REMOVING BARRIERS TO SOCIAL ISOLATION

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Prepared By North Sky Consulting Group Ltd
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1. Introduction to Nanaimo’s Age Friendly Initiative

The City of Nanaimo is a growing community of approximately 87,500 residents (2011, BC Stats). People from other parts of BC, from other provinces, and from other countries are choosing to settle in the area. Between 2008 and 2009, 39% of net migrants came from other parts of Canada and approximately 23% came from other countries. By 2021, the population of Nanaimo is projected to be over 100,000 with migration continuing to be the major driving force of growth. Meeting the needs of this increasingly diverse population presents a special set of challenges to Nanaimo as the city strives to realize its caring and inclusive social development vision.

Nanaimo’s Social Development Vision

Nanaimo will be known as a community, which nurtures a caring, healthy, and safe environment: while empowering its citizens to realize their aspirations and hopes. It will also be known as a leader in addressing social issues through its commitment to capacity building and partnering.

(Nanaimo Social Development Strategy 2004 pg. 8)

A Supportive Strategy

Improve outreach to isolated, disadvantaged and/or marginalized members of the community including people who are homeless, people with a disability, people with mental health and substance misuse issues, recent immigrants, seniors, street involved youth etc.

(Nanaimo Social Development Strategy 2004 pg. 37)

One challenge is ensuring that older, recently arrived residents are not socially isolated. Experts agree that low levels of social participation can adversely affect a person’s quality of life and negatively impact their mental and physical health. Research indicates that older immigrant residents face particular higher risks of loneliness and limited social interaction in their newly adopted communities. The research also demonstrates that community driven social isolation intervention programs can be very beneficial to these individuals, and to their adoptive communities.
1.1 Benefits of Social Isolation Intervention Programs

For the Individual
“Social integration and participation of older adults in society are frequently seen as indicators of productive and healthy aging and it is widely accepted that social support has a strong protective effect on health.” (Social Isolation Among Seniors: An Emerging Issue, BC Government 2004)

For the Community
A review of the literature identified the following to be common benefits to communities:
- Increased social cohesion;
- Neighborhood renewal;
- Lower economic costs (health and social services); and,
- Improved engagement in citizenship

To gain an understanding of the extent of social isolation among recent Nanaimo settlers, the City undertook the Age Friendly Initiative Project. This project was designed to identify and connect with potentially isolated seniors, and in particular (a) newly retired and/or new to the community, and (b) of a multi-cultural background in the community. The primary intent of the study was to work with isolated immigrant seniors to identify the ways in which the municipality and community groups can support and increase their participation in the life of their community.

1.2 Initial Aims of the Age Friendly Initiative

To identify, understand, and propose the removal of barriers to social integration facing newly arrived seniors who may not have strong connections to the community outside of their immediate families.

This report provides a summary of the consultation findings. It highlights the possible causes of social isolation among Nanaimo’s senior populations and the potential barriers to their social integration into city life. The report includes recommendations for cooperative and collaborative actions between the local government, service providers, and community groups.
2. Literature Review: Social Isolation and Seniors

A review of the literature underscores the fact that social isolation is a multi-faceted concept with experts sometimes holding differing perspectives on what social isolation means, including its connection to an individual’s physical and mental wellbeing, how it can and should be measured, and its overall impact on communities. Nonetheless, while the study of seniors and isolation is still evolving, and is a matter of some debate, there is an emerging consensus on the definitions and characterization of social isolation along with numerous local, national, and international best practices to learn from. This section of the report provides an overview of the following:

a. Project definition of “seniors” and “recent immigrant”;  
b. Nature and characteristics of social isolation;  
c. Common effects, risk and protective factors; and,  
d. Social isolation intervention strategies.

2.1 Project Working Definitions

The literature highlights a number of terms frequently used in defining social isolation including, senior citizen, recent immigrant, social connectedness, social integration, and loneliness. For the purpose of this study the following definitions were adopted and used to guide our work:

**Senior Citizen**

Senior citizen is a common term for people over a certain age. For example, the Oxford Canadian Dictionary defines a senior as an “elderly person especially over 65.” However, there is much debate about the age marker of 65 to denote a “senior”. Some programs and services establish the age marker at 50, while others
deem someone over 60 as a senior. For the purpose of this initiative the steering group set the age at 55 years and over.

**Recent Immigrant**
The steering group defined “recent immigrant” as someone who had moved to Nanaimo within the past five years from either another Canadian community, or from a community outside of Canada.

**Socially Isolated Senior**
The steering group agreed that an isolated senior was someone 55 and older who has one or more of the following characteristics or circumstance:
- Has little or no meaningful contact with family or friends;
- Is in need of some form of outside assistance to participate in community life;
- Lacks support or services to actively participate; and,
- Expresses feelings of loneliness and is not alone by choice

**Social Isolation**
Effective and sustainable interventions to address social isolation begin with an understanding of what is meant by the term ‘social isolation’.

*Social Isolation is a loss of place within one’s group – people perceive themselves as disconnected from meaningful interaction with people who are important to them.*

Objectively, social isolation is the lack of contact and interaction with other people. Subjectively, it is the feeling of loneliness or lack of companionship or close and genuine communication with others.
- Social isolation can be defined as less social contact than an individual wishes, and that may lead to negative outcomes such as poor health, loneliness, or other emotional distress.
- Social isolation may be voluntary or involuntary. Not all socially isolated seniors experience negative consequences. Some seniors may prefer to be alone and do not experience loneliness. However, involuntary isolation can have profound impacts on people.

**Social Connectedness**
*Social Connectedness is all about the person- how old they are (the lifespan), their personality, their income, occupation, education, and other personal characteristics.*
Social Connectedness is a feature of, and influenced by, communities that include other people, structures, economy, and the social fabric into which individuals are woven. Experts advise that both the individual and societal aspects of social connectedness must be considered in developing strategies to address isolation.

**Social Integration**

*Social Integration can be seen as a dynamic and principled process where all members participate in dialogue to achieve and maintain peaceful social relations.*

Social integration does not mean coerced assimilation or forced integration. (UN) Social integration is about the process of promoting the values, relations and institutions that enable all people to participate in social, economic and political life on the basis of equality of rights, equity and dignity. (Ferguson 2008)

- Behavioral component — active engagement in a wide variety of social activities and relationships
- Cognitive component — a sense of community and identification with one’s social roles

**Loneliness**

*Loneliness is an indicator of social well-being and pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness).*

Loneliness is subjective and is concerned with the individual’s perceptions of relationships, social activity, and feelings about social activity. If a person feels lonely, then they are lonely. (BC Report 2006) Social isolation is typically related to feelings of loss and loneliness.

### 2.2 Characteristics and Indicators of Social Isolation

Social isolation is generally viewed in terms of the number, frequency, and longevity of contacts in comparison to, and in consideration of the individual’s feelings about isolation. The social aspects of isolation are normally measured quantitatively, for example the number of social contacts. Emotional aspects are measured quantitatively; for example, individuals may describe isolation in terms of feeling bored, lonely, unhappy, excluded, angry, sad, and frustrated. (Findlay and Cartwright 2002) Within society, isolation can occur at one of four levels:
1. The **community level** where a person can feel part or isolated from the broader society;
2. **Organizational level**, including work, church social groups etc.;
3. **Family, peer, friendship level**; and
4. **Personal/individual level**

The work undertaken in the Nanaimo Age Friendly Initiative has focused on level one, the community level, with special attention paid to the collective social isolation of immigrant groups.

The following highlights the common causes of social isolation among older people.

**Role Loss:** The loss of intimate relationships with spouse and friends and the loss of key social roles as people age. Replacement of these relationships and roles with new and meaningful activities is often difficult for older people, thus these losses often result in social isolation.

**Living alone:** One of the most notable factors contributing to the likelihood of social isolation among older adults is that, over time, both men and women have become less likely to live with relatives other than a spouse.

**Loss of a sense of security:** Sometimes because of physical frailty, unsafe living or environmental conditions and negative attitudes from people in an older person’s immediate environment, seniors can feel insecure and vulnerable. This problem can be compounded when an older person is also suffering physical or emotional abuse from those around them and they do not have the capacity to seek outside help. To cope, such seniors may physically or emotionally withdraw in an attempt to stay safe. When this happens, the older person becomes socially and emotionally isolated.

**Loss of Spouse:** Women and are less likely to remarry after divorce or widowhood, but they do tend to maintain larger social networks than older men who live alone. Men tend to rely primarily on their spouse for social support as they age and often fail to rebuild networks after losing a spouse.
Health problems: Older adults with serious health problems may be at greater risk of social isolation. Individuals with severe physical chronic disabilities, increased frailty, cognitive decline, or depression may be less able to sustain meaningful relationships.

Poverty: Seniors living below the poverty line are also among those who may suffer most from social isolation. U.S. studies indicate that of all seniors living alone and below the poverty line, one-third sees neither friends nor neighbors for as much as two weeks at a time, and one-fifth have no phone conversations with friends or family.

Divorce: Divorce often results in weakened intergenerational bonds, lower contact with children and presumably less emotional support in old age.

Reduced Social Networks: Many elderly people have a reduced social network because they have outlived family members and contemporaries – leading to a lackluster social life. The size of the social network presumably measures one’s potential social supports, which is the actual interaction with others including the assistance that a person provides and/or receives from another. Social networks can therefore be viewed as the structure through which social support may be provided and that facilitates interaction.

Place of Residence: Neighborhood deterioration promotes distrust of others and that older adults who are distrustful of others tend to be more socially isolated. Distance to and from social networks, social services, and amenities is a factor.

Period of Residency: Older persons who have not lived long in their neighbourhood, community, or country are more vulnerable to isolation because they have not had the opportunity to build effective social networks. Such seniors also tend to have less knowledge about where and how to get the services that they need (Cloutier-Fisher et al 2006; Findlay & and Cartwright, 2002).

Displacement, (involuntary): The lack of intimate relationships, increased dependency, loss of mobility, speech, hearing, and cognition were all found to
increase the level of loneliness experienced among older people in nursing homes.

**Aging of the Baby Boom:** Baby boomers are projected to experience greater social isolation given their lower rates of marriage, high levels of divorce, and fewer children.

**Transportation:** Driving status and transportation have an effect on the loneliness and social isolation of the elderly because of the role they play in facilitating access to the social network. Transport is often viewed as critical for maintaining independence and quality of life. Researchers point out that a person’s inability to access transport can lead to social isolation, and a deterioration in general health and well-being. “Difficulty getting on and off public transport, resulting in loss of dignity, and poor design factors which impact on safety, such as lighting and steps, may result in older people not being willing to use public transport.” (Findlay, 2006)

**Inability to communicate:** Inadequate capacity to communicate limits an older person’s ability to acquire knowledge, skills, and the confidence needed to engage in meaningful interaction or obtain needed social resources. When combined with the lack of a good social network, inadequate capacity to communicate greatly increases the isolation of older persons. (Findlay & Cartwright, 2002)

**Individual Factors:** Mental health, low self-esteem, personality, education levels, occupational resources, victim of abuse all these factors can negatively impact social integration.

**Minority Group Membership:** Members of minority groups face a number of additional social issues related to language, literacy, cultural expectations, religion, discrimination, and lack of sense of community. Issues of ethnicity and cultural differences create barriers to social interaction and or access to social resources. These barriers usually become more accentuated for older persons.
2.3 Common Effects, Risk and Protective Factors

Our literature review identified a number of effects often linked to social isolation.

<table>
<thead>
<tr>
<th>Individual Effects:</th>
<th>Common Effects of Social Isolation</th>
<th>Community Effects</th>
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<tbody>
<tr>
<td>• Increased chance of premature death</td>
<td>• Reduced quality of life</td>
<td>• Increased use of health and support services</td>
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<td>• Poor general health and well-being</td>
<td>• Caregiver burden</td>
<td>• Loss of access to local knowledge and experience</td>
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<tr>
<td>• More depression</td>
<td>• Financial burden</td>
<td></td>
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<tr>
<td>• More disability from chronic diseases</td>
<td>• Increased stress</td>
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<tr>
<td>• Poor mental health</td>
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Our literature review also identified a number of factors that experts believe can increase an aging individual’s vulnerability to social isolation. These include:

<table>
<thead>
<tr>
<th>Factors That Can Increase the Risk of Social Isolation</th>
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<tr>
<td><strong>Health</strong></td>
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<td><strong>Environmental</strong></td>
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<td><strong>Personal</strong></td>
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</table>
Some researchers note that among these risk factors, two stand out and warrant special attention.

1. **Gender Gap**
   There is a notable gender gap in feelings of loneliness and isolation. Men tend to experience loneliness more so than women regardless of whether they live in a lone person household or a shared household. (Flood 2005)

2. **Mobility Restrictions**
   A significant factor facilitating the social inclusion is the availability of accessible and appropriate transport options and strategies for older residents in the community. (Matisse, 2003)

### 2.4 Factors Known to Contribute to Social Isolation in Ethnic Minorities

There are a number of additional factors that can increase the risk of social isolation and marginalization among members of ethnic minorities. (Government of Canada NACA 2005) These include:

- Age at time of immigration-
  (Researchers suggest that the older the immigrant the higher the risk of isolation.)
- Years worked since immigration
- Lack of access to income sources
- Culture
- Language
- Barriers to health care and other services
- Racism
- Discrimination

### 2.5 Effective Interventions and Best Practices

Our review highlighted a commonly held view among many researchers that initiatives specifically designed to reduce the risk and socially re-engage seniors are the most effective means of addressing social isolation. Many of these successful initiatives are initiated and championed by health-based or seniors organizations. However, the experts point out that no one agency can address such a complex issue and many other organizations have an important role to play in reducing social isolation. In addition, some researchers warn that in areas where there are small ethno-cultural groups and organizations the adoption of best practices may lead to further exclusion and marginalization. “Despite the potential benefits in applying a best practices approach to the work
of small ethno-cultural organizations, there are some very important cautions. In some cases, such an approach can reinforce forces of exclusion which already marginalize small ethno-cultural groups and their membership.” (Social Planning Council, Ottawa, 2010)

The following chart highlights success factors that can guide the involvement and service delivery of the local government and its partners.

<table>
<thead>
<tr>
<th>Success Factor</th>
<th>Elements</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Focused</td>
<td>Targeted to a specific group, e.g. widowed</td>
<td>Provides opportunities for greater levels of social interaction than one-on-one services</td>
</tr>
<tr>
<td>Meaningful Participation</td>
<td>Enable ownership, control and design by seniors for seniors</td>
<td>Ensures program content and strategy are reflective of seniors needs and concerns</td>
</tr>
<tr>
<td>Appropriate Content</td>
<td>Promote healthy and active aging and enhance education and skills development</td>
<td>Aids in improving self-esteem, social competence and confidence, and encourages more meaningful social contact</td>
</tr>
<tr>
<td>Accessible (Physical)</td>
<td>Transport systems that cater to seniors and provide good access within their community</td>
<td>Enables seniors to develop social networks outside of immediate caregivers or interventions</td>
</tr>
<tr>
<td>Accessible (Information)</td>
<td>Links people to a single point of access for all services</td>
<td>Promotes ready access to services across the community</td>
</tr>
<tr>
<td>Partnership</td>
<td>Promotes networking and cooperation across all stakeholders</td>
<td>Social isolation is a complex issue that no single agency can fully address</td>
</tr>
<tr>
<td>Addresses Ageism</td>
<td>Involves all levels of government and others in the effective dissemination of information related to ageing and social isolation</td>
<td>Promotes awareness in the community of seniors’ important contributions to society and encourages support for interventions and diminishes negative stereotyping</td>
</tr>
<tr>
<td>Build Trust</td>
<td>Recruitment of well trained, properly supported and empathetic, and project coordinators</td>
<td>Effective programming requires the development of respectful and trusting relationships with senior participants</td>
</tr>
<tr>
<td>Inclusive</td>
<td>Services offered in an inclusive and respectful manner and sensitive to diversity</td>
<td>An inclusive environment is a welcoming environment that will promote and facilitate participation</td>
</tr>
</tbody>
</table>

2.6 Overview of Nanaimo Seniors and Services Available

According to the 2011 Census, seven of the top ten Canadian census subdivisions with a population greater than 5,000 that had the highest proportions of their population aged 65 and over are located in the Province of British Columbia. Of those seven, five are on Vancouver Island and four are in Nanaimo or the surrounding areas. The following chart provides the ranking for these census subdivisions. The map below illustrates the location of these areas.
This data is a further indication that Mid-Vancouver Island is a preferred destination for retiring Canadians and immigrants.

### The 10 municipalities (census subdivisions) with a population of 5,000 or more that had the highest proportions of the population aged 65 and over, Canada, 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Municipality</th>
<th>Name of CMA or CA (province)</th>
<th>65 and over percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Qualicum Beach</td>
<td>Parksville (B.C.)</td>
<td>47.2</td>
</tr>
<tr>
<td>2</td>
<td>Parksville</td>
<td>Parksville (B.C.)</td>
<td>37.1</td>
</tr>
<tr>
<td>3</td>
<td>Sidney</td>
<td>Victoria (B.C.)</td>
<td>36.9</td>
</tr>
<tr>
<td>4</td>
<td>Elliot Lake</td>
<td>Elliot Lake (Ont.)</td>
<td>35.1</td>
</tr>
<tr>
<td>5</td>
<td>Creston</td>
<td>Outside of CMAs and CAs (B.C.)</td>
<td>33.1</td>
</tr>
<tr>
<td>6</td>
<td>Gimli</td>
<td>Outside of CMAs and CAs (Man.)</td>
<td>31.1</td>
</tr>
<tr>
<td>7</td>
<td>Nanaimo G</td>
<td>Parksville (B.C.)</td>
<td>30.9</td>
</tr>
<tr>
<td>8</td>
<td>Nanaimo E</td>
<td>Outside of CMAs and CAs (B.C.)</td>
<td>30.2</td>
</tr>
<tr>
<td>9</td>
<td>White Rock</td>
<td>Vancouver (B.C.)</td>
<td>29.4</td>
</tr>
<tr>
<td>10</td>
<td>Wasaga Beach</td>
<td>Outside of CMAs and CAs (Ont.)</td>
<td>29.1</td>
</tr>
</tbody>
</table>


A review of the 2006 Census data for the City of Nanaimo’s neighbourhoods indicates the distribution of the 65+ years of age throughout the City. This chart also provides the distribution of immigrants, recent immigrants, low income seniors and single person household for the various neighbourhoods.
<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Population</th>
<th>65+ Total Population</th>
<th>Immigrants</th>
<th>Recent Immigrants</th>
<th>Low Income 65+ Total Pop</th>
<th>Single Person Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase River/Duke Point/ South End</td>
<td>5,735</td>
<td>803</td>
<td>574</td>
<td>15</td>
<td>700</td>
<td>28</td>
</tr>
<tr>
<td>City Centre / Protection Island</td>
<td>4,335</td>
<td>954</td>
<td>564</td>
<td>75</td>
<td>793</td>
<td>51</td>
</tr>
<tr>
<td>Departure Bay</td>
<td>5,305</td>
<td>1,008</td>
<td>1,008</td>
<td>130</td>
<td>382</td>
<td>28</td>
</tr>
<tr>
<td>Divers Lake</td>
<td>6,020</td>
<td>1,144</td>
<td>602</td>
<td>30</td>
<td>307</td>
<td>-</td>
</tr>
<tr>
<td>Dover</td>
<td>6,610</td>
<td>1,388</td>
<td>1,586</td>
<td>250</td>
<td>291</td>
<td>-</td>
</tr>
<tr>
<td>Hammond Bay</td>
<td>2,570</td>
<td>720</td>
<td>514</td>
<td>35</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Harewood</td>
<td>5,570</td>
<td>613</td>
<td>557</td>
<td>15</td>
<td>1,393</td>
<td>26</td>
</tr>
<tr>
<td>Linley Valley</td>
<td>2,995</td>
<td>509</td>
<td>539</td>
<td>85</td>
<td>-</td>
<td>21</td>
</tr>
<tr>
<td>Long Lake</td>
<td>6,045</td>
<td>1,149</td>
<td>846</td>
<td>105</td>
<td>641</td>
<td>31</td>
</tr>
<tr>
<td>NewCastle</td>
<td>3,185</td>
<td>860</td>
<td>510</td>
<td>25</td>
<td>478</td>
<td>48</td>
</tr>
<tr>
<td>North Slope</td>
<td>4,955</td>
<td>842</td>
<td>991</td>
<td>130</td>
<td>198</td>
<td>-</td>
</tr>
<tr>
<td>Northfield</td>
<td>4,630</td>
<td>602</td>
<td>695</td>
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<td>352</td>
<td>31</td>
</tr>
<tr>
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<td>1,198</td>
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<td><strong>15,557</strong></td>
<td><strong>12,568</strong></td>
<td><strong>1,225</strong></td>
<td><strong>8,302</strong></td>
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Shaded cells represents the top five areas by percentage distribution.
3. Methodology Used for Nanaimo Age Friendly Project

The goal of the Nanaimo Age Friendly Initiative is to identify those ‘isolated’ seniors in the community that are either (a) newly retired and/or new to the community, and (b) of a multi-cultural background and work with them to identify the ways in which local government and community groups can support them in successfully participating in the life of their community.

3.1 Steering Group

The City appointed a steering group to assist in the development and implementation of the project. Led by the city social planning department the group members represented agencies with a special insight into local seniors’ issues including:

Volunteers:
- Lynda Avis, Commissioner, Parks, Recreation and Culture Commission;
- Jennifer Bricker, Immigrant Settlement Worker, Central Vancouver Island;
- Sujata Connors, Spiritual Care Services, VIHA;
- Michele Duerksen, Nanaimo Harbour City Society;
- Kathy Eliasen, Kiwanis Village, VIHA;
- Sam Letourneau, Central Vancouver Island Multicultural Society;
- Ruth Matson, Senior Peer Program Coordinator Nanaimo Family Life; Association; and,
- Joan Ryan, Nanaimo Lifeline Program, VIHA.

City Staff:
- John Horn, Social Planner
- Deborah Jensen, Community Development Planner

From the onset of the project the steering group provided invaluable guidance and support in the design, development, and implementation of the project plan.
While the focus of the project was on collecting primary data, the consultants began with a broad overview of the literature and resources readily available from a number of sources. This information and data was distilled and presented to the steering group at the first planning meeting. At this meeting the steering group members discussed the findings of the literature review, the key concepts, the ideas, and the committee members’ knowledge and experiences in relation to the information presented. The committee also participated in a mind mapping exercise intended to better identify the potential contact points for isolated immigrant seniors in Nanaimo. Through this discussion the group members:

- Clarified and adopted working definitions and terminology;
- Identified and refined the key focus, consultation approaches, and targets of our work;
- Approved a “snowball referral” engagement strategy and the format and content of a guiding questionnaire;
- Identified resources and points of contact; and,
- Considered and addressed potential project risks.

During the consultation process the individual members of the steering group were instrumental in providing advice, and facilitating connections. A second meeting of the steering group was convened at the end of the consultation stage to discuss project challenges, the findings, and the consideration of preliminary recommendations. The committee met again at the end of the project to discuss and approve the final report.

### 3.2 Methods used to collect primary data and information

The primary data was collected through individual interviews, small group discussions, and meetings with representatives of government and community agencies currently delivering immigrant or senior programs and services in Nanaimo. There were 8 service providers, and 30 seniors interviewed (16 comprehensive and 14 short questionnaires). Information was also gained from discussions with the general public, attendance at senior events, and personal contact with business and other groups involved with seniors and in particular immigrant seniors.

### 3.3 Participant Selection

A “snowball referral” process was chosen as the most appropriate strategy to find and engage isolated immigrant seniors. This process relies on a chain referral approach to reach populations that are often difficult sample. It is an inexpensive,
simple, and cost efficient process. However, this approach does not always provide
the best representative sample. No special incentives or rewards were offered or
provided to the participants or those who referred participants. The requirement of
confidentiality was respected at all times. Letters of introduction were provided, and
all participant seniors were asked to give their consent prior to being contacted.

The members of the steering group provided contact information for a number of
government and community organizations. These organizations included a wide
array of service providers including health care, recreation, social services, and law
enforcement. Meals on Wheels, Lifeline and the Mid Island Abilities and
Independent Living (Nanaimo Telephone Visiting Society) referred many of the
individuals interviewed. Their representatives were instrumental in providing
seniors’ contact information, encouraging participation, securing permission to
interview, and building trust between the interviewer and the participants. The
representatives of many of these agencies were also interviewed to provide the
service provider perspective.

The consulting team also approached community members at large to recruit
participants. Following the advice of the Multicultural Society, the project
information brochures were translated into Korean, Mandarin, and Punjabi. We
approached 48 locally based faith groups, 8 local businesses known to serve ethnic
and senior populations, members of community clubs, neighborhood grocery stores,
medical clinics, and drug stores to circulate the brochures, and help raise awareness
about the project, as well as identify potential participants. We also attended the
Nanaimo Seniors Health Fair (September 2012) to publicize the Age Friendly project
and promote participation in the initiative.

Through the referral screening process, 36 seniors were identified as possibly being
members of the study target group. Of these seniors 34 consented to interviews.
Through the interview process, in all instances, it became apparent that the referred
senior was not a socially isolated immigrant senior as determined by the project
definition. In fact of the 34 interviewed only 16 appeared to meet the project criteria
of isolated senior, or at risk of isolation. Nonetheless those who participated in the
interview did provide key information and insights into furthering our
understanding of social isolation issues among the senior population in Nanaimo,
and by extension potentially a better understanding of issues facing immigrant
isolated seniors.
3.4 Development of Interview Questions

A draft senior questionnaire was developed using information provided by the City and the information collected during the literature review. A separate questionnaire was developed for service providers and other interested stakeholders. The steering group members reviewed the initial draft questionnaires with particular attention given to the relevance of the questions, language suitability, the structure, form and the length of the questionnaire. It was agreed that the questionnaires were to be used as guides for discussion rather than survey instruments. The questionnaires included questions on participant’s perceptions of Nanaimo, social and family networks, housing and transportation, and business services. Copies of the questionnaires can be found in Appendix I. Changes were made to the questionnaires to incorporate the suggestions of the Steering Committee members. The questionnaires were then pilot tested with 2 service providers and 6 members of the senior community. Following the pilot interviews the questionnaires were carefully edited to improve the flow, and to remove less relevant or redundant information.

During the early stages of the interview process the need for a two-stage senior questionnaire was identified. It became evident very quickly in the interview process whether or not the referred senior fit the project definition of an isolated immigrant senior. In light of limited resources it was decided that an initial short form questionnaire be designed to assist in the initial screening of participants. The short form helped the interviewer to rapidly assess if the referred senior was a recent immigrant or a person that had recently moved to Nanaimo.

3.5 Data Collection and Analysis and Reporting

The consultants were responsible for undertaking all the interviews. Participants were provided the choice of an in-person interview or interview over the phone at a time of their choosing. Without exception senior participants chose to be interviewed over the phone. Interviews with service providers occurred in person and over the phone.

Following the completion of interviews, each questionnaire response was summarized and categorized. The views of the service providers and the senior participants were compared to identify any similarities and differences in perception among the groups. A number of themes emerged and these were summarized.
3.6 Limitations in Data Gathering
The steering group and consulting team encountered limitations in both the secondary and primary data gathering process. With respect to secondary data, there is considerable information available on seniors in BC, and on immigrant populations in BC however there is incomplete data available on socially isolated seniors. In many cases the existing databases are also too coarse to help profile isolated immigrant seniors, particularly at the municipal level. (Cloutier-Fisher 2006)

The most significant limitation to collecting data at the primary level was the inability to identify a representative number of socially isolated immigrant or recently settled seniors living in Nanaimo. This was identified as a critical project challenge. Representatives of senior organizations, government agencies, cultural groups, and community service providers suggested the following as reasons for this difficulty:

Recent Immigrants to Canada/Nanaimo
People working with immigrant populations pointed out that most immigrants in Nanaimo are family sponsored. The sponsor signs an undertaking guaranteeing that the needs of the sponsored immigrant are to be taken care of by the sponsor. This undertaking for non-spousal immigrants can last up to ten years. It is the perception of people working with immigrant groups that sponsors and new immigrants are very reluctant to contact outside service providers for assistance believing this in some way will jeopardize their immigration status.

In some ethnic communities there is a prevailing negative attitude about relying on organizations outside the family for assistance. Members of different ethnic minority groups stated to the consultants that their cultural values dictate that the elderly be taken care of within their own community. The fear of “shaming” the family acts as a barrier to identifying and addressing senior isolation.

It was also pointed out that seniors who lack fluency in English often do not have an adequate knowledge or understanding of what service and programs are available to them. Based on their life experiences, they may have a general mistrust of government agencies. In addition, if they require assistance they often do not have anyone they trust to support them through the social service processes.
3.6.1. Recent Immigrants to Nanaimo
The majority of recent senior immigrants we spoke with said they moved to Nanaimo following retirement either because of the mild winter climate, or to be with their children and grandchildren. These seniors tended to describe themselves as “young seniors”, socially active, relatively healthy, and independent. They did not fit the profile or self-identify as being an isolated senior or at risk of becoming an isolated senior.

“We use to live in Edmonton. My wife and I came here after I retired because of the climate… she doesn’t like the rain… but there are lots of things to do while we still have our health.” (Retired Nanaimo Senior)

3.6.2. Community Support
Representatives of several charitable organizations said they actively encourage and support the participation and ongoing inclusion of elderly members of their groups. Several seniors praised their faith groups and service clubs such as the Lions and the Legion for keeping them involved in community life.

“We know all our seniors. They have given so much to our community. We want to thank them by making sure they still feel part of our community”. United Church Representative

3.7 Addressing the limitations
The steering committee discussed the difficulty in identifying isolated seniors fitting the project target groups. The following provides highlights of the discussions with members of the steering group.

3.7.1. Recent Immigrants - Ethnic Minorities
Members of the committee noted that the inability to identify ethnic populations has been problematic in other local community initiatives, such as those addressing socio-economic issues like homelessness. In determining how to move forward the steering group questioned whether the lack of identification of immigrant and ethnic minorities is an indication that they are not present in the Nanaimo isolated senior population, or they are present but hidden from the mainstream population, and therefore difficult to identify and reach.

“It is therefore imperative that the health authority and others responsible for the provision of service to ethnic minority seniors do not assume, as is often the case, that they do not need their services as much as Anglo-Canadian seniors. Many families are no longer able or willing to honor the cultural expectation of filial duty to seniors.”

S Koehn: Community-Based Research Seeks to Address Barriers to Access to Care for Ethnic Minority Seniors
Some members of the steering group challenged the notion that in ethnic minority communities “...we take care of our own”, and suggested that while it is a noble value many families strive for, adequate family support may not be the reality for many ethnic minority seniors. The members pointed out that family structure, and economic circumstances can interfere with the best of intentions. The literature review identified a number of experts who support this view. Their research indicates that believing ethnic minorities look after their own actually “…perpetuates the lack of services available to ethno-cultural groups.” (Koehn, 2005)

3.7.2. Recent Senior Settlers to Nanaimo
Following the data limitations discussion, the steering group directed the consultants to expand the target group to include those seniors already referred by the community agencies, and identified as isolated or at the risk of being isolated regardless of recent immigration status or ethnic background. The steering group’s rationalization for this change included:

- Every reasonable effort had been made to identify members of the target groups: (a) newly retired and/or new to the community, and (b) of a multi-cultural background;
- The inability to identify isolated senior immigrants for the study group is similar to the outcomes of other community planning studies in the area; and,
- The literature review provided a number of factors that should be taken into account when planning services and programs for isolated seniors from ethnic minority backgrounds or recently settled in a new location. These factors were taken into consideration when forming recommendations.
4. Project Findings

4.1 Introduction
It is important to note that the findings presented below are a result of guided conversation with seniors. They are not a result of a quantitative survey. When we refer to the results of the study in terms of percentage respondents it should be remembered that these were not necessarily tabulated from answering one specific question. The results reflected below are a compilation of the information gathered from the conversations and are provided as a general guide and understanding of common perceptions and insights among the senior participants.

4.2 Characteristics of Participants
The total number of senior persons that participated in the project was 34. Of these 18 did not fit the profile of an isolated seniors or seniors that had recently settled in Nanaimo.

Age was used as the main determinant factor in identifying who should be included in the interviews. The steering group had identified 55 and over. The youngest participant was 57 and the eldest 90 years of age. No participants declined to give their age.

The following section presents the findings of the extended interviews conducted with those seniors that are considered as isolated or in a high-risk category for social isolation by the referral agency or individual. It should be noted that no senior considered himself or herself isolated, and if they spoke of isolation it was
typically within the context of other people’s isolation. Nonetheless, many spoke of feelings of loneliness.

The findings have been grouped into the following categories: Health, Social, Physical Community, and Personal. While each of these categories has a number of factors that can increase the risk of social isolation, the interviewers focused on those factors that are in the sphere of influence of the City and its partners. Following each section is a summary of the key learning gained through the interview process.

4.2.1. Health Factors
The participants were asked in very general terms to speak about their health. Only 7.5% identified health as a risk factor in their situation. Nearly all of the participants were able to communicate very well with the interviewer. Several spoke of being “forgetful” or “confused” on occasion. Others mentioned that their vision and hearing was deteriorating. Some spoke of chronic illnesses and its impact on their ability to remain mobile. A significant number of participating seniors stated that if it were not for their fear of falling or having to negotiate stairs they would venture out more than they do.

Key Learning for the City
- Declining physical mobility and deteriorating sight and hearing were often identified as a growing concern to senior’s independence, and a significant barrier to participating in community life including accessing information.

4.2.2. Social Factors
Participants were asked to speak about their family and community networks, their living arrangements, and their perceived social standing. All of the interview participants stated they were no

Health Factors that can increase the risk of social isolation:
- Severe physical chronic disabilities
- Increased frailty
- Cognitive decline
- Loss of communication abilities

“…I can’t walk as far as I used” Female participant over 70
“I have difficulty with stairs so I like to go to Woodgrove Mall because they have ramps.” Male participant over 75

Social Factors that can increase the risk of social isolation:
- Loss of employment
- Living alone
- Loss of spouse
- Minority group membership
- Divorce
- Reduced social networks
- Unwillingness to accept help
- Poverty
longer working. Many of the participants appeared reticent to discuss their economic situation or even to identify whether or not they own their own home or are living in rental accommodations. Some mentioned they had living wills and they did not want to talk about their current living standards or assets. The interviewers did not press the participants to answer any question that made them feel uncomfortable or that may be perceived by the participant as an intrusion on their privacy.

Social Networks
All the interview participants said they lived alone. Frequently participants stated that they preferred living alone to living in a senior’s home. Some equated living in a senior’s home with a loss of independence or “giving up”. Occasionally seniors said they were lonely. Others did not admit to being lonely but did highlight loneliness as a serious or “sad fact of life” for many seniors.

Thirty-eight percent (38%) of those that were interviewed said that they lived within close proximity of other family members, 30% said they lived close to friends while 32% said they had no friends or family in the Nanaimo area. When speaking of friends some respondents identified that their only friends are the volunteers from organizations like Meals on Wheels, Lifeline, and the Telephone Visiting Society. The amount of contact with family and friends ranged amongst participants. Some said they had daily contact with either family or friends, while others said contact occurred 2-3 times a week. Some said their only constant contact was the NGO service providers.

The participants were asked to identify whom they rely on for day-to-day issues, and whom they rely on in emergency situations. Several spoke highly of the consistent support they receive from family members. However, it was typical for participants to say that they are often reluctant to ask family members for day-to-day help, or even help in
emergencies. When questioned why they are reluctant they invariably cited the work priorities, child commitments, and busy agendas of relatives as the reasons not to “disturb” family members with requests for help.

More than half the senior participants stated that they rely on help from community groups and others that provide services to seniors including local businesses that provide home delivery, and pick-up services. It became apparent through this discussion that people are very appreciative of the services provided by non-profit organizations such as Lifeline, Meals on Wheels, and Nanaimo Telephone Visiting Society. It also became apparent that in general participants are not universally aware of the various services already available to them. For example, some people registered with Lifeline were not aware of Meals on Wheels, or people receiving Meals on Wheels services were not aware of the Telephone Visiting Society.

**Social Interaction**

The majority of participants indicated a willingness to participate in activities and events outside of their home. However, some stated that while they would like to attend events their health, level of mobility, and transportation issues make it impractical for them to leave home on a regular basis. Others mentioned that their friendship circles are growing smaller as people pass-on, or become victims of chronic illness, and as a consequence the opportunities for meaningful interaction with others is diminishing. Men frequently said that in the past it was their spouse, who organized trips and social events. Several stated that since being on their own they have not participated to the same level in social events nor have they worked to develop new friendships. Some seniors added that they felt “uncomfortable” going to some senior functions and clubs. It was not uncommon to hear Nanaimo described as an “unfriendly” place with lots of social cliques. Longer-term residents were more likely to describe Nanaimo as a place with friendly people.
Reasons for Isolation
The senior participants were asked what they believe to be the major causes of social isolation. They stated: the passing of a spouse (32%); passing of friends (17.5%); transportation (31%); street safety (12%); and health (7.5%)

The favorite opportunities for social interaction among those interviewed included: going to the Legion, going to church, going to the mall, playing cards, crafts, and talking to friends. Seniors were asked if there are any activities that they would like to do but can’t, and to give the reasons why they can’t participate. Several said they would like to go to the movies and theatre but cannot afford to go because of their fixed income. Some said the cost of transportation to get to an event was often prohibitive.

Immigrant Seniors
A primary goal of the project was to identify how the City could remove the barriers preventing recent immigrant isolated seniors particularly from ethnic minorities connect with the community. Unfortunately we were unable to identify any recent immigrants that presented isolated senior characteristics. The consultants did ask other seniors, including isolated seniors, for their perspective on the difficulties seniors from ethnic minorities may encounter in participating in Nanaimo community life. Many respondents began with the caveat that while they knew people from other countries they did not know any that were isolated. It is important to note here that it was not uncommon for people questioned to initially think of senior isolation in terms of geographic isolation - that is identifying a senior living in rural or remote areas as isolated.

Most people questioned believe that seniors from ethnic minorities face the same risks of social isolation as other seniors in Nanaimo. None suggested that ethnic minorities face additional barriers, and risks to social isolation beyond those barriers faced by long-term residents.
One senior community organization reported that they had, on several occasions, attempted to engage other cultural groups and to promote membership and welcoming activities. However, they said that these activities and events had not been successful, and at this time there was very limited appetite among their members to try again.

Key Learning for the City
- Using a referral approach and public community outreach to find ethnic minority seniors among the Nanaimo isolated senior populations has not proven effective for this initiative;
- Immigration status may be a barrier to identification;
- Service providers play a crucial outreach role in maintaining and supporting social interaction among isolated seniors;
- Seniors can be reluctant to ask for help, and typically isolated seniors are not well informed on available support services and programs;
- Lack of mobility and transportation issues are creating barriers to social interaction for many isolated seniors;
- Loss of a partner or friends, and an inability or reluctance to connect with new social networks leads to increased isolation;
- For some on fixed incomes, affordability is influencing their level of social interaction;
- Some Nanaimo citizens equate the meaning of “isolated senior” with the senior’s geographic location; and,
- It was typical of people we questioned to have very limited, or no awareness of increased risks of social isolation among ethnic minority groups.

4.2.3. Environmental Factors

Length of Residency
An initial project goal was to identify isolated seniors who had been in the City for less than five years. We spoke to many recently arrived seniors but the vast majority did not fit the isolated senior criteria. Agencies
did refer three seniors who are from cultural minority groups and who had lived in Nanaimo less than five years. These seniors consented to an interview but it quickly became apparent that they were not isolated. While they did not have immediate family in the area, and one lacked fluency in English, at the present time they were all well connected to community networks and support groups.

We expanded our participant pool to include anyone that was identified as a potentially isolated senior regardless of length of residency in Nanaimo. Among the participants the length of residency ranged from 3 years to 77 years with 25 years as the average residency term.

**Places of Interest and Physical Barriers**

Nanaimo’s waterfront, churches, the Legion, Bowen Park, and shopping malls were frequently mentioned as points of interest for seniors. Many pointed out that over the years Nanaimo has grown and now was spread out over a large distance. They said the size and area of Nanaimo was making it more difficult to get around. Several mentioned they preferred living in Nanaimo when it was smaller and more compact and they knew the neighbourhoods.

The fear of falling, and an inability to climb stairs, along with their slower pace in busy public areas was often cited as the reason they did not feel comfortable in leaving the home. Some seniors said there was a lack of safe sidewalks to walk along; still others said they were concerned that timed crosswalks did not allow them enough time to properly cross the road.

**Transportation**

Without exception transportation related issues were the most common reasons given for remaining at home. Only a couple of seniors said they still occasionally drive, the majority said they have to rely on friends, family, neighbors and others for transportation. Some seniors noted that in the past members of their church group or social clubs were very helpful in getting them to and from events, but they said ageing is creating special needs that cannot always be easily accommodated. A very common complaint was the price of cabs. Nearly all seniors said they could not afford to take a cab.

Over 50% of the participants use the handyDART on a regular basis. All the users of the handyDART were laudable of the services provided, but many said they would like to see these services extended. Seniors who use the public bus system said they are often reticent to catch the bus because the walking distance to the bus stops is often too far from their home, or from where they want to go. Buses
not running in the evening were the only common complaint about bus schedules. Most people said they had the time to wait for a bus but they said they would feel safer and more comfortable if more bus stops had sheltered places to sit and wait.

**Crime and Safety**

Nearly all the seniors interviewed thought of Nanaimo as a fairly safe city for seniors. Some expressed concerns about drunks on the street in the downtown area and their belief that this was adding to the on-going degradation of downtown Nanaimo. Some said they avoided going downtown because of the fear of being accosted by drunks. Several mentioned the RCMP community check program. They were unaware that the RCMP no longer provides this service. They were also unaware of the services now being provided by the Nanaimo Telephone Visiting Society.

**Key Learning for the City**

- Isolated seniors with five or less years residency in Nanaimo were not identified through this process;
- Many seniors appreciate going to City places, such as the waterfront, but some seniors do not venture out because of their fear that public places will not accommodate their mobility or physical needs;
- The placement of bus stops, lack of bus shelters, and safety at road crossings keep seniors from venturing out of their homes;
- Transportation costs are considered prohibitive by many isolated seniors;
- The handyDART is considered an essential service that should be expanded; and,
- Nanaimo’s waterfront is valued by seniors but getting there is often considered a problem along with a fear of being accosted by “drunks”.

**4.2.4. Personal Factors**

Nearly every senior spoke of isolation in terms of being “left behind” by a spouse and, or friends. Several suggested that they were resigned to the inevitability of being alone. Some indicated that they do not like being alone and would welcome the opportunity to have more social connections. Frequently, seniors said that they do not like to ask for help or to insert themselves into the busy lives of their

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**Personal Factors that can increase the risk of social isolation:**

- Age
- Personal choices
- Life experiences
- Gender (men at higher risk)
- Education level
- Occupational resources
- Levels of victimization
family members. There was an occasional suggestion that making connections with the community required too much effort and energy on their part and would probably not result in anything. Nonetheless, others said that the problem is that they did not know how to begin or who to ask. When asked how they currently find out about things of interest to them, several said they get their information from watching TV, from church members, or from their service providers. Some seniors mentioned that in the past the City had published information on services for seniors but they believe the City has stopped providing this information. None of the isolated seniors identified the use of social media as a way to connect and stay in touch. In comparison, several of those seniors who viewed themselves as engaged did identify the use of social media, particularly Facebook, and the Internet to get news and stay connected with others. Typically these seniors also spoke about their busy agendas including volunteer work, playing cards, and taking courses. Some of these seniors suggested that isolation in their view was caused mainly by personal choices.

Key Learning for the City

- Often isolated seniors who have disconnected from the community do not know how to re-connect;
- TV and word-of-mouth are often the only information modes for isolated seniors; and,
- Active seniors are more familiar with social media than isolated seniors.

“Nanaimo offers a lot to seniors, If someone isn’t involved its because they do not want to be. It's their choice”

Community volunteer over 60 years of age
5. Discussion and Recommendations

5.1. Extent of Social Isolation in Nanaimo Immigrant Populations

In spite of every effort to obtain referrals we did not identify any isolated recent immigrants in Nanaimo. This situation raises the following questions:

1) Are there really no isolated immigrant seniors in Nanaimo?
2) Are there some isolated immigrant seniors who have no connections to service providers or other organizations in Nanaimo, which effectively makes them invisible to everyone?

The budget limitations of this study did not allow us to pursue these questions. However the steering group members and others did offer some of their insights into why we cannot easily locate isolated immigrant seniors:

5.1.1 Nanaimo does not have recent immigrant seniors who are isolated.

- It may be naïve to assume that Nanaimo has no isolated immigrant seniors. Other municipalities in BC have identified isolated immigrant seniors, and it is quite possible that such individuals do live in the area. Nonetheless, previous social impact and assessment studies in Nanaimo have also failed to identify immigrant populations in any significant numbers, for example the study on homeless.

- Recently settled seniors to Nanaimo are active people who have made a lifestyle choice, and/or who have family in the area. Many of these people are young seniors and have not yet experienced events, such as loss of a spouse or partner, or suffer from the health issues that increase the risk for isolation.

5.1.2 Isolated recent immigrant seniors do exist but:

- Referral agencies and others may be hesitant to identify isolated immigrant seniors because of the senior’s immigration status, and the fear that identification would in somehow jeopardize that status.
• Among seniors and their caregivers, isolation is a very sensitive issue. To suggest a senior is isolated may be perceived by others as a negative reflection on the family or caregiver. In the interviews, it was typical for seniors to immediately excuse family members and others for not visiting or keeping in contact with them; a common refrain, “…they have such busy lives I don’t want to burden them”.

• There is a general lack of understanding about the meaning or characteristics of isolated senior, which in turn is influencing the identification of an isolated senior.

• Immigrant isolated seniors do not have access to normal support networks outside of their immediate community because of language and cultural barriers. They are therefore invisible to people outside their immediate social group.

5.2. Discussion

5.2.1. Reasons for senior social isolation in Nanaimo
According to those interviewed, the primary reasons for social isolation in Nanaimo include loss of spouse, loss of physical and mental capacity, inadequate access to transportation, the fear to venture out because of concerns of physical safety in public places, the lack of information about opportunities for social interaction, and, a lack of confidence or interest in forming new relationships or networks. These causes closely mirror those identified in the literature review as common factors contributing to social isolation.

5.2.2. Views and attitudes of seniors
Some seniors, who describe themselves as socially active, had very little empathy for isolated seniors. They said that they believe Nanaimo is a great community that offers many varied opportunities to be engaged in community life. These active seniors saw isolation as simply a personal choice.

Several of the senior participants avoided describing themselves as isolated. The consultants perceived a prevailing attitude among many of the seniors interviewed that to be in a state of isolation reflects badly on them or their family. In addition, many feel that to be classified as an isolated senior is a threat to their continued independence and a reason to put them into a senior care facility.
5.2.3. Views of social service providers

The views of the service provider representatives were very similar in nature to the views expressed by the senior participants. Without exception, service providers identified the provision of appropriate and affordable transportation as key to ensuring seniors participate in community life. The providers and others also pointed out that some isolated seniors might be victims of gaps in some services and programs. They suggested that some of these gaps could be addressed by developing stronger communication and information sharing among service groups. The service providers also noted a growing and continual pressure on their resources. They also spoke of a need to raise awareness among the general public about isolated seniors as well as a need to identify steps that can be taken by Nanaimo residents to combat the causes and minimize the harmful effects of isolation. Some representatives suggested that these steps include the development of public information and a reporting line that served all local ethnic populations.

5.2.4. Understanding the special needs of foreign born seniors

Immigrant seniors, who participated in the process but did not fit the definition of isolated, also identified the reasons above as contributing to social isolation among their peers. When questioned if the lack of English skills or cultural barriers would add more barriers, most agreed that this could be the case. However, it was frequently suggested that family and friends are there to help the senior if language is a problem. This response is reflective of the prevailing attitude or belief that foreign-born immigrant groups look after their members.

Non-immigrant seniors interviewed in this process believe that foreign-born immigrants suffer the same risks of isolation as Canadian born seniors. None identified additional risks such as language and cultural issues as potential barriers to participation in community life. When the consultants raised the issues of language, culture, and lack of income, most participants acknowledged that the lack of English skills could add to the problem. However, on occasions some participants demonstrated a lack of empathy for foreign-born seniors, particularly with respect to cultural barriers and lower than average income levels.

The service providers were very aware of the special needs and challenges facing immigrant seniors. Most advocated the development or adaptation of services and programs to take into account language and cultural diversity prevalent among the senior population.
5.2.5. Supporting social integration of immigrant seniors
One senior group stated they had made numerous attempts to encourage membership and event participation among various ethnic groups. Unfortunately they reported that their efforts had repeatedly failed and they would probably not try again in the near future. The reasons for failure in engagement activities were not fully discussed but one representative suggested that there is simply no interest on the part of some cultural groups to join mainstream activities.

The consultants then asked members of one cultural social club if they participate in activities sponsored by other community groups, and if they feel welcome. Several mentioned they play cards, do crafts, and attend social functions with other groups, and they do not feel excluded. Even so, they said they particularly enjoy the special benefits of participating in activities sponsored by their own cultural groups. The reasons given included the ability to speak in their native tongue, the enjoyment of their cultural foods, discussions on issues of shared concern, or interest, such as sharing tips on where to shop, or the best way to send a parcel back to their country of birth.

The above does demonstrate an interest on the part of the mainstream community groups and immigrants to reach out, and interact. The lack of success suggests that there is a need to build bridges in a two way process between ethnic and mainstream groups. It is noted here that this building bridges observation is made on very limited information. However, there are indications that in light of encouraging isolated seniors to join community groups and encouraging the sharing of information and resources between groups this situation may warrant further investigation.

5.2.6. Role of service providers and others
The important role played by service providers and others in the lives of isolated seniors was very evident. Seniors often described their service providers as good friends and most reliable contacts. Seniors spoke of their service providers as integral to their independence. They usually described the service provider as the person most likely to keep them informed about events or programs of special interest to them. The existing relationship between the senior and the service provider offers a

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For example, the members of a cultural group we spoke with on this topic said they felt comfortable in joining other mainstream senior groups. This may be because their cultural attitudes and practices tend to be more closely aligned with Canadian practices than some other ethnic groups. In addition the cultural group we spoke with included both Canadian born and foreign-born members.
number of opportunities to encourage and facilitate increased social interaction on the part of isolated seniors.

5.3. Recommendations
Social isolation is reduced for at-risk immigrant seniors by increasing community participation opportunities through the adoption of the following seven action themes.

1. Be Proactive! Make it a priority to recognize the need for, and coordinate age friendly initiatives and attitudes throughout the City.
2. Continue and strengthen cooperation and collaboration among service providers, community organizations, seniors, and other stakeholders.
3. Provide information and improve communications to seniors and others about programs and services to reduce and address isolation.
4. Raise awareness about isolation and promote inclusion throughout the community.
5. Improve or increase opportunities for social interaction within the community.
6. Promote independence and mobility.
7. Address seniors’ community safety concerns.

5.3.1. Be Proactive! Make it a priority to include age friendly initiatives and attitudes throughout the City

Be-proactive — Reduce the risk of seniors, including immigrant seniors from becoming isolated by adopting age friendly and culturally sensitive strategies that value, engage, and respect seniors.

- While there were no isolated immigrant seniors identified through this initiative, it does not mean there are no isolated immigrant seniors in Nanaimo. Provincial data indicates a growing senior immigrant population, and immigrant populations have increased risks of becoming victims of isolation. It is highly unlikely that in the future Nanaimo will be immune from this growing BC demographic trend.
- Support the economic self-sufficiency and meaningful participation of seniors by establishing policies and implementing actions that fight notions of Ageism and support integration.
- Find ways to engage immigrant seniors, and other seniors, into community service and employment programs.
5.3.1  Continue and strengthen cooperation and collaboration among service providers, community organizations, seniors, and other stakeholders

- Work with others to improve data collection and expand the knowledge base about isolated seniors, and in particular recent senior immigrants, in an effort to gain a better understanding of the extent and nature of the problems;
- Continue to partner with local service providers and other stakeholders to increase the effectiveness of programs and services aimed at reducing the risk of isolation among all seniors; and,
- Consider establishing a citywide alliance that is representative of the City’s diverse population with the ability to raise awareness and advocate on the behalf of isolated seniors. This alliance could also act as a single contact point for those wishing to refer, or assist isolated seniors.

5.3.2  Introduction to Nanaimo’s Age Friendly Initiative

- Assist in the establishment of a “One Stop Shop” that provides seniors, especially those who are most vulnerable to the risks of isolation, with easily accessible, user friendly, and understandable information.
- Develop and adopt a common information and communication platform that takes into account the diversity and special needs of isolated seniors. Ensure communication and cultural barriers are identified and properly addressed. (Example: Put a live person on the line);
- Assist in the development of coordinated communication and information sharing across community agencies. Establish a protocol with service providers and community groups to collect and disseminate information.
- Acknowledge the diversity among seniors including age, ability, cultural and linguistic background, and gender in communication activities:
  - Work with multicultural groups to design, disseminate and deliver culturally appropriate of information and services; and,
  - Provide adaptive communication for seniors with communication difficulties.
- Use a mix of communication channels to ensure that information is widely disseminated and isolated seniors are kept informed:
Use traditional and proven methods of communication e.g. TV, and word of mouth;
Use service providers, church groups and others to disseminate information through their existing channels; and,
Investigate opportunities to support isolated seniors learn, access, and use new technologies and media (e.g. internet and social media).

5.3.3 Raise awareness about isolation, facilitate and promote inclusion throughout the community
- Promote city-wide public awareness of the characteristics, causes, and effects of social isolation, and encourage the public to help limit the problem; and,
- Promote positive images and messages celebrating the cultural diversity of seniors and their contributions to community life.

5.3.4 Improve or increase opportunities for isolated seniors to participate in community life
- Work with groups to encourage isolated seniors to leave their homes, and to participate in community life;
  - Encourage community groups and others to be inclusive and welcoming of new and ethnic minority groups in their program services and event;
  - Undertake special promotions to encourage community groups and others to facilitate isolated seniors involvement and attendance at events (be sensitive to affordability, language, and cultural barriers).
- Explore ways seniors can participate in community life if housebound;
  - Investigate opportunities for introducing and facilitating on-line experiences.

5.3.5 Promote independence and mobility
- Support the provision of more affordable and accessible public transportation;
- Increase the number of age friendly bus stops (sheltered, well lit, benches);
- Assess the feasibility of adding bus stops to reduce walking distances on routes that are popular with seniors;
- Investigate the opportunity to increase handyDART or similar affordable and adaptive, and door to door transportation services; and,
• Ensure immigrant seniors are not dissuaded by language or cultural barriers from using the public transportation system.

5.3.6 **Address seniors’ community safety concerns.**
• Review the time allowed to walk across crosswalks to determine if there is enough time to allow for the safe crossing of less mobile seniors; and,
• Review the safety of sidewalks from a senior’s perspective, particularly those sidewalks leading to and from senior clubs and public spaces.
Appendix I - Questionnaires
ISOLATED SENIOR QUESTIONNAIRE

PLEASE NOTE THAT THIS QUESTIONNAIRE WAS USED AS A GUIDE FOR THE INTERVIEWS AND NOT AS A SURVEY TOOL

IDENTIFICATION & GENERAL INFORMATION

Name: _____________________________________________________________ Reference #__________

Address: ___________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Telephone _____________________________________________________________

Interview Date: ________________________ Interviewer: _________________________

Method:______________________________ Referral:_____________________________

NANAIMO THE COMMUNITY

1. How long have you resided in Nanaimo?

2. What made you decide to settle in Nanaimo?

   Work ______ Friends____

   Family _____ Climate____

   Other:

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

3. What are some of the best features of Nanaimo? What is one thing you like about Nanaimo?

4. What particularly drew you to living here and staying here?

5. What do you think brings older adults to move to this community or to continue living in this community?
6. If you were “in charge” what’s one thing would you do to make Nanaimo a better place to live?

7. What was Nanaimo like when you moved here?

8. How has Nanaimo changed?

9. How has the economy of Nanaimo affected your life here?

10. Are there any special places in your neighbourhood that are important to you? (Church, park, community center)

11. What different cultural or ethnic groups are you aware of that live in Nanaimo?

12. How would you describe their interactions within the community and/or interactions between cultural/ethnic groups?

SOCIAL AND FAMILY NETWORK

13. Tell me about your living situation, do you live in an apartment, a house, ...?

14. Do you have family that lives close by in the area?

15. Do you have friends that live close to you?

16. How often do you see your friends and family? What do you like to do when you are together?

17. What do you like to do when you are by yourself?
18. Are there any activities that you do not do but wish that you could? What is stopping you from doing these activities?

19. Who do you rely on in everyday situations?

20. Who do you rely on in emergencies?

**HOUSING AND TRANSPORTATION**

21. What types of transportation do you or other older adults use to get around in Nanaimo?

22. Do you think older adults can easily get around in Nanaimo?

23. How do you think transportation affects the activities that older adults participate in?
   a. Is the transportation easily accessible and/or affordable for older adults?
   b. How do the types of transportation affect life for senior citizens of Nanaimo?

24. What types of housing do many of your friends or other older adults live in?

25. Are the streets and sidewalks of Nanaimo generally safe for the older adults to use?
   a. Have you noticed any physical/environmental hazards to safety in Nanaimo? (Examples are pollution, sidewalks, location of stores)

26. Where do you get most of your food?

27. Are there any particular areas in the community that you particularly like?

28. What types of things do you do for fun and recreation?
ISOLATED SENIOR QUESTIONNAIRE

a. Do you or older adults in your community use the senior centers? Why/why not?
b. Are there any other places that seniors use or are popular with older adults?

29. Do other older adults participate in these types of activities?

30. Are you a member of any community organizations (church, volunteer, etc-), that you feel strongly about?

PROBLEMS AND NEEDS OF YOUR COMMUNITY

31. What activities or facilities would you like to see made available for older adults in your community?

32. What would make it easier for you to live in Nanaimo?

33. What do you think are common problems for the older adults in Nanaimo?

34. Can you think of some reasons that might contribute to some older adults becoming isolated from their community/services in their community?

BUSINESS AND SERVICES

35. What services and business do you use on a regular basis?
   a. What stops you from using services or programs you would like to use?
   b. How could services offered to older adults be improved especially for you?
   c. What are some of the services you use a daily or weekly basis? Do you think these are the same services used by other older/immigrant adults in Nanaimo?
   d. What types of services for immigrant seniors do you feel is missing in
Nanaimo?

e. Are their businesses and/or places that you would like better access to?

36. **Would you be willing to come to another meeting with other seniors to discuss these issues and to improve the situation for seniors in Nanaimo?**

37. **Are there other people or organizations with whom you think we should speak to?**
   
   a. Would you be willing to recommend us to people and organizations and gain their permission for the team to contact them?

   b. Whom do you think we should speak to?

   c. Why do you think they would be helpful to speak with?
PLEASE NOTE THAT THIS QUESTIONNAIRE WAS USED AS A GUIDE FOR THE INTERVIEWS AND NOT AS A SURVEY TOOL

SERVICE PROVIDER

1) Describe your role as a service provider to isolated/immigrant seniors in Nanaimo.

a. Describe your role

b. How did your agency come about (e.g. community demand, etc.)

c. How does your agency define seniors in Nanaimo?

d. What are the most popular programs and services your agency provides to the seniors of Nanaimo?

e. What methods are used to deliver these programs and services?

f. Are there any services, which focus particularly on socially isolated/immigrant seniors?

g. How are seniors made aware or recruited for these program/services

h. What do you believe are, if any, the differences in access to services between seniors, isolated seniors and immigrant isolated seniors?

i. What is the usual reaction of seniors to these programs/services?

j. What services in your organization are under-utilized by seniors?

k. Does your agency understand why seniors do not utilize these services?

l. Who in the community has the most need for your agency's services?

m. What are some of the challenges you face in delivering programs to seniors? Who does the agency not reach?
n. What kind of barriers does your agency encounter in trying to reach socially isolated seniors of Nanaimo (e.g. geographic, transportation, funding)?

o. What can be done to remove the barriers and improve the situation?

p. Is there any specific political activity or legislation that either helps or hinders your work with seniors?

q. Does your agency provide differing services for caregivers of seniors?

r. How do seniors in Nanaimo get involved in your agency’s decision-making?

2) What can you tell us about senior’s access, and in particular isolated senior/immigrants access to housing and transportation?

a. Are there distinct neighbourhoods in Nanaimo, and if so how are they distinct?

b. Are there any specific areas where many seniors live?

c. What types of housing do many seniors live in?

d. How do most seniors pay for their housing?

e. How do most isolated seniors of Nanaimo get their groceries or meals?

f. What are sources of transportation utilized by seniors in Nanaimo?

g. Is the transportation easily accessible and/or affordable to most seniors?

h. How do the types of transportation affect life for seniors of Nanaimo?

i. What are some of the physical and/or environmental hazards to the safety of the seniors in Nanaimo?

j. Are the streets and sidewalks of Nanaimo generally safe for seniors to use?

3) What can you tell us about the general life of seniors in Nanaimo and in particular isolated senior/immigrants?
a. Can you describe the general history of immigrant seniors in Nanaimo?

b. What are the different ethnic and cultural groups and how do you perceive their interaction and interaction with non-immigrant groups?

c. Are there any places of significance to seniors in Nanaimo?

d. Does religion influence the activity of Nanaimo seniors?

e. How does the economy of Nanaimo affect seniors?

f. What types of recreational activities are available for seniors in Nanaimo?

g. Where/how do seniors utilize the specific healthcare organizations or facilities?

h. Describe how seniors access special support services

4) What do you believe Nanaimo has to offer seniors and in particular isolated/immigrant seniors?

a. Does Nanaimo have any features specific to the older adults of Nanaimo?

b. What are some of the community strengths/assets in providing services related to Nanaimo seniors?

c. What do you think draws older adults to move to this community or to continue living in this community?

d. Are there any organizations (political, environmental, church, etc.) within your community, which are positively affecting seniors/isolated seniors/immigrant isolated seniors?

e. Are there individuals within the Nanaimo senior community/immigrant community that you feel are positive leaders or role models?

f. Are there any strong points in relation to services provided to socially seniors/isolated seniors/immigrant isolated seniors in Nanaimo?

5) What are the problems and needs in the isolated senior/immigrants community of Nanaimo?

a. What do you think are the major problems in Nanaimo?
b. What do you think are common problems specific to the Nanaimo seniors/isolated seniors/immigrant isolated seniors?

c. What activities or facilities would you like to see made available for older adults in Nanaimo?

d. What would make it easier for seniors/isolated seniors/immigrant isolated seniors to live in Nanaimo?

e. Do most people get along with people of other races or ethnicities within Nanaimo?

f. Do you perceive any problems among seniors of different ethnic groups?

g. Are there any problems that are:
   i. Specifically prevalent for older immigrant women in Nanaimo?
   ii. Specifically prevalent for older men?

h. Why do you think some seniors become more isolated than others that remain active in the community?

i. What do you think can be done to keep seniors/isolated seniors/immigrant isolated seniors from becoming isolated?

6) What do isolated seniors do to problem solve? Who do they approach? For what types of problems?

a. What do you believe they do if they have a problem or a question?

b. Who do they normally contact?

c. Does your organization have a process in place to help with problems and questions?

   d. How are opinions on the question or problem gathered from community members? Do minority groups or ethnic groups have representations on groups that can make decisions?

7) Describe the services and businesses that are utilized regularly by the seniors in Nanaimo.
a. What are some of the services most used on a daily or weekly basis by older adults in Nanaimo?

b. Are there differing services that seniors of different racial or ethnic groups utilize?

c. Do the women utilize different services than the men?

d. Are there differences in the types of services available to lower income seniors than to the seniors that are financially better off?

8) Are there people or organizations with whom you think we should speak to?

a. Would you be willing to recommend us to people and organizations and gain their permission for the team to contact them?

b. Whom do you think we should speak to?

c. Why do you think they would be helpful to speak with?

d. Do you have an established protocol for information sharing that we should be aware of?

9) Is there anything else that you feel is important for us to know regarding isolated immigrant seniors in Nanaimo?
Appendix II – Project Pamphlets
2012-Oct-17

To Whom It May Concern:

This letter is to confirm that North Sky Consulting has been retained by the City of Nanaimo to identify and interview seniors, and in particular seniors who are newcomers to our city and would like to improve their social connection to the community. Our goal is to work with these seniors to better understand social isolation issues in Nanaimo, and to identify ways the City of Nanaimo and its community partners can better address barriers to social integration.

If you require additional information regarding this project, please contact me at 250-755-4483 or Maurice Albert of North Sky Consulting at 250-246-9130.

Sincerely,

[Signature]

John Horn,
Social Planner
Community Planning
孤寡老人扶助项目

纳奈莫市政厅的孤寡老人扶助项目目前正在执行中。市政厅和市民如何帮助孤寡老人与他们生活于其中的社区建立联系？市政厅就这个问题向年纪在五十五岁以上的中老年人咨询：

- 在您生活的社区或团体中，您是否认识与社会脱离的孤寡老人？是否认识那些有意愿更积极地融入社区的孤寡老人？
- 在您生活的社区或团体内，有的老年人不再像往常那样与人保持联系，也不再像往常那样参与各种活动。您是否认识这样的老年人？
- 您认识的人当中，是否有人表达过对家里老人或邻家老人的关切和担忧？
- 您认识的老年人当中，是否有初来乍到纳奈莫市的？
- 已步入老年的您是否也觉得孤独无助？

让我们合力帮助并鼓励孤寡老人完成这份调查问卷。纳奈莫市政厅将充分利用问卷的结果，以更好地认知并解决老年人在与社会融合中遇到的难题。

如要了解详情，请垂询：

North Sky Consulting Group
- 电话 Ph: 250-246-9130
- 电邮 Email: seniors@northskyconsulting.com
HELPING ISOLATED SENIORS

The City of Nanaimo is asking seniors (age 55 and older) how the City and others can help isolated seniors connect to their community.

- Do you know of seniors in your neighbourhood or group who you feel might be socially isolated or want to be more involved in the community?
- Do you know a senior who is part of your group who has not been attending as regularly as they used to?
- Do you know someone who has expressed concern about an elderly family member or neighbour?
- Do you know a senior who is new to Nanaimo?
- Are you a senior who feels isolated or lonely?

Please encourage isolated seniors to participate in this initiative. The City of Nanaimo will use the findings of this study to better identify and address barriers to social integration.

For more information please contact:
North Sky Consulting Group
- Ph: 250-246-9130
- Email: seniors@northskyconsulting.com
Social integration is a special challenge for many seniors. It can be particularly difficult for those seniors who are newcomers to Nanaimo or who have recently experienced life-altering circumstances.

Through the Project we will:

- Connect with isolated seniors;
- Work with them to identify and better understand social isolation issues in Nanaimo; and,
- Identify the ways local government and community partners can support improved social integration of isolated seniors.

For more information about the Age Friendly Initiative: Integrating Isolated Seniors please contact:

John Horn, Social Planner
250-755-4483
Email: john.horn@nanimo.ca

Or,

North Sky Consulting Group
Isolated Seniors Project
250-246-9130
Email: seniors@northskyconsulting.com

This initiative is led by the Department of Community Planning, Social Planning Section for the City of Nanaimo, and made possible thanks to funding provided by the British Columbia Ministry of Healthy Sport and Living.
What is Social Isolation?
Low level of interaction with other people combined with feelings of loneliness.

Contributing Factors Include
- Loss of spouse
- Retirement
- Relocation
- Sudden disability
- Loss of driver's license
- Feelings of insecurity and loss of confidence

Effects of Social Isolation
Social Isolation brings increased risk of:
- Premature death
- Depression
- Chronic disease and disabilities

Social isolation contributes to:
- Reduced quality of life
- Caregiver burden
- Increased pressure on health and social services

Vulnerable groups include:
- People with disabilities
- People with low income
- Immigrants with limited English skills
- People living alone

"Human beings are not meant to live solitary lives. Talking, touching and relating to others is essential to our wellbeing. These facts are not unique to children, or to older men and women, they apply to all of us from birth to death.”

J.W. Rowe and R.L. Kahn, Successful Aging

How Can I Help?
Spread the word and help to facilitate connections with isolated seniors.
Please take a brochure home and share it with others in your community who may know of an isolated senior.
If you are aware of a person who is isolated or at risk of being isolated please consider:
- Advising the senior about this project;
- Encouraging the senior to self-identify and become a participant in the project;
- Seeking the senior's permission to refer them to the Project consultants.

Recognize and respect a person's desire to be independent. Remember an individual who lives alone is not necessarily lonely.