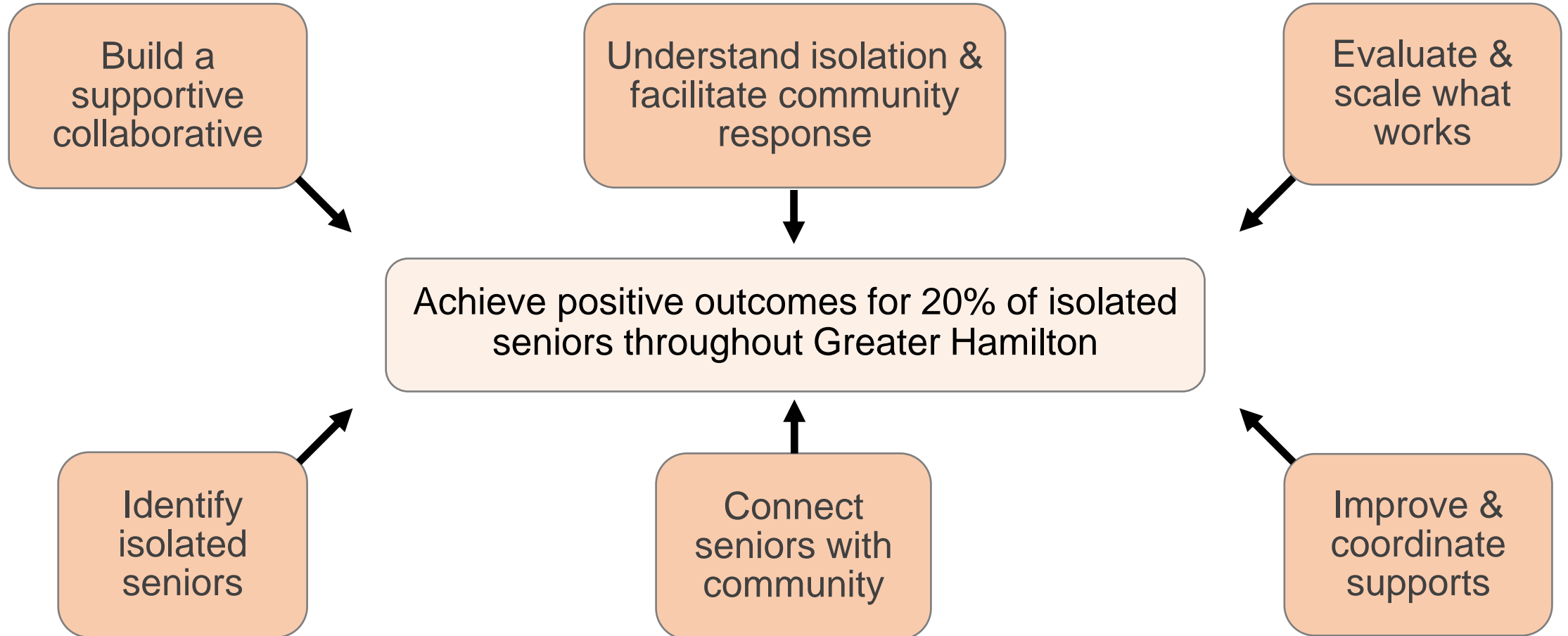


YWCA
HAMILTON



AbleLiving
Services
Thrive Group

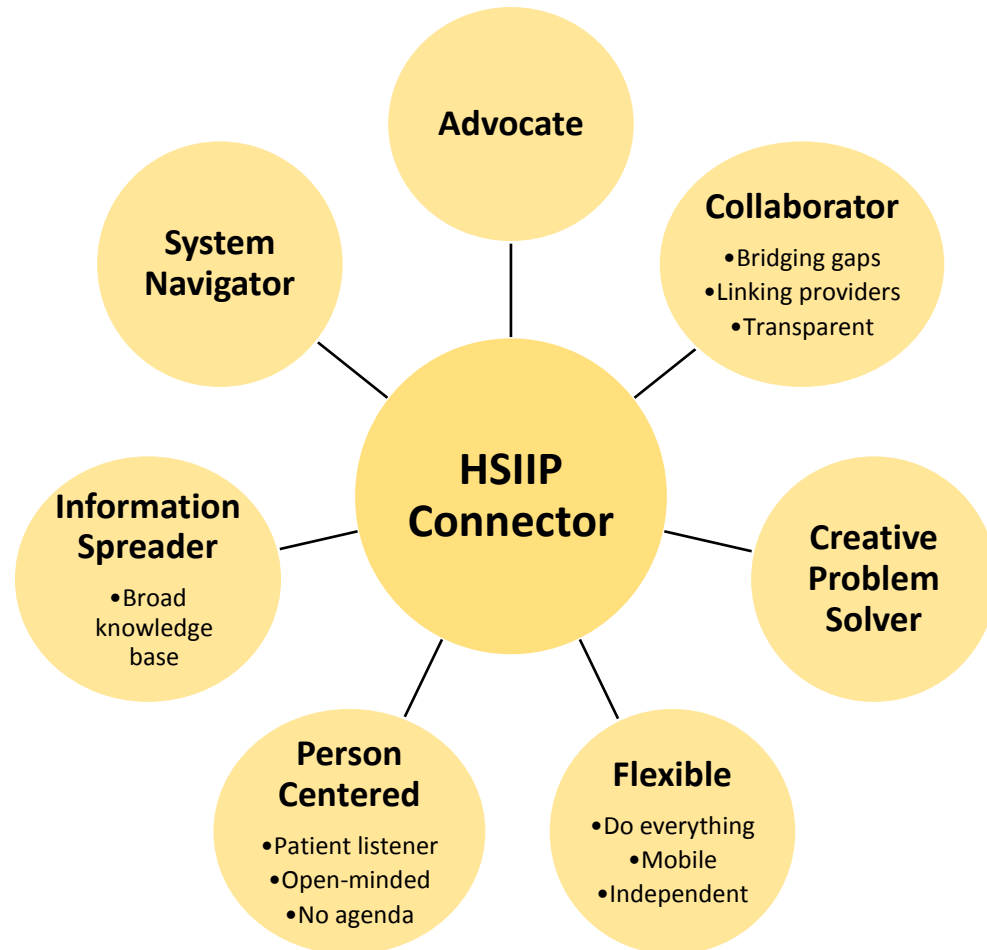
GOAL & OUTCOMES



PROJECTS & ACTIVITIES

- **Backbone** – Supporting the HSIIP Collaborative & outreaching to community
- **Community Connectors** – Linking seniors to programs, services & activities
- **Hospital Connectors** – Helping seniors transition back home after a hospital stay
- **Peer Connectors** – Providing volunteer friendly visiting and support
- **CareDove Referral System** – Sharing information & booking appointments online
- **Research** – Exploring experiences of isolation among seniors in Hamilton

CONNECTOR MODEL



- Build networks to improve identification & referral of isolated seniors
- Work 1-on-1 with seniors for up to 6 months (but are not intensive case managers)
- Begin by ensuring basic needs are met, then link to social & recreational activities
- Meet monthly to share information, provide support & advice, discuss data tracking

SOCIAL PARTICIPATION FUND



THE RETIRED TEACHERS OF ONTARIO **FOUNDATION**
LA **FONDATION** DES ENSEIGNANTES ET ENSEIGNANTS
RETRAITÉS DE L'ONTARIO

- \$50,000 grant enables seniors to access supports that reduce isolation
- About 200 individuals assisted between Jan. 2017 – Mar. 2018
- Provides up to \$300 per senior for a variety of expense types:
 - Bus tickets & passes
 - Taxi rides
 - Recreation memberships & classes
 - Volunteer expenses (mileage & social outings)
- Can also receive up to 20 hours of language interpretation

COMMUNITY CONNECTOR STORY



HOSPITAL CONNECTOR STORY



PEER CONNECTOR STORY



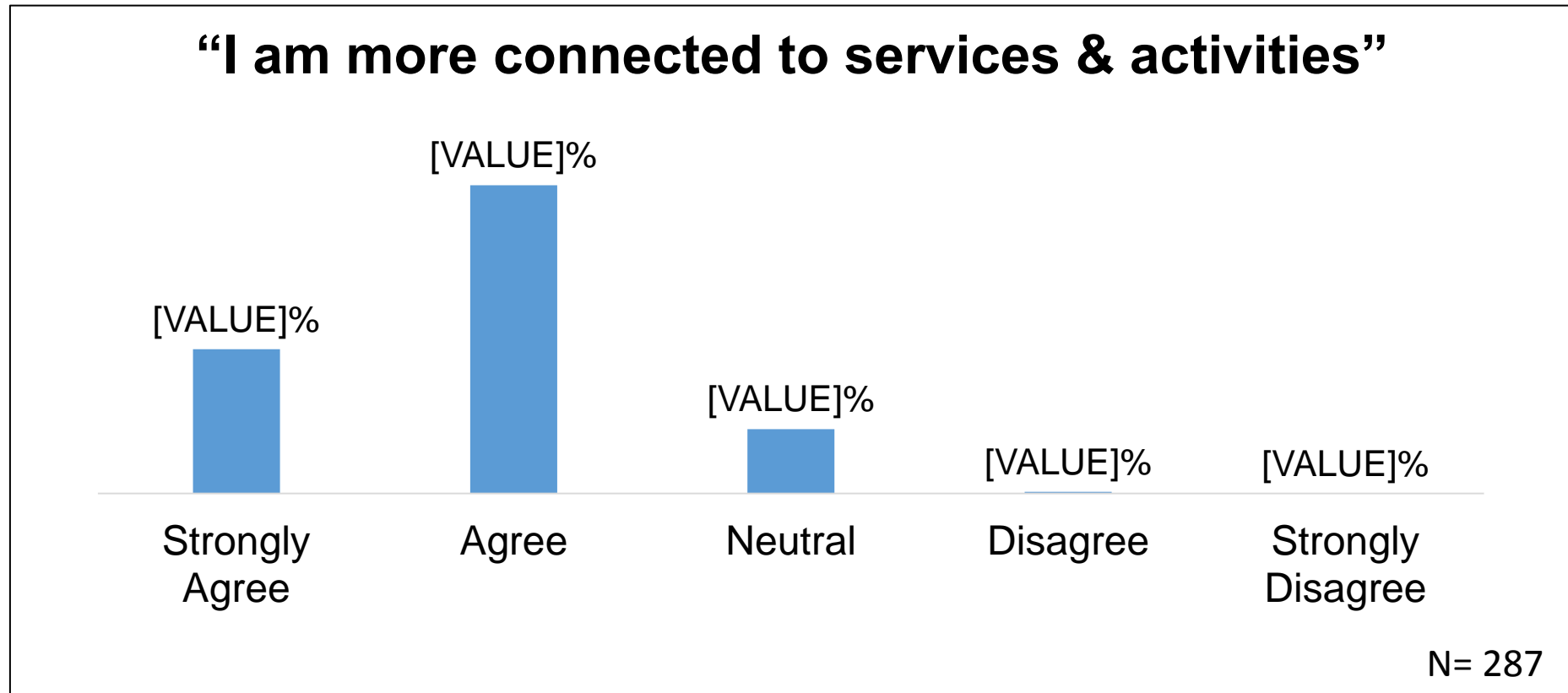
SUCCESSSES (MAY 2016 – MARCH 2018)

- **Supported 9% of the 'isolated senior population' & outreached to ~15%**
 - 990 connected to support & activities
 - 1671 outreached
 - 720 friendly visiting hours spent (Peer Connectors)
 - ~200 assisted financially (Social Participation Fund)
- **Built strong collaborative partnerships**
 - 40 HSIIP Collaborative meetings held
 - 'Seniors At-Risk Community Collaborative' launched

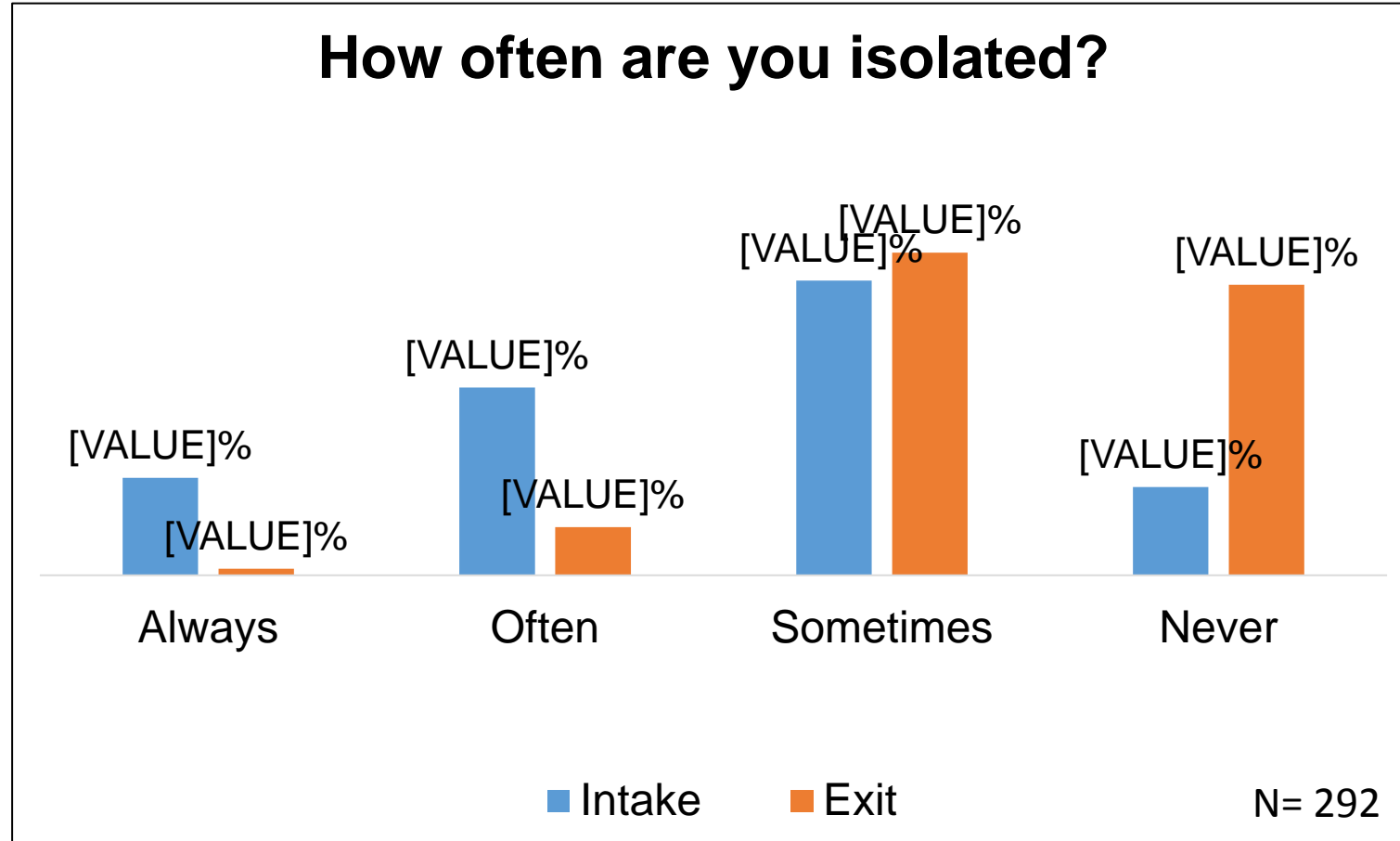
SUCCESSSES (MAY 2016 – MARCH 2018)

- **Engaged community to improve awareness & facilitate response**
 - ~200 community partners outreached
 - 75 events attended
 - 10,000+ hardcopy educational & promotional materials distributed
 - 12,500+ views to socialisolation.ca website
 - 37 organizations (174 users) registered to use referral tools on CareDove
- **Contributed to knowledge production & exchange**
 - 26 interviews & 10 focus groups conducted
 - 6 academic reports/publications produced
 - 100+ presentations delivered

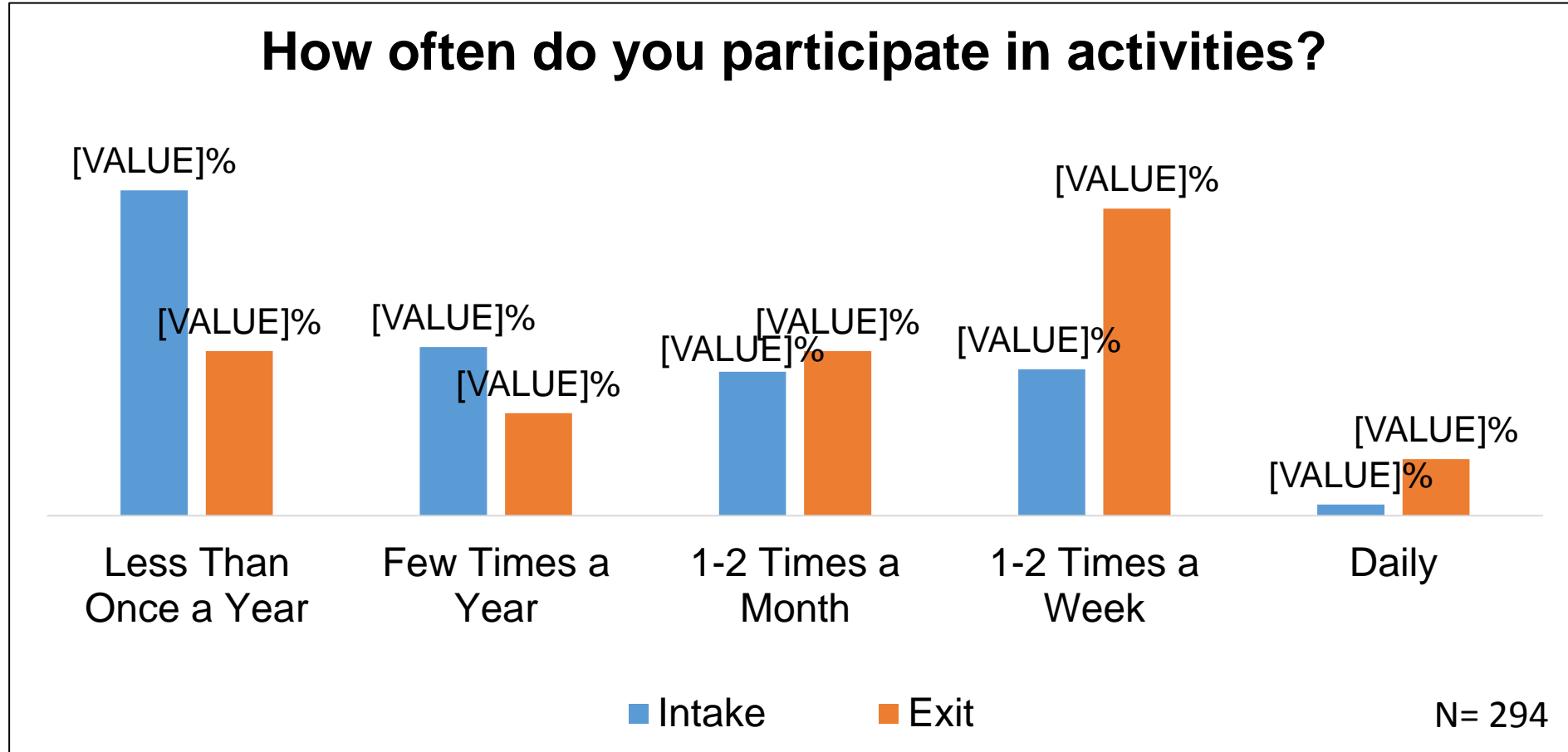
SUCCESSSES



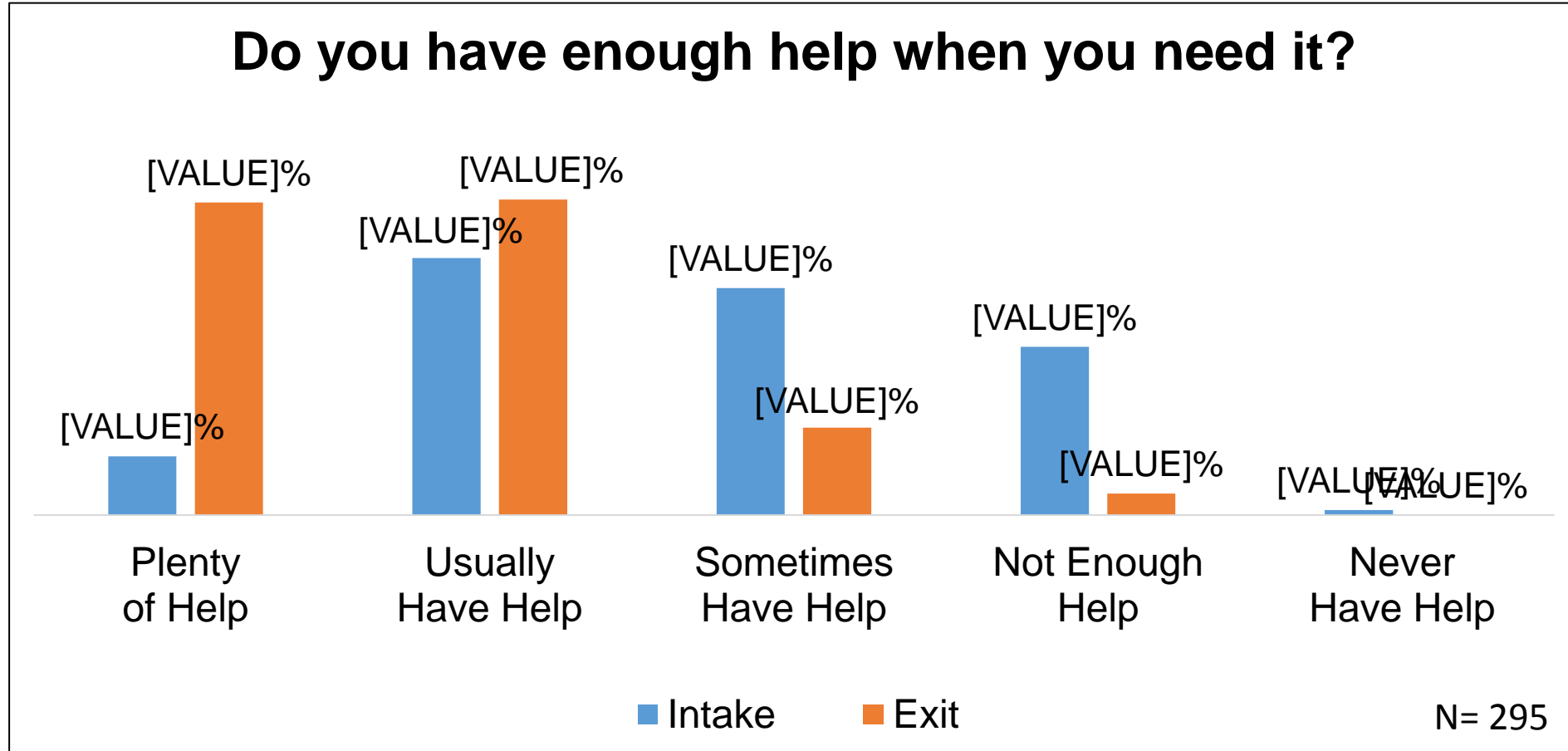
SUCCESSSES



SUCCESSSES



SUCCESSSES



SUCCESSSES

➤ Connector model is filling systemic gaps

- “I know there are patients who wouldn’t have been discharged if there was no Connector involved... They are like eyes in the home, helping with things that we can’t do here from the hospital.”
- “Without them the patient would probably stay here, or could even be discharged without supports. So then they would be coming back. When we have the Connector involved, they can help follow through with the plan... They are like an extension of us in the community.”
- “The Connector’s role is such a unique one and honestly I think it is vital. That continuity of care and warm handover, I think it makes such a difference for people’s outcomes and follow through... If I did not have the Connector I would be making referrals, then they would leave and I would never really know if they had received adequate support.”
- “I hope the program funding is increased and extended because the program is more important than I imagined. Positive outcomes, admission avoidance, ED avoidance, increased health for people.”

CHALLENGES

➤ **Finding isolated seniors**

- Tend not to reach out or be discovered until a crisis
- Neighbours find it awkward to refer
- Changing habits of a community is difficult

➤ **Connecting isolated seniors**

- More time-intensive than originally anticipated

➤ **Complex cases**

- Lots of unmet needs
- Low-income
- Mental health & addiction issues

CHALLENGES

- **Need for affordable, accessible services**
 - Waitlists for intensive case management
 - Transportation barrier is very common
- **Reaching specific populations**
 - Rural & non-English speaking seniors have unique needs
 - More planning & resources needed to outreach to these populations
- **Collaborating to implement HSIIP**
 - Over-estimated targets, under-estimated work
 - Laying foundations took longer than anticipated
 - Staff turnover

LESSONS

- **Isolation is diverse**
 - Different degrees, combinations of risk factors, wants & needs
- **Isolation is not just social**
 - Unmet basic needs both cause and are caused by isolation
 - To address isolation you must ensure that basic needs are met
- **Seniors need help to follow through on referrals**
 - Referral is only the first step, need encouragement & support to access
- **Be intentional about prevention**
 - It's easier to find seniors in the midst of a crisis, have to try harder to find those who aren't there yet

LESSONS

- **Developing trust is key & takes time**
 - Connectors have to overcome stigma & fears
- **Demands placed on Connectors will reflect the needs of a community**
 - If intensive case management is lacking, this will impact Connectors
- **Build in a planning period for the front-loaded work of collective impact**
 - Need to have foundation & tools in place before service delivery begins
- **Understand you will need to work hard to develop referral pathways**
 - Service providers are not in the habit of identifying & referring for isolation
- **Dedicate extra resources to serving seniors with unique needs**



HAMILTON
**SENIORS
ISOLATION**
IMPACT PLAN

To learn more about the HSIIP...

Visit our website at www.socialisolation.ca

Contact the Backbone Project Manager at the
Hamilton Council on Aging:

Taralyn Prindiville
prindiville@hhsc.ca
905-777-3837, ext. 12434

Funded in part by Government of Canada's New Horizons for Seniors Program

Canada 