

**REVIEW OF
FEDERAL / TERRITORIAL / PROVINCIAL
(FTP)
SERVICES AND POLICIES
AND ANALYSIS OF IMPACT
ON SOCIAL ISOLATION**

**Prepared for:
Federal / Provincial / Territorial Committee of Officials
(Seniors)**

**Prepared by:
Penny MacCourt, PhD**

April, 2007

TABLE OF CONTENTS

| | |
|---|----|
| Table of contents | 2 |
| Executive summary | 3 |
| | |
| I PURPOSE OF THE PROJECT | 6 |
| II METHOD | 6 |
| III BACKGROUND | 6 |
| IV OVERVIEW OF LITERATURE | 6 |
| V STRATEGIES TO INCREASE SOCIAL INCLUSION | 8 |
| 1. STRATEGIES THAT FACILITATE ACCESS TO COMMUNITY RESOURCES | 8 |
| 2. STRATEGIES THAT FACILITATE SOCIAL PARTICIPATION | 11 |
| 3. STRATEGIES THAT BUILD SOCIAL AND/OR COMMUNITY CAPITAL | 13 |
| VI BARRIERS TO SUCCESSFUL PROGRAMMING | 15 |
| VII RECOMMENDATIONS | 17 |
| VIII CONCLUSIONS | 22 |
| IX ENDNOTES | 23 |
| APPENDIX 1 Programs Submitted for Review | 24 |
| APPENDIX 2 Program Summaries and Key Components Supporting Social Inclusion | 27 |

EXECUTIVE SUMMARY

Social isolation among seniors is a multilayered concept that for the purpose of this report is conceptualized as less social interaction than an individual wishes, and that is experienced negatively. Social isolation and exclusion are associated with increased rates of premature death, lower general well-being, more depression, and a higher level of disability from chronic diseases¹. Social isolation can result from a myriad of circumstances and situations that involve the interplay of personal/individual and social factors, only some of which are within the control of/can be modified by individuals and their families. Others, such as poverty, relative deprivation, racism, discrimination, hostility and high crime environments result in processes whereby seniors are “shut out” from gaining access to services, citizenship and other activities. These factors can only be addressed by community and government interventions.

The purpose of the project was to conduct a scan of policies, programs and services provided by Federal, Provincial and Territorial (FPT) jurisdictions, in order to identify examples of government program and policy components that positively affect social isolation and/or social integration of seniors age 65+. Fifty-four examples of programs and policies were received from the federal government, two territories and eight provinces. From these an analysis of selected programs and policies, representative of jurisdictions and areas of focus, was conducted, framed by the following questions,

How does the policy or program

- facilitate access to services
- facilitate social participation
- build social capital to address social isolation among seniors

Through the scan, strategies used by FPT programs and policies likely to positively affect social isolation among seniors were identified (See Appendix 2). Following, challenges to designing and delivering services that incorporate these strategies/features were identified through the literature, key expert forum reports and international initiatives. To address these barriers and to maximize the likelihood of programs and policies having a positive effect on social isolation, it is recommended that the following key features be integrated into program design and service delivery:

1. Seniors should participate in the design, implementations and/or evaluation of programs and policies affecting them.
2. Collaboration should occur across and within government and non-governments sectors.
3. Services should be targeted.
4. Services should be promoted/marketed broadly taking into account potential barriers.
5. Transportation issues should be addressed.
6. Services should be affordable.
7. Programs should be appropriately “staffed”.
8. Services should be delivered in ways appropriate to the needs of their target group.
9. Programs should be sustainable.
10. Programs should have flexibility and evaluation built in.

Opportunities for all levels of government to support the integration of the key features into program and policy design affecting seniors, increasing the likelihood of having a positive impact on social isolation, are presented below. (Explanations and examples from FPT programs and policies can be seen in the primary document).

1. Facilitate seniors' involvement in planning, implementing and evaluating the programs and policies intended to serve them, as consultants, advocates, volunteers, and participants in program and policy design.
2. Facilitate collaboration across and within government and non-governments sectors. Collaborative approaches that build social and community capital are likely to be most effective in addressing the multifaceted cross-cutting nature of social isolation.
3. Facilitate/support accurate targeting of programs and policies. Comprehensive knowledge about the senior population and of the communities in which they live is required if programs, policies and services are to be accurately targeted.
4. Facilitate the broad disbursement of information related to programs and policies that address social isolation among seniors. Information about programs and policies need to be widely promoted and disseminated in a variety of ways to reach seniors including cultural and linguistic minorities, those with visual, hearing or other disabilities, families, service providers and the public at large.
5. Facilitate the development of innovate transportation projects that meet the diverse needs of seniors. Due to the huge variation in the geographic location (e.g., rural and remote, farms, urban), complicated by winter weather, and in existing community resources upon which to draw, strategies designed to meet the transportation needs of the specific local seniors' population are needed.
6. Reduce barriers to social inclusion related to low incomes. Low income seniors may require so much of their income to meet the most basic necessities that they are unable to afford direct or indirect costs of social participation.
7. Facilitate an appropriately trained and supported work and volunteer force. If programs are to be successful in addressing social isolation among seniors directly or indirectly, they need knowledge about social isolation, how to identify those at risk and how to form relationships with them.
8. Facilitate the ability of programs to deliver services appropriate to the varied needs of the seniors they serve in an individualized manner that addresses barriers and challenges they may face.
9. Facilitate conditions that promote program sustainability.
10. Facilitate programs' abilities to be flexible/adapt to changing circumstances.

Other actions that governments could take to foster a more socially inclusive climate for seniors were also identified.

1. Facilitate increased public awareness of social Isolation among seniors as an issue.
2. Provide leadership in promoting social inclusion/participation.
3. Combat social exclusion by counteracting ageism.
4. Support research related to social isolation and particularly program evaluation.

CONCLUSION

Social isolation among seniors is a significant and complex issue with negative consequence for individuals and society. Positive impacts on social isolation can be made by addressing risk factors and enhancing protective factors, many of which require community approaches. A scan of selected federal, provincial and territorial programs and policies identified components that are likely to have positive impacts, directly or indirectly, on social isolation. Key features that can be integrated into program and policy design to address social isolation were identified and strategies for how various levels of government might support this integration, presented. Governments are well positioned to make a difference to social isolation amongst seniors and by so doing will increase Canada's social capital for all citizens.

I PURPOSE OF THE PROJECT

The purpose of the project is to conduct a scan of policies, programs and services provided by FPT jurisdictions, in order to identify examples of government program and policy components that positively affect social isolation and/or social integration of seniors age 65+.

II METHOD

All FPT officials were asked to submit 3-5 examples each of policies or programs they wished to include in this project. Fifty-four examples were received from the Federal Government, two territories and eight provinces. Appendix 1 provides a list of those submitted by jurisdiction and by area addressed. Thirty-six of the submissions were selected for inclusion in the scan on the basis of FTP representation and to ensure a full range of programs and policies by areas addressed.

III. BACKGROUND

Defining Social Isolation

Social isolation is a multilayered concept. It has been defined as a measure of minimal interaction with others that results in subjective feelings of dissatisfaction (or emotional isolation or loneliness) with the low number/amount of social contacts². Social isolation for the purpose of this report is conceptualized as less social interaction than an individual wishes, and that is experienced negatively.

Social exclusion is socially and psychologically damaging, materially costly and harmful to health. It is identified as a determinant of health by the World Health Organization³. Social isolation and exclusion are associated with increased rates of premature death, lower general well-being, more depression, and a higher level of disability from chronic diseases. Socially isolated seniors represent a significant loss to society when one considers that the unpaid help of the one quarter of seniors who do volunteer constituted 1.5 % of Canada's GDP in 1992⁴.

Social isolation can result from a myriad of circumstances and situations that involve the interplay of personal/individual and social factors, only some of which are within the control of/can be modified by individuals and their families. Others, such as poverty, relative deprivation, racism, discrimination, hostility and high crime environments result in processes whereby seniors are “shut out” from gaining access to services, citizenship and other activities. These factors can only be addressed by community and government interventions.

Social isolation does not inevitably go hand in hand with aging. There are numerous protective factors that can moderate the risk to seniors of becoming socially isolated. Having good health, adequate income and housing, residing in a neighbourhood that feels safe, having the communication skills and resources to find and obtain needed services, having satisfying personal relationships, a support network, and feeling connected to and valued by others, all support seniors' well being, social integration and participation.

IV – OVERVIEW OF LIT ERATURE

In this section a synthesis of the key characteristics of programs and policies that are most likely to address social isolation in a positive way, identified through the literature⁵⁻¹³ key expert forum reports¹⁴⁻¹⁵ and international initiatives,¹⁶⁻¹⁷ is presented.

- Seniors are involved in planning interventions and have some control over the implementation of interventions.
 - Seniors capacity as volunteers is developed.
- Build community capacity and use existing community resources.
 - partnerships amongst levels of government, community organizations, citizens
 - build links between existing services and encourage collaboration
 - network to share ideas about what works to help address social isolation
 - train service providers (home support workers, GP) who have contact with seniors about how to identify those at risk and about available services
- Development of interventions is guided by knowledge about the seniors targeted and particular factors that affect them within their specific communities.
 - projects based on local circumstances
 - demonstrate sensitivity to vulnerable populations and respond creatively to those with differing abilities and needs
 - target groups with increased vulnerability (e.g., mentally ill, widowed)
 - address economic, language and literacy barriers
 - use flexible preventative and multifaceted wellness approaches that address the psychological, social and physical aspects of healthy aging
 - make efforts to access seniors who are isolated
- Information and education are provided to seniors, service providers, public.
 - a variety of methods are used to build awareness and promote programs
 - sensitive to potential barriers (e.g., literacy, communication impairments)
- Access to services/help is through a single point of entry requiring that all services are linked
- Incorporate transportation
- Address economic barriers to social inclusion
- Funding is adequate to facilitate creativity and sustainability
- Process and outcome evaluation are built in from the beginning

In order to incorporate the foregoing characteristics into programs and policies three main strategies are used: (1) those that facilitate access to community resources, (2) those that facilitate social participation, and (3) those that build social and community capital.

In the next section each of the three strategies, and their potential positive impact on social isolation among seniors, will be discussed using examples (in italics) from selected FPT programs and policies. (More information about specific components of the FPT programs and policies discussed can be found in Appendix 2).

V - STRATEGIES TO INCREASE SOCIAL INCLUSION

1. STRATEGIES THAT FACILITATE ACCESS TO COMMUNITY RESOURCES

In order to participate socially, seniors need to be able to access their communities and its' resources. Having information about available resources and being able to access them easily is important. Sufficient income and the means of getting from home to the community are also required for social participation. In this section examples of FPT programs that have a positive effect on social inclusion by addressing access issues will be identified.

Strategies to Increase Access to Information

Use of technology can provide easy access via a single entry to a vast range of information and services.

The ON *Collaborative Seniors Portal Network* provides an example of how technology can be used to facilitate access to community resources. The Portal, developed in partnership with the Ontario Seniors' Secretariat, Veterans Affairs Canada and the City of Brockville offers seniors, their families and service providers easy access to information and services offered or funded by all three levels of government and the broader public sector agencies they fund. Access is 24/7, free (to those with access to a computer and internet services), and can be accessed from home regardless of geographic location or challenges such as weather, caregiving or mobility issues. As the number of municipal Portals expands this service will be especially useful to geographically distant family caregivers who are trying to access services for a parent in his/her own community.

The *BC Health and Seniors' Information Line* provides information to seniors about provincial and federal health and social services via a 1-800 telephone number. Trained staff also respond to questions about services for seniors, assist in filling out forms and provide direct contact information to other agencies. Immediate translation services for about 150 languages are provided. Staff can also mail out a hard copy of "Information for Seniors—Your Guide to Programs & Benefits in British Columbia", available in four languages. Access by telephone ensures that information can be accessed equally from urban, rural or remote locations, and that weather is not a barrier. The Info Line is an especially valuable resource for seniors with low levels of literacy or limited ability to read in English.

Strategies to Increase Ease of Access to Programs

Single programs such as the *NS Community ACCESS-Ability* program increase access to their services by posting both program information and application forms on the internet, allowing applicants to complete the entire application process at their convenience.

The single point of entry to *SK Home and Community Care (SKHCC)* programs opens the door to an array of government and non-government health, social and community services. The HCC assessor (often the seniors first link to health and social service system) assists seniors in navigating the services available and coordinates them.

In-home services that go into the home can remove barriers to access, such as disability or lack of transportation. HCC conducts assessments, provides home care nursing and rehabilitation and home support services in seniors' homes. The *NF Smart program* offers individualized exercise programs to seniors in their homes.

Approaches that seek seniors eligible for a particular services can increase the likelihood of seniors accessing the service. For example, information on income tax returns triggers an

invitation to eligible seniors to apply for the federal *Guaranteed Income Supplement*. Outreach services offered to hard-to-reach seniors (such as those who live on the street with addiction issues) where ever the seniors can be found comfortable for the senior (e.g., on the street, at the Salvation Army) is another approach.

Strategies to Reduce Risks of Social Isolation Associated with Low Income

Seniors with low incomes are at increased risk of social exclusion and isolation. As people age they may experience costs related to an increased number of chronic conditions, impaired vision, hearing and mobility. Medications, glasses, hearing aids, dental care, incontinent supplies, mobility aids and specialized transportation, for example, may be required. Additionally, rents and costs associated with home ownership (e.g., taxes, home repairs and renovations) may increase while income remains relatively fixed. Faced with the foregoing expenses many seniors' ability to access community resources are compromised, directly and indirectly. If medications are not purchased and taken as prescribed the senior will not benefit from them and may in fact jeopardize their health and functioning. A hearing deficit that is not corrected may severely inhibit social participation, while unaddressed visual problems may reduce the seniors' sense of safety outside the home. If incontinence products, mobility aids or specialized transport can not be purchased many seniors will become housebound. If all income is spent on necessities there will be no excess for the direct (e.g., program fees) or indirect costs of social participation. Programs and policies can reduce barriers to accessing community resources that result from low income (and therefore the risk of social isolation), directly and indirectly, as the following examples suggest.

- *Reduction of Direct Costs of Social Participation*

Fees for services and programs that can present barriers to participation for low income seniors can be ameliorated. For example, *ON Social and Recreational Services Programs* offer recreational programs that are usually free, and seniors discounts are frequently available for municipal leisure programs and for university courses. Fees for Home Support, Adult Day Care and Respite Care services are provided on a sliding scale based on income.

- *Income Support*

The federal government provides several income programs that are intended to meet seniors' basic needs and thus reduce their risk of social exclusion and isolation due to low income. The *Old Age Security Pension (OAP)* provides a monthly income to all Canadian seniors. The *Guaranteed Income Supplement (GIS)* provides additional income to low income seniors. Spouses of low income seniors who are between the ages of 60 and 64 years may receive an *Allowance*, or if the spouse dies, an *Allowance for the Survivor*. Information about these programs is made widely available though telephone info lines and on the internet and access to them is promoted. The *BC Senior's Supplement* is another example of an income support program for seniors.

- *Subsidies*

Provincial Pharmacare programs, although they vary somewhat from province to province, provide income-based subsidies for eligible prescription drugs and designated medical supplies to low income seniors although often with a deductible. For example, through the *Saskatchewan Drug Plan* all seniors' drug costs are capped increasing the likelihood that they will obtain necessary medications. The universal nature of the program reduces any stigma associated with receiving financial assistance.

Subsidies for specific health and personal care needs are provided to some seniors, ensuring these needs are met and freeing up income for other uses. For example, Veterans Affairs Canada provides dental, glasses, hearing aids, equipment and medications for eligible veterans and their dependants. The *Veterans Independence Program* (VIP) is a national home care program that provides their clients with financial assistance to obtain services based on their individual needs. VIP participants may receive, for example, personal care services over and above those that they are eligible for under provincial Home Care programs. They are also entitled to a range of services (e.g., grounds keeping, housekeeping, transportation, home adaptations) that are frequently unavailable to seniors through the provincial Home Care programs. In a national study Hollander et al (2004) found that the support services provided to VIP clients maintained them longer in the community than their non-VIP peers, in part by preventing a slide into social isolation through lack of financial resources.

The cost of housing, rented or owned, can use up the disposable income of many low to medium income seniors, compromising their ability to access health, personal and social resources. Rents in some urban centres are very high, while in rural and remote areas affordable rental accommodation may be difficult to find. The Saskatchewan Housing Corporation (SHC) addresses this issue by providing housing for seniors in more than 280 communities across the province through the *Social Housing Rental Program (SHRP)* that assists seniors in obtaining suitable, adequate and affordable housing. The SHRP subsidizes the capital and operating costs of SHC-owned and specified non-profit housing units to allow tenants to pay lower rents than they would in the private housing market, based on a sliding scale.

Strategies to Reduce Risks of Social Isolation Related to Inadequate Housing

Inadequate housing increases the risk of social isolation. The *Home Adaptations for Seniors' Independence (HASI)* and the *Residential Rehabilitation Assistance Programs for Persons with Disabilities (RRAP-Disabilities)* are provided by the federal government through the Canada Mortgage and Housing Corporation in partnership with P/T housing associations or a P/T government department. HASI helps homeowners and landlords pay for minor adaptations to extend the time low-income seniors can live in their homes independently. The RRAP-Disabilities program offers financial assistance to homeowners and landlords to undertake accessibility work to modify dwellings occupied or intended for occupancy by low-income persons with disabilities. By being able to remain in their homes seniors are more likely to remain involved with their social support network and in their communities.

Strategies to Increase Access Through Transportation

Difficulty negotiating transportation increases seniors risk of social isolation. If seniors are not able to physically access the resources in their communities they are likely to become housebound and suffer social isolation. Barriers to physical access are lack of appropriate transportation compounded by geographic location and weather challenges.

Transportation has been identified as a determinant of health by the World Health Organization as it is the means by which seniors access their communities' resources. Many seniors who previously provided their own transportation by private car give up their drivers' license at some point. In urban centres specialized transportation services (e.g., *Manitoba's Handi Transit*) are usually available to individuals unable to access the regular public transportation system. These services provide door-to-door transportation, usually at the same cost as regular buses, and generally allow a caregiver to accompany the senior.

In rural and remote areas, and especially for those living outside of towns, there may however, be few public transportation alternatives. In *Quebec the Department of Transport Rural Transportation* project has addressed this issue by initiating a program that allows rural communities to set up public transportation services to address the specific population's needs and that build on a pooling of resources. Forty-two innovative rural public transport projects have resulted. Nova Scotia has a similar program (*NS Community Transportation Assistance Program*) through which low density communities can apply for grants to create "inclusive transportation for those with transportation disadvantages". It is up to each community to determine priorities and develop responses.

Even if transportation is available, it is not accessible if seniors cannot get to it. In winter climates where snow is not removed from sidewalks seniors may not be able to reach bus stops. Some seniors may fear falling. Winter snow conditions may bar some seniors from even basic activities such as grocery shopping and attending appointments. The *Veterans Independence Program* provides home snow removal services for eligible clients.

2. STRATEGIES THAT FACILITATE SOCIAL PARTICIPATION

Social participation refers to involvement with others in ones' community through such activities as grocery shopping, visiting, attending Dr. appointments, church, leisure, education and employment. Programs submitted for this project, that may facilitate social participation, do so through (1) health promotion/wellness approaches, (2) approaches that target specific risk factors associated with social isolation, and/or that address the special needs of vulnerable groups of seniors, and (3) approaches that build social or community capital.

Strategies to Promote Healthy Aging/Wellness for the Seniors Population

Strategies that promote wellness have a positive effect on social isolation among seniors by developing awareness about risk factors and hazards associated with social isolation, and by providing encouragement and strategies to remain socially engaged.

Blueprints for healthy aging (such as the BC Healthy Aging Through Healthy Living, 2005), and for active living (such as the NS Healthy Active Aging for Seniors, 2004) promote social participation. The World Health Organization¹⁸ defines active aging as a process of optimizing opportunities for health, participation, and security to enhance quality of life. Active aging allows people to realize their potential for physical, social and mental well being, and being active refers to involvement in social, economic, cultural, and civic affairs. Maintaining autonomy and independence are identified as key goals of active living.

The Active Living Coalition for Older Adults (ALCOA)¹⁹ promotes physical activities while recognizing critical linkages of physical health with social, mental, emotional and spiritual well-being. ALOCA has a seniors' speakers' bureau, prepares research updates for older adults, health practitioners and leaders in the older adult community, and it provides active living tips for older adults. Healthy aging, healthy heart and healthy brain programs are also examples of programs that provide seniors with tools for healthy aging and are readily accessible via internet. The *NF Seniors Wellness Committee* promotes wellness among the seniors in the province, through providing opportunities for socializing, volunteering, physical activity, falls prevention and educational programs. Fall prevention programs such as the *MB SafetyAid* program for low income seniors addresses the risk of falling (which can begin a cascade of events that often lead to impaired mobility and consequent risk of social isolation). The *NF Smart Program* promotes physical activity (which is a protective factor for social isolation) through exercise programs provided to seniors in their homes by volunteers.

Older Adult or Seniors Centres exist in many communities and their services are usually delivered by volunteer seniors and supported by a paid coordinator who provides administrative support and continuity. The Centres serve a range of people including those who are in good health to those who have many challenges. Some seniors serve as volunteers, some are participants in the programs and others sit on the board of directors. Seniors input and active participation in programming creates a comfortable environment that is welcoming to other seniors and likely to be appropriate to their interests. For example, Older Adult Centres in Ontario, provided through *Social and Recreational Service Program: Community Support Services*, offer a broad range of learning, recreational and volunteer activities for seniors that encourage community involvement and intergenerational contact. Usually eligibility and registration are simple/informal and fees are low or non-existent.

Strategies that target those with increased vulnerability to social isolation

- *Health, Disability or Frailty*

Health status is significantly correlated with risk of social isolation. People with better health are more able to participate socially. Outreach services by community Home Care nurses, physiotherapists and occupational therapists, provided by Home Care programs, assist seniors who have acute or chronic health care needs to maintain function and independence. For example nurses may teach colostomy care that results in a senior having the self-care skills and confidence to resume former activities.

The *SK Seniors Citizens Ambulance Assistance Program* reduces the financial barrier to emergency health services that might prevent some seniors from accessing emergency services when needed, jeopardizing their health and increasing their risk of subsequent social isolation.

Adult Day Programs offered through Home and Community Care Programs assist seniors with disabilities to continue to live in their own homes, allowing them to remain embedded in their social networks and communities. They provide supportive group programs and activities that assist with skills for daily living and that encourage community involvement.

In-home Home Support assistance with activities of daily living to seniors who are frail or have health and/or functional disabilities facilitates social participation by allowing the senior to preserve energy for activities that are meaningful to them and engagement in social networks they value (e.g., friends, Churches, service organizations).

- *Coping with loss*

Coping with loss increases the risk of social isolation. Seniors may become depressed or anxious as a result of health conditions, losses (e.g., widowhood, relocation of family), or other social circumstances (e.g., caregiving), leading to lack the motivation or energy to participate socially. Support groups, (for example Stroke Groups, Alzheimer Caregiver Groups or Widows Groups), can help alleviate this by teaching seniors relevant coping skills and providing them with opportunities to share experiences. Support groups can reduce seniors sense of isolation and facilitate the development of new social networks, helping to reduce the risk of social isolation associated with negative changes in health or circumstances. Likewise, emotional support provided by Home Support workers or volunteer friendly visitors such as the *PEI Peer Helpers* can form a bridge between seniors and their community until the depression or anxiety is treated and the resume social activity.

- *Caregiving*

Caregiving places seniors at increased risk of social isolation. In-home respite, residential respite care and Adult Day Centres provided by Home and Community Care programs can afford caregivers relief to carry out errands, attend appointments and pursue personal interests that allow them to remain socially engaged. The St John's Seniors Resource Centre has created a *Caregivers: Out of Social Isolation* network that works to support family caregivers around the province, and provides them with a united voice.

- *Isolated seniors*

Relationships with others affirm one's value, that one matters, and is important to quality of life and well being. Many seniors' relationships with others diminish through widowhood, geographic distance from family and friends, reduced social contact and participation resulting from frailty, poor health, functional limitations or caregiving. Friends and family age, peers with whom they have relationships may die, relocate or become unavailable due to their own circumstances. In some instances Home Support workers may become their primary contact and relationships. Home Support policies to ensure continuity of care by the same support worker(s) and time for visiting when scheduling services, support these relationships. Likewise Home Support policies that require staff be trained in communication skills and in relationship development, promote social connectedness.

Some seniors may limit their social participation because they lack the confidence to enter new situations or the social skills to develop relationships with others. Peer Support programs such as those offered by the *PEI Peer Helper Program* or by the *NF Friendly Visiting Program* can be useful to these seniors by providing friendship and supporting their participation in community activities.

- *Seniors belonging to cultural or linguistic minorities*

Mainstream services may not meet the cultural and/or linguistic needs of some Canadians. The NF Building Bridges project aims to identify the barriers to social participation unique to seniors from minority groups. In NS the Facility Placement Policy ("first available bed" rule) has been waived for older adults whose cultural and/or language needs can not be met in mainstream facilities.

Strategies to promote security and safety

Seniors who feel unsafe in their neighbourhoods have an increased risk of social isolation. A senior who lives in a deteriorating urban environment may feel too unsafe to venture outside of home. Seniors who may have experienced discrimination (e.g., racism, homophobia) or who are frail and/or have impaired mobility may feel especially threatened. The RCMP provides several crime prevention programs such as *Home Security and Street Safety*, programs that can provide seniors with information and promote an increased sense of security. Neighbourhood Watch programs also facilitate the development of neighbourliness and intergenerational contact. The *MB SafetyAid* program conducts safety audits in seniors' homes, recommends and installs devices. The program also provides education to seniors groups and others about home security issues. The *ON Security and Friendly Visiting Program*, delivered by volunteers, regularly check on the safety of seniors living alone. Consistency of the volunteer as well as the check itself provides seniors with a sense of security. Seniors who feel safe in their homes are more likely to maintain independent living.

3. STRATEGIES THAT BUILD SOCIAL AND/OR COMMUNITY CAPITAL

Social capital is meant to describe the resources available to individuals and to society which are provided by social relationships. It is built through strategies that support seniors'

social connectedness, and create links and bridges between seniors and social support systems. Community capital is built through networks and partnerships that build on existing resources and involves all relevant stakeholders in collaboration to address issues to strengthen communities. Seniors' are central in developing social capital and community capital to address issues related to social isolation among older adults.

Social connectedness to seniors existing informal relationships and social networks are supported in a number of ways by FPT programs. For example, the respite provided by *SK Home and Community Care* programs to family caregivers supports the senior's informal support network and relationships by reducing the burden of care to them. Access to transportation and to home support for personal care can assist seniors to remain connected to their communities.

Social capital is built and communities strengthened through programs and policies that acknowledge the contributions that seniors can make to society and that actively seek their participation in areas that affect them. For example, the development of older adults as volunteers and leaders through programs like Older Adult or Seniors Centres builds on seniors strengths and provide them with meaningful roles. In *Manitoba Support Services for Seniors* have Seniors Resource Councils made up of neighbourhood seniors who provide information about local services and identify ways to support seniors' active involvement in their communities.

Seniors networks can facilitate seniors civic participation. The *Newfoundland and Labrador Pensioners and Senior Citizens 50+ Federation Outreach Program* aims to involve seniors in the "Universal Seniors' Movement". It has been active in forming seniors' groups in communities across the province that had never before involved seniors as an identified group within their focus of community capacity building.

In Quebec forums for regional discussion and coordination of issues related to aging and to ensure seniors can unite and make their needs/issues better known to government, have been created. The *QC Regional Steering Committees on Seniors* are made up of representatives of seniors organizations, agencies that work with seniors, seniors, and representatives of public institutions, within each Region. The committees' consultative role is formally recognized and funded by the Quebec government. The committees are mandated to provide consultation to the provincial government, the Conseil des Aines and regional decision-makers. Formal acknowledgement of their role promotes the importance of seniors' social, civic and professional participation and recognizes the contribution they can make to social development.

In Nunavut the *NU Culture, Language, Elders and Youth (CLEY)* social program has been designed to support the needs of youth and elders and to increase interaction between the two groups. Community program staff record Elders' knowledge of Inuit values, traditions and language so that their knowledge can be preserved for future generations. Additionally, support for the development of Elder Councils is provided by Community Program staff, promoting the value of Elders and the importance of their input in programs and policies.

The federal *New Horizons for Seniors Program* supports local projects that encourage seniors to contribute to their communities through social participation and active living. Similarly *Taking Action for Seniors in Quebec* funds community based projects that aim to enable seniors to participate more fully in civic, social and professional life. In both cases

eligibility for grants stipulates that seniors be involved in the development and implementation of proposed projects, and that there is community support.

To conclude this section, strategies that facilitate social inclusion/integration and reduce some risks associated with social isolation have been presented, drawing on the FPT programs and policies submitted for this project for examples. An analysis of selected FPT programs and policies is summarized in Tables (Appendix 2) that identify the specific components that affect social isolation directly or indirectly in a positive way.

VI- BARRIERS TO SUCCESSFUL PROGRAMMING

In this section, a synthesis of challenges to designing programs and policies or delivering services to address social isolation in a positive way is presented, drawing on literature, key expert forum reports and international initiatives.

LIMITED AWARENESS OF PROBLEM

Barriers to successful programming arise from a limited awareness that social isolation among seniors is an issue, with consequent lack of attention to the issue or the will to attend to it. Seniors and the general public may be unaware of the risks factors associated with social isolation, its' potential negative effects or how to avoid it. Ageist stereotypes construct aging as a time to "take it easy", and there are few active or productive roles ascribed to late life.

LACK OF OWNERSHIP OF PROBLEM

Many of the risks factors for social isolation require inter-ministerial collaboration and the involvement of all levels of government to address them. However, government ministries and departments that do not see a clear relationship between their mandates and seniors are unlikely to consider either the needs of seniors generally, or the issue of social exclusion among seniors in particular. Lack of awareness within government affects both the priority given to seniors isolation in government planning, and funds allocated to address it.

LIMITED RESEARCH EVIDENCE

A robust body of evidence that might convince governments that committing resources to address social isolation would be effective, is lacking. There is very limited evidence to support interventions to address social isolation and almost all of the existing evidence pertains to single interventions/programs with short term outcomes and little to promotion, prevention or to community approaches. Research evidence is required not only to justify funding but also to guide program and policy development. Time, expertise, and funding for program evaluation is often lacking making it challenging for programs to demonstrate either accountability or effectiveness.

LACK OF UNIFIED APPROACHES TO PROBLEM WITHIN COMMUNITIES

Whole of community responses that result from community collaboration have been identified as a promising strategy to develop community capacity to address social isolation among seniors. There are however barriers to the success of whole of community responses such as: different organizational priorities; varied professional perspectives; eligibility criteria for service provision; a lack of appropriate cross referrals, and administrative, funding and insurance issues.

INADEQUATE FUNDING

Issues related to funding adequacy and practice/mechanisms have been widely identified as barriers to successful programming.

- **Inadequate funding can compromise program development and collaborations**
To increase their likelihood of having a positive impact on social isolation, programs need to know the population they serve and have links with other programs and organizations pertinent to the population. Participation in a larger network of programs and services can facilitate collaboration which will maximize effort and resources and may avoid duplication and competition. To acquire the necessary knowledge of the seniors population and of the community, to develop relationships/partnerships, to collaborate, to plan and administer programs however, takes time not only at a programs start up but on an ongoing basis. If this time is not budgeted it is difficult for programs to accurately target their services or to respond flexibly to changing needs.
- **Inadequate funding can compromise marketing**
Developing awareness of and promoting programs, especially to hard to reach populations, demands appropriate materials and marketing strategies, requiring resources that small voluntary programs especially, may lack. Insufficient funding may result in targeting and marketing that is inadequate to reach seniors at risk. Extra resources may be required to reach vulnerable sub-populations (e.g., for translation, in outreach, to address communication issues).
- **Inadequate funding can compromise service delivery**
Appropriately trained staff and/or volunteers and a coordinator or project manager are required for effective service delivery. Unclear expectations of program staff in terms of roles as service provider vs. community developers can be a barrier to successful programming²⁰. The interventions and services provided by programs must be delivered with sufficient skill if they are to have their intended effect. In small agencies or those manned primarily by volunteers especially, resources to screen, train, and support staff/volunteers may not be available. Lack of attention in these areas may lead to burn out.
- **Inadequate funding creates inter-organizational competition and program inflexibility.**
When resources are stretched to capacity there is a tendency for programs to tighten eligibility requirements and services. This poses a particular problem when services to address social isolation are piggy backed onto programs whose primary mandate is not social isolation. When funds are scarce these program may pare the piggy backed service. For example meals on wheels programs may eliminate the friendly visiting, piggy backed onto the delivery of meals.
- **Inadequate funding increases the challenge of addressing special needs**
Developing, promoting and implementing programs for seniors who have increased vulnerability to social isolation is likely to be more costly than generic programming. Inadequate funding to provide outreach service and to address transportation issues, both of which are frequently required to facilitate vulnerable seniors' social participation, is a significant barrier to successful programs. Individualized and/or labour intensive services such as in-home, outreach and one on one services, may be required for seniors not able or willing to leave their homes. The costs of providing services may be higher in rural and remote communities where distances can be great and there may be little opportunity for economy of scale.

ISSUES RELATED TO FUNDING PRACTICES

Issues related to funding practices, such as single source funding, have been identified as barriers to successful programming to address social isolation among seniors. Many non-government programs operate on a small amount of core funding and expend a great deal of time in trying to secure additional funds through grants and fundraising to expand their activities/services. Often the services a program wants to provide, or believes is needed, must be twisted and packaged to meet the requirements of different funding agencies with different priorities, possibly weakening the programs' integrity.

Funding cycles have also been identified as a barrier to successful programming. Frequently funds are provided on a fairly short term basis making it difficult to make adjustments to programs in response to changing needs within the funding time frame. Forward planning becomes challenging and the sustainability of programs may be jeopardized. Programs require flexible funding if they are to be creative in meeting the needs of the population they serve, which may require taking risks in service delivery.

VII- RECOMMENDATIONS

Strategies that facilitate access to services, that facilitate social participation and that build social capital are required to address social isolation among seniors. To address barriers to implementing such strategies and to maximize the likelihood of programs and policies having a positive effect on social isolation, it is recommended that the following key features be integrated into program design and service delivery. Suggestions about how all levels of government can support this integration are presented. Following, other roles/actions that governments could take to foster/promote a more socially inclusive climate /environment for seniors are identified.

KEY FEATURES FOR PROGRAMS/SERVICES ADDRESSING SOCIAL ISOLATION

1. Seniors should participate in the design, implementations and/or evaluation of programs and policies affecting them.
2. Collaboration should occur across and within government and non-governments sectors.
3. Services should be targeted.
4. Services should be promoted/marketed broadly taking into account potential barriers.
5. Transportation issues should be addressed.
6. Services should be affordable.
7. Programs should be appropriately "staffed".
8. Services should be delivered in ways appropriate to the needs of their target group
9. Programs should be sustainable.
10. Programs should have flexibility and evaluation built in.

OPPORTUNITIES FOR GOVERNMENTS TO SUPPORT KEY FEATURES

There are opportunities for all levels of government to support the integration of the key features into program and policy design affecting seniors, increasing the likelihood of having a positive impact on social isolation. Suggestions for strategies are as follows:

1. Facilitate seniors' involvement in planning, implementing and evaluating the programs and policies intended to serve them, as:

Consultants: Seniors can play an important role as consultants to all levels of government regarding the development of government policies and programs that pertain to older adults. Mandating the role of councils as consultants/critics (as Quebec has done with its' *Regional*

Steering Committees on Seniors) strengthens the voice of older adults, increases their social inclusion and reduces ageist stereotypes. If this strategy were adopted it is desirable that seniors serving on councils reflect the same diversity as the seniors' population they represent, and that they bring varying experiential knowledge to their roles. To facilitate effective consultation, administrative support, coverage of participants' expenses, training in government policy development and the tools to carry out the role, should be considered. The use of the an appropriate policy lens (i.e. Promoting Seniors Well Being: A Policy Lens²¹) would facilitate rigorous and consistent policy analysis.

Advocates: Advocacy can provide a stronger voice for seniors especially those who are marginalized, facilitating their social inclusion. Collectively seniors' organizations represent diverse groups of seniors and perspectives and are well positioned to lobby all levels of governments about their concerns. The *Yukon Council on Aging* advocates to the federal and Yukon government on behalf of seniors around such issues as housing and health services. The *NF Peer Advocate Program* advocates on behalf of individual seniors. Grants to seniors' organization (perhaps based on the size of their membership) could promote seniors' civic engagement and participation.

Volunteers: Older volunteers are a valuable resource in the delivery of services to other seniors. Programs that make the most effective use of this resource, such as the *NF Smart Program and Caregivers: Out of Isolation* programs have paid coordinators who recruit, train and support the volunteers. Smaller/agencies may lack funds for a paid coordinator, potentially jeopardizing the quality and sustainability of services. Support for centralized volunteer bureaus/programs that recruit, screen, provide basic training, match and place volunteers in programs within their region, could address this issue and reduce redundancies in cost and energy..

Participants in Program/Project Design: Seniors are in the best position to design/develop programs and services appropriate to their needs. All levels of government could consider that programs pertaining to seniors and to which they provide funds, involve seniors in their design, development, implementation and evaluation. For example, to access funds through the federal *New Horizons program* applicants must demonstrate that seniors have meaningful roles.

2. Facilitate collaboration across and within government and non-governments sectors.

Collaborative approaches that build social and community capital are likely to be most effective in addressing the multifaceted cross-cutting nature of social isolation.

- Inter-ministerial initiatives (within and across levels of government) can draw upon the perspectives and resources of each ministry/department to address social factors that contribute to social isolation, through single or cross ministry approaches. For example, the *Quebec Departments of Transportation Rural Transportation Project* has provided grants to rural communities so they may develop local solutions to address seniors' needs for transportation.
- Cross government initiatives can combine resources to address factors that contribute to social isolation among seniors across Canada. For example, the *Residential Rehabilitation Assistance Program for Persons with Disabilities (RRRAP-Disabilities)* and the *Home Adaptation for Seniors' Independence (HASI)* are provided through the Canada Mortgage and Housing Corporation and provincial/territorial housing

associations to address housing needs that might otherwise increase the risk of social isolation.

- Regional networks to link programs, facilitate collaboration in planning, development of partnerships, facilitate cross referrals, and share information and expertise could be developed. Together the network participants could develop a common vision/whole of community approach to social isolation among seniors that builds on pooled knowledge of the local seniors' populations, of particular risks and protective factors in the region, and of existing resources. If this strategy were adopted consideration should be given to developing a regional network development position to promote, organize, facilitate and provide administrative support to the network. Additionally, shared learning could be maximized by bringing regional groups together occasionally.

3. Facilitate/support accurate targeting of programs and policies.

Comprehensive knowledge about the senior population and the of the communities in which they live is required if programs, policies and services are to be accurately targeted.

- Consideration could be given to developing mechanisms for providing community agencies with information about risks of social isolation particular to their community, the existing community resources that address these, and gaps that require filling. Some of this information may be routinely collected by various levels of government but is not readily available to community agencies, or only in discrete pieces. Another possibility is the approach taken by the *Manitoba Seniors Citizens' Resource Councils* which have been formed in neighbourhoods with the purpose of enabling seniors to remain as independent members of the community. They have knowledge of the local seniors' population and of the community, which they use to link seniors to existing services and to identify and develop strategies/services for unmet needs. The Councils engage the whole community in developing "elder friendly" neighbourhoods to enhance seniors' quality of life.

4. Facilitate the broad disbursement of information related to programs and policies that address social isolation among seniors.

Information about programs and policies need to be widely promoted and disseminated in a variety of ways to reach seniors (including cultural and linguistic minorities, those with visual, hearing or other disabilities), families, service providers and the public at large.

- Toll free telephone lines, websites, and print materials that are accessible to all seniors regardless of language spoken, visual and hearing impairments or other disabilities facilitate broad disbursement of information about government programs for seniors. The *British Columbia Health and Seniors Information Line*, which provides service by phone in 150 languages, and the *Ontario Collaborative Portal Network* that provide 24/7 access to information are examples of these approaches. In addition, consideration could be given to ensuring programs are provided with adequate funds to promote and deliver their services. (For example, for print materials, telephone lines or websites that are appropriate to the cultural, linguistic and literacy needs of their target populations)

5. Facilitate the development of innovate transportation projects that meet the diverse needs of seniors.

Due to the huge variation in the geographic location (e.g., rural and remote, farms, urban), complicated by winter weather, and in existing community resources upon which to draw, strategies designed to meet the transportation needs of the specific local seniors' population are needed.

- All programs and services for seniors should receive funds specifically to meet the transportation needs of clients.
- Innovative responses to the transportation needs of seniors appropriate to local conditions and resources are best created within the local community. The *Quebec Department of Transport Rural Transportation* project and the *NS Community Transportation Assistance Program* provide examples of programs for rural areas. The *BC Bus Pass* program subsidizes bus passes for seniors.
- Getting to the transportation can be problematic for some seniors. In urban areas special transportation services for seniors with disabilities, such as the *MB Handi-Transit* program, assist seniors from their front doors to and from the vehicles. In the Yukon, the *YK Home and Yard Maintenance Program* screens and refers people who will remove snow from seniors' sidewalks that might otherwise confine them to home.

6. Reduce barriers to social inclusion related to low incomes.

Low income seniors may require so much of their income to meet the most basic necessities that they are unable to afford direct or indirect costs of social participation.

- Consider providing funding to programs to facilitate the elimination or subsidization or participation fees.
- Federal government could consider making participation fees tax deductible.
- Consider mechanisms to provide low income seniors with free or subsidized access to municipal programs and to transportation services.
- Rent subsidies, such as those provided by *Saskatchewan Social Housing for Seniors* or the *BC Shelter Aid for Elderly Renters*, could be provided to low income seniors in communities where affordable housing in the private sector is very difficult to obtain.
- Consider mechanisms to reduce the need for low income seniors to pay "up front" or reimbursable costs for hearing aids, glasses, prescriptions, incontinence products, wheelchair rental, or for other necessary health or personal care products. The federal *Veterans Independence Program* provides an example of this approach although only for eligible seniors. The *SK Drug Plan* and the *SK Seniors Citizen's Ambulance Assistance* programs cap costs to seniors.

7. Facilitate an appropriately trained and supported work and volunteer force.

If programs are to be successful in addressing social isolation among seniors directly or indirectly, they need knowledge about social isolation, how to identify those at risk and how to form relationships with them.

- Effectiveness of programs can be enhanced by funding coordinators or project facilitators who can train, direct and support those delivering services. The *programs listed under NF* all have paid coordinators, some of whom are shared with each other.
- Development of DVDs or distance education delivery methods to facilitate individualized learning and to provide access to those in rural and remote areas could be supported. Industry Canada *Canada's Campus Connection* provides relevant web based courses.

8. Facilitate the ability of programs to deliver services appropriate to the varied needs of the seniors they serve in an individualized manner that addresses barriers and challenges they may face.
 - Seniors Centres for large group activities for seniors in general are an important resources for facilitating social inclusion.
 - Support for situation specific support groups to reduce the risk of seniors experiencing challenging transitions from becoming socially isolated could be provided. For example, partnerships between Seniors Centres and health programs (e.g., mental health and addiction services) can deliver treatment and psychoeducational programs for those experiencing losses, who are depressed or have other special needs.
 - Non face-to-face service delivery using technology such as telephones, email, chat rooms and teleconferencing, may be most appropriate to some seniors (e.g., by virtue of location, disability preference or scarcity of local staff/volunteers who can communicate with seniors, for example, in their particular language), could be supported.
 - Barriers to service due to disability, transportation issues or geographic distance from services can be addressed by mobile services (e.g., *ON Meals on Wheels Program*, and adult day programs that travel between smaller communities), outreach services (e.g., *Saskatchewan Home Care* programs) and in-home one-to one services (e.g., *Newfoundland's Friendly Visiting Program*).
 - The *NS Facility Placement Policy* provides an example of attending to cultural needs by waiving the "first available bed" rule for seniors with cultural and/or linguistic needs can not be met in "mainstream: facilities".
 - Individualized strategies can be expensive in terms of labour and equipment and may require enriched funding to ensure marginalized seniors have opportunities for socialization.
 - Programs can be encouraged to develop innovative service delivery strategies by funders recognizing that some trail and error may be involved.
 - Piggy backing onto existing services that are in a position to interact with seniors but do not directly address social isolation could be encouraged (e.g., friendly visiting by those who deliver meals, at blood pressure clinics).

9. Facilitate conditions that promote program sustainability.
 - Consideration could be given to reviewing funding practices and cycles to ensure they do not impede potential for sustainability
 - New programs could be required to address sustainability. The *NS Community Transportation Assistance Program* and federal *New Horizons* programs both consider the potential sustainability of proposed projects.

10. Facilitate program' abilities to be flexible/adapt to changing circumstances.
 - Those funding programs could operate on the principle that while programs must pursue and meet their goals they can experiment with methods of doing so. The instructions for the federal *New Horizons* program invites applicants to "be original, be novel".
 - Programs could be allocated funds to partner with researchers to assist in designing and carrying out process evaluations so that need for adjustments can be seen and responded to as the program evolves.

Following are other actions that governments could take to foster a more socially inclusive climate for seniors. Raising awareness, providing leadership in promoting social inclusion/participation, and supporting research would increase the likelihood of programs and policies to address social isolation being effective.

1. Facilitate increased public awareness of social Isolation among seniors as an issue
 - Public awareness about the risk factors for social isolation and the negative effects of social isolation among seniors could be increased by incorporating this information into other FPT campaigns/strategies.
 - Information about social isolation related to seniors could be incorporated into the curriculum of health professional programs, health care aids, public schools.

2. Provide leadership in promoting social inclusion/participation
 - FPT governments can incorporate information related to social isolation among seniors into Healthy Aging and similar frameworks or strategies.
 - The national Framework on Aging could be implemented.
 - FPT governments could consider developing and funding strategies to implement their versions of Frameworks on Aging.
 - All levels of government could promote elder friendly communities (i.e., ensure sidewalks are safe, provide appropriate signage, lighting and transportation options).

3. Combat social exclusion by counteracting ageism
 - All levels of government could ensure that the publications, messaging and eligibility criteria of programs they fund directly or indirectly promote social inclusion and acceptance of older adults and are free of ageist stereotypes.
 - FPT governments, in collaboration, could partner with seniors organizations, educational institutions and businesses to develop and implement a national anti-ageism campaign.

4. Support research related to social isolation and particularly program evaluation

The paucity of understanding about social isolation and how it can be effectively prevented and “treated” limits the priority given to the issue or to programs and policies to address it. The consequence is increased health costs and poor quality of life for some seniors.

 - Federal and provincial research institutes (e.g., CIHR, Michael Smith, Trillium) and other funding bodies could target research on social isolation.
 - Grants for projects related to social isolation among seniors could be made contingent on including an evaluation plan and budget.

VIII - CONCLUSION

To conclude, social isolation among seniors is a significant and complex issue with negative consequence for individuals and society. Positive impacts on social isolation can be made by addressing risk factors and enhancing protective factors, many of which require community approaches. A scan of selected federal, provincial and territorial programs and policies identified components that are likely to have positive impacts, directly or indirectly, on social isolation. Key features that can be integrated into program and policy design to address social isolation were identified and strategies for how various levels of government might support this integration, presented. Governments are well positioned to make a difference to social isolation amongst seniors and by so doing will increase Canada’s social capital for all citizens.

ENDNOTES

1. World Health Organization (2003) The Social Determinants of Health.: The Solid Facts-Second Edition.
2. Hall, M. and Haven s, B. (1999). Aging in Manitoba Study. Department of Community Health Sciences, University of Manitoba, Winnipeg, Manitoba.
3. World Health Organization (2003) ibid
4. Robb, R., Denton, M, Gafni, A., Joshi, A., Lian, J., Rosenthal, C., and Willison, D. (1997). Valuation of unpaid help by seniors in Canada: An empirical analysis. IEOSP Research Paper No. 27., Accessed www.socserv.mcmaster.ca/ieosp January 23, 2007.
5. Payne, B. Christian, C. Hall, M. and Edwards, J. (2002). Social Isolation: Services, strategies and future directions. Winnipeg, MB. University of Manitoba.
6. Cloutier-Fisher, Kobayashi, Hogg-Jackson and Roth (2006).
- 7 Findlay, R. and Cartwright, C. (2002). Social isolation and older people: A literature review. Report for Seniors Interest Branch & Ministerial Advisory Council on Older People, Queensland Government. Australian Centre on Ageing, University of Queensland.
8. Bosworth, H. and Schaie W. (1997) The relationship of social environment, social networks, and health outcomes in the Seattle Longitudinal Study: Two analytical approaches. Journal of Gerontology: Psychological Study: Two analytical approaches. Journal of Gerontology: Sciences, 52B:P197-P205
9. Rowe and Khan (1998). Successful Aging. New York: Pantheon.
10. Keefe, J., Fancey, P., Andrew, M., and Hall, M. (2006). A profile of social isolation in Canada. Prepared for Federal/Provincial/ Territorial Committee of Officials (Seniors)
11. Cattan, M. and White, M. (1998) Developing evidence based health promotion for older people: A systematic review and survey of health promotion interventions targeting social isolation and loneliness among older people. International Journal of Health Promotion , 13.
12. Findlay , R. (2003). Interventions to reduce social isolation amongst older people: Where is the evidence? Aging & Society, 23, 647-658.
13. Hamilton, N. and Bhatti, T. (1996) .Population Health Promotion: An integrated model of population health and health promotion. Ottawa. Health Promotion Development Division.
14. Newall, N., Hall, M. and Payne, B. (2006) Report on Seniors Social Isolation Workshop. Winnipeg, Manitoba. April
15. Queensland Government (2005). Cross Government Project to Reduce Social Isolation of Older People Interim: Project Phase 1-3.
16. United Neighbourhood Houses (2005) Aging in the shadows: Social isolation among seniors in New York City. Accessed www.docs.nycouncilinfo/attachments November 11, 2006.
17. Barnes, M., Blom, A., Cox, K., Lessof, C. and Walker A. (2006). The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study on Ageing (ELSA) Final Report. Prepared for the Office of the Deputy Prime Minister.
18. World Health Organization (2002) Active Ageing: A Policy Framework.
19. Active Living Coalition for Older Adults (ALCOA)
20. Payne, Christian, Hall and Edwards (2002). ibid
- 21 MacCourt , P and Tuokko, H. (2005). Development of a seniors' mental health policy lens: An analytical tool to assess policies and programs from a seniors' mental health perspective. Canadian Journal of Community Mental Health, Vol. 24, No. 2, Fall, 35-53.

APPENDIX 1

Programs Submitted For Review

Fifty-four programs and policies were submitted for this project by FPT officials.

Canada - 8; NF - 7; SK - 6; MB - 6; ON - 5; NS - 6; YK - 5; QC - 4; BC - 4; PEI - 2 ; NU - 1.
Alberta, New Brunswick and the North West Territories did not provide submissions.

PROGRAMS BY PROVINCE

BC Senior's Supplement
 BC Bus Pass Program
 BC Shelter Aid for Elderly Renters (SAFER)
 BC Health and Seniors Information Line
 SK Home and Community Care
 SK Special-Care Homes
 SK Senior Citizens' Ambulance Assistance Program
 SK Social Housing for Seniors
 SK Home Adaptations for Senior Independence
 SK Drug Plan
 MB Safety-Aid Program
 MB Home Care Program
 MB Support Services to Seniors
 MB Older Victim Services
 MB 55 Plus
 MB Handi Transit
 ON Voluntary Transportation Program
 ON Meals on Wheels Program
 ON Security and Friendly Visiting Program
 ON Social and Recreational Services Program
 ON Collaborative Portal Network
 QC Taking Action for Seniors Grant Program
 QC Regional Steering Committees on Seniors
 QC Department of Transport Rural Transportation projects
 QC Department of Transit Paratransit
 NS Community Development Policy
 NS Strategy for Positive Aging
 NS Community Transportation Assistance Program
 NS Accessible Transportation Assistance Program (ATAP)
 NS Community ACCESS – Ability Program
 NS Facility Placement Policy
 PEI Peer Helper Program
 PEI Seniors Federation –seniors clubs
 NF Seniors Wellness Committee
 NF Caregivers: Out of Isolation Project
 NF Friendly Visiting Program
 NF Peer Advocate Program
 NF Building Bridges

NF Smart Program
 NF Pensioners and Seniors Citizens 50+ Federation-Outreach Program
 NU Community Programs: Elder Programs
 YK Community Day Program
 YK Home Care
 YK HandiBus
 YK Council on Aging
 YK Home and Yard Maintenance Program
 CAN Old Age Security Program (OAP, GIS, Allowances)
 CAN New Horizons for Seniors Program
 CAN Veterans Independence Program
 CAN Flex Housing
 CAN Home Adaptations for Seniors
 CAN Residential Rehabilitation Assistance Program for Persons with Disabilities
 CAN RCMP Crime Prevention/Community Programs and Victim Services
 CAN Industry Canada: Canada's Campus Connection

PROGRAMS BY AREA OF FOCUS

Health and Wellness

SK Home and Community Care
 SK Special-Care Homes
 SK Senior Citizens' Ambulance Assistance Program
 SK Drug Plan
 MB Home Care Program
 ON Meals on Wheels Program
 NS Facility Placement Policy
 NF Smart Program
 NF Seniors Wellness Program
 YK Home Care
 YK Community Day Program
 CAN Veterans Independence Program

Housing

BC Shelter Aid for Elderly Renters (SAFER)
 SK Social Housing for Seniors
 SK Home Adaptations for Senior Independence
 YK Home and Yard Maintenance Program
 CAN Flex Housing
 CAN Home Adaptations for Seniors
 CAN Residential Rehabilitation Assistance Program for Persons with Disabilities

Transportation

BC Bus Pass Program
 MB Handi Transit
 ON Voluntary Transportation Program
 QC Dept of Transport Rural Transportation projects
 QC Dept of Transit Paratransit
 NS Community Transportation Assistance Program
 NS Accessible Transportation Assistance Program (ATAP)

YK HandiBus

Income

BC Senior's Supplement

MB 55 Plus

CAN Old Age Security Program (OAP, GIS, Allowances)

Safety and Security

MB Safety-Aid Program

MB Older Victim Services

ON Security and Friendly Visiting Program

CAN RCMP Crime Prevention/Community Programs and Victim Services

Social/Leisure

ON Social and Recreational Services Program

PEI Seniors Federation –seniors clubs

Education

CAN Industry Canada: Canada's Campus Connection

Information

ON Collaborative Portal Network

BC Health and Seniors Information Line

Relationship Development

PEI Peer Helper Program

NF Friendly Visiting Program

NF Peer Advocate Program

Vulnerable Populations

NF Building Bridges (cultural minorities)

NF Caregivers: Out of Isolation Project (caregiving)

NS Community ACCESS – Ability Program (disability)

Community Development

MB Support Services to Seniors (Seniors Resource Councils)

QC Taking Action for Seniors Grant Program

QC Regional Steering Committees on Seniors

NS Community Development Policy

NS Strategy for Positive Aging

NF Pensioners and Seniors Citizens 50+ Federation-Outreach Program

YK Council on Aging

NU Community Programs: Elder Programs

CAN New Horizons for Seniors Program

APPENDIX 2

Program Summaries And Key Components Supporting Social Inclusion

| BRITISH COLUMBIA | | | |
|---|---|--|--|
| Program | Description | Barriers or Risks | Key Components |
| BC Health and Seniors Information Line Information and referral service | <ul style="list-style-type: none"> Provides info on health programs and services Answer questions about provincial and federal government Provides direct contact info for other agencies Provides help filling out forms for health and other programs Distribute "Information for Seniors-Your Guide to Programs & Benefits in B.C." | Access to information Rural and remote access Disability Language and literacy barriers | Free Provide info by phone in about 150 languages Available from anywhere in province No eligibility barriers Individualized service response One-stop for information and referral -facilitates access to community services Provides info in print in English, French, Punjabi and Chinese |
| BC Bus Pass Program | <ul style="list-style-type: none"> Bus pass for BC Transit and TransLink for low income seniors in areas served by public transit | Transportation Low income | Facilitates affordable access to community resources |
| BC Shelter Aid For Elderly Renters (SAFER) Rent subsidy | <ul style="list-style-type: none"> Provides monthly cash payments for seniors who are paying more than 30% of their total income for rent. | Inadequate Housing Low income | Cash payments maintain privacy and support seniors' dignity Facilitates remaining in familiar surroundings and supports continuity of social connection Increases likelihood of having money for social participation |
| BC Senior's Supplement Income subsidy | <ul style="list-style-type: none"> Monthly payment to seniors' receiving Old Age Security and the Guaranteed Income Supplement or federal allowances, if their total income falls below a level guaranteed by the province. | Low Income | Program initiates payment-seniors do not have to apply Cash payment supports seniors' dignity and independence. Increases likelihood of having money for social participation. |

| SASKATCHEWAN | | | |
|---|---|--|---|
| Program | Description | Barriers or Risks | Key Components |
| SK Social Housing Rental Program Rent subsidy | <ul style="list-style-type: none"> Provides appropriate, housing for low income seniors who rent Subsidizes capital and operating costs of SHC owned and specified non-profit housing units Tenants rents calculated on a sliding scale (currently 25-29% of income) | Low income Inadequate Housing Disability | Facilitates remaining in familiar surroundings and supports continuity of social connection Increases likelihood of having money for social participation Builds community capacity by increasing stock of low income housing available across SK |
| SK Senior Citizen's Ambulance Assistance Program (SCAAP) | <ul style="list-style-type: none"> Limit the cost of a road ambulance trip or call within the province to \$250. | Low Income Poor health | Decreases risks associated with not accessing needed medical care |
| SK Drug Plan Drug subsidy | <ul style="list-style-type: none"> Seniors pay no more than \$15.00 per prescription Palliative care patients pay nothing for drugs. | Poor health Low Income | Program initiates service-no need to apply Universal—minimizes stigma Decreases risk of deterioration in health |
| SK Home Care Program | <ul style="list-style-type: none"> Provide home support programs, community rehabilitation programs, palliative care programs and access to adult day programs, residential respite care, to long term care facilities and to other community programs Caregivers needs are considered Case management model Services provided free or on sliding scale | Chronic Illness Poor health Disability Living alone Low income Caregiving | Single point of entry with a number of pathways Seniors can self refer Outreach and in-home services Out of home programs have transportation attached Continuity of home support workers promotes social connectedness Support informal caregivers Reduce likelihood of injury, deteriorating health Support seniors' independence, ability to remain in community Facilitates seniors having energy to for social participation |

| MANITOBA | | | |
|--|--|---|--|
| Program | Description | Barriers or Risks | Key Components |
| MB Safety-Aid Program Home security (crime and falls prevention) | <ul style="list-style-type: none"> Conduct home-security evaluations and fall prevention audits for low income seniors Install recommended devices Assist seniors to access forgivable loan Provide educational/prevention materials to participants Educate law-enforcement services and seniors organizations about home safety and falls prevention | Low income Disability Deteriorating neighbourhood Living Alone | Partnership between government – seniors organization Reduces likelihood of injury or trauma Promote sense of safety-facilitates remaining in community, social connection and participation Promotes awareness of issues related to safety for seniors and service providers |
| MB Community Seniors Resource Councils (Support Services to Seniors) Neighbourhood councils that aim to enable seniors to remain as independent members of the community | <ul style="list-style-type: none"> Act as point of access for information and referral - at local level. Identify and develop new services needed for seniors at the local level. Services may include, congregate meals, friendly visitors, yard and home maintenance, escorted transportation, safety checks (daily hello), emergency response information kit (E.R.I.K), advocacy | Access to information Access to services Living alone Safety/security Need - seniors to have input in policies and programs that concern them Ageist attitudes | Senior driven - increases likelihood of meeting needs appropriately Builds on seniors strengths Non-for profit Localized-situated in neighbourhoods Builds social and community capacity Supports remaining in familiar home/neighbourhood |
| MB HandiTransit Parallel service to "regular Transit service" | <ul style="list-style-type: none"> For people who are legally blind or who cannot use the Regular Transit service because of a physical disability Door-to-door service with assistance from the ground floor doorway. Companion can ride too Overseen by mandated committee of consumers and organizations working on their behalf | Disability Transportation Need for consumers to have input in policies and programs that concern them | Affordable - same fare as "regular transit" Advance booking allows for planning. Informed by consumer perspectives - increases likelihood of meeting needs appropriately Facilitates social participation/connectedness |

| ONTARIO | | | |
|---|--|--|---|
| Program | Description | Barriers or Risks | Key Components |
| <p>ON Collaborative Seniors Portal Network</p> <p>Internet site that provides information about services offered to seniors</p> | <ul style="list-style-type: none"> Provides information and contacts for programs for seniors funded by all three levels of government and the broader public sector agencies they fund. Collaboration between all levels of government. | <p>Access to information</p> <p>Rural or remote area</p> <p>Disability</p> | <p>Accessible 24/7 from home regardless of place of residence, geographic location, weather, caregiving responsibilities or mobility issues</p> <p>Easily navigated</p> <p>Print can be enlarged</p> <p>Single point of entry to services identified</p> |
| <p>ON Social and Recreational Services Programs</p> <p>Older Adult Recreation and Leisure Centres</p> <p>Supported through service agreements with Ministry of Health and Long-Term (MHLT) Care Community Support Services(CCSS)</p> | <ul style="list-style-type: none"> Provide broad range of learning and recreational activities. Serve seniors who are well through to those with significant health/functional needs/limitations | <p>Low income</p> <p>Healthy aging</p> <p>Need for Connection</p> <p>Need for seniors to have input in policies and programs that concern them</p> | <p>Community based</p> <p>Free</p> <p>No eligibility barriers</p> <p>Paid coordinator supports volunteers</p> <p>Serve diverse population</p> <p>Promote wellness</p> <p>Seniors involvement increases likelihood of senior sensitive and appropriate program</p> <p>Facilitates connectedness</p> <p>Builds social and community capital</p> |
| <p>ON Volunteer Transportation Program</p> <p>Supported through service agreements with Ministry of Health and Long-Term (MHLT) Care Community Support Services(CCSS)</p> | <ul style="list-style-type: none"> Community-based service organizations provide transportation appropriate to local community need Consumer fee subsidies available | <p>Transportation</p> <p>Low income</p> | <p>Local response to local need (could be volunteer's car, taxi or community vehicle)</p> <p>Facilitates access to community services</p> <p>Provided throughout province</p> |
| <p>ON Meals on Wheels Program</p> <p>Meals delivered to seniors home through service agreements between service</p> | <ul style="list-style-type: none"> Volunteers deliver meals up to once per day, for up to seven days per week Consumer fee subsidies available | <p>Poor health</p> <p>Disability/frailty</p> <p>Safety/security</p> <p>Low income</p> | <p>Increase likelihood of maintaining health</p> <p>Social contact/monitoring of safety</p> <p>Supports remaining in familiar home</p> |

| | | | |
|---|---|--|--|
| organizations and MHLT-CCSS | | Need for connection | Supports independence |
| <p>ON Security and Friendly Visiting Program</p> <p>Supported through service agreements between service organizations and MHLT-CCSS</p> | <ul style="list-style-type: none"> Volunteers contact seniors by phone or in person to check on well being Volunteers visit seniors at home Provide help with shopping, banking etc. | <p>Living Alone</p> <p>Safety/security</p> <p>Frailty</p> <p>Need for connection</p> | <p>Free</p> <p>Individualized matches</p> <p>Support remaining in home</p> <p>Develop social connection</p> <p>Support seniors independence</p> <p>Increase access to services</p> |
| QUEBEC | | | |
| Program | Description | Barriers or Risks | Key Components |
| <p>QC Taking Action for Seniors</p> <p>Provides financial support for seniors related community based projects</p> | <ul style="list-style-type: none"> Funds projects to enable seniors to participate in civic, social and professional life . Requires local seniors' involvement in planning and implementation | <p>Need for seniors to have input in policies and programs that concern them</p> | <p>Seniors involvement increases likelihood projects will meet needs</p> <p>Flexible/individualized</p> <p>Promotes collaboration</p> <p>Facilitates local responses</p> <p>Build social and community capacity</p> |
| <p>QC Regional Steering Committees on Seniors (1 for each of 17 regions)</p> <p>Provide consultation on regional perspectives and issues related to aging to Quebec government, the Conseil des aines and regional decision-makers</p> | <ul style="list-style-type: none"> Forum for regional discussion and coordination Ensure seniors can unite and make needs/issues better known Funded by government Formally recognized by levels of government | <p>Need for seniors to have input into policies and programs that concern them</p> <p>Ageist attitudes</p> | <p>Composed of representatives of seniors organizations, agencies that work with seniors, and seniors</p> <p>Collaboration across sectors</p> <p>Builds social and community capacity</p> <p>Links agencies, sectors</p> <p>Focus on local perspectives/solution</p> |
| <p>QC Public Transit in Rural Areas: Dept. of Transport</p> <p>Fund rural communities to develop local public transportation services based on population's needs and resources</p> | <p>Innovative approaches</p> <ul style="list-style-type: none"> Para-transit and school bus resources used. Taxi services provided to eligible seniors. Vehicles adapted to meet needs of disabled and are managed by the health sector. Volunteer drivers Car pooling initiatives | <p>Rural and remote access</p> <p>Disability</p> <p>Low income</p> | <p>Affordable</p> <p>Facilitates access to community resources</p> <p>Builds social and community capital</p> <p>Pooling of local resources encouraged</p> <p>Collaborative</p> |

| NOVA SCOTIA | | | |
|---|---|--|--|
| Program | Description | Barriers or Risks | Key Components |
| <p>NS Community ACCESS-Ability Program</p> <p>Provides community groups with cost shared grants for accessibility capital improvements to improve access to community facilities and venues for persons with disabilities.</p> | <ul style="list-style-type: none"> Grants of up to two thirds of the direct and indirect costs of renovations, installations or equipment. Can be applied to diverse products and to improve access to variety of sites Gives priority to applications demonstrating that proposed improvement is part of an overall plan & commitment to inclusiveness of persons with disabilities | <p>Disability</p> <p>Frailty</p> | <p>Community portion can be in-kind</p> <p>Available across province</p> <p>Facilitates local response to local needs</p> <p>Promotes collaboration, partnerships</p> <p>Builds social and community capacity</p> <p>Enables physical access to community services facilitating social participation</p> |
| <p>NS Accessible Transportation Assistance Program (ATAP)</p> | <ul style="list-style-type: none"> Enhances existing inclusive transportation services Allows purchase of accessible vehicle or modification to others Applications must be sponsored by community organizations | <p>Transportation</p> <p>Rural and remote access</p> <p>Disability</p> <p>Frailty</p> <p>Poor Health</p> | <p>Available across province</p> <p>Facilitates local response to local needs</p> <p>Promotes collaboration,</p> <p>Facilitates social participation</p> <p>Builds social and community capacity</p> |
| <p>NS Community Transportation Assistance Program</p> <p>Provides operating support for inclusive transportation services in low density communities</p> | <ul style="list-style-type: none"> Responds to unmet needs of those with transportation disadvantages Services developed by non-profit organizations in partnership with public, private, non-profit and volunteer services and resources | <p>Rural and remote</p> <p>Transportation</p> <p>Disability</p> <p>Frailty</p> | <p>Targets rural areas</p> <p>Priorities and needs determined by communities</p> <p>Promotes collaboration, partnerships</p> <p>Facilitates social participation</p> <p>Builds social and community capacity</p> |
| <p>NS Facility Placement Policy</p> <p>Clients must take first available bed suitable for their care needs, within 100 km of home</p> | <ul style="list-style-type: none"> “First available bed” rule waived for seniors with cultural or language needs that can’t be met in main-stream facilities - allows them to wait for facility of their choice. | <p>Cultural barriers</p> <p>Language barriers</p> <p>Poor health</p> | <p>Addresses individuality/diversity with waiver</p> <p>Supports social connectedness for seniors in minority groups</p> |

| Prince Edward Island | | | |
|---|---|--|--|
| Program | Description | Barriers or Risks | Key Components |
| PEI Peer Helper Program Friendly visiting | <ul style="list-style-type: none"> Regular in-home visits No cost Volunteers are seniors Volunteers are matched to recipients Need identified by service providers in senior housing and home care and support | Need for social connectedness Low income | Free Confidential Seniors involved Paid coordinator matches, trains and supports volunteers In-home service Individualized Facilitates social connectedness Supports informal care system Build social and community capital |
| NEWFOUNDLAND | | | |
| Program | Description | Barriers or Risks | Key Components |
| NF Peer Advocate Program Provide advice and support, advocate on seniors' behalf. | <ul style="list-style-type: none"> Senior peers volunteer on information line Volunteers can accompany seniors Advocate for seniors | Need for seniors to have input into policies and programs that concern them. | Free Peer support Paid coordinator Volunteers trained and supported Individualized Develops social and community capital |
| NF SMART Program Offers fitness and exercise in the seniors' home. | <ul style="list-style-type: none"> Volunteers provide service in home. | Healthy aging Frailty Need for social connection | Free Trained and supported volunteers In-home Individualized Less stigma than personal visiting for some seniors. Promotes wellness Facilitates social connectedness Reduces likelihood of injury |

| | | | |
|--|--|---|---|
| <p>NF Caregivers: Out of Isolation Project</p> <p>Regional caregiver networks provide a voice for caregivers to inform agencies government of their concerns.</p> | <ul style="list-style-type: none"> • Focus on ways to reduce isolation and increase network participation by caregivers. • Have created a guide (“How We Grew: Regional Caregiver Networks in NL”). • Quarterly newsletter links those who can not attend meetings. • Funds received from provincial and federal government | <p>Caregivers</p> <p>Rural and remote access</p> <p>Need for seniors to have input in policies and programs that concern them</p> | <p>Seniors involved</p> <p>Collaborative approach</p> <p>Involves seniors</p> <p>Paid coordinator</p> <p>Builds awareness of issues</p> <p>Flexible service delivery</p> <p>Communicate information in a variety of ways</p> <p>Links made between agencies and between caregivers.</p> <p>Builds social and community capital</p> |
| <p>NF Seniors Wellness Committee</p> | <ul style="list-style-type: none"> • Promotes wellness among seniors • Outreach related to falls prevention, physical activity • Provides support and information to seniors by phone • Offers social events • Senior staffed | <p>Healthy Aging</p> <p>Need for seniors to have input in policies and programs that concern them</p> | <p>Seniors’ involvement in program development and delivery increase likelihood of appropriateness to seniors’ need</p> <p>Focus on physical activity may reduce incidence of injury facilitating remaining in community</p> <p>Supports seniors’ independence through providing information about healthy aging strategies</p> <p>Paid coordinator provides administrative support</p> <p>Builds social and community capacity</p> |
| <p>NF Friendly Visiting Program</p> | <ul style="list-style-type: none"> • Senior is matched with a specific volunteer. • Volunteer visits once per week, 12 hours. • Volunteers are screened for suitability & trained in friendship development. • Volunteers must commit for a time period. • Activities are tailored to individual needs of senior and their family | <p>Need for connection</p> <p>Living Alone</p> <p>Caregiving</p> <p>Need for seniors to have input in policies and programs that concern them</p> | <p>Peer support</p> <p>In home services</p> <p>Individualized</p> <p>Free</p> <p>Support informal caregivers</p> <p>Matching and continuity of volunteer supports relationship development and well being</p> <p>Paid coordinator to train and support volunteers</p> |

| YUKON | | | |
|--|---|--|--|
| Program | Description | Barriers or Risks | Key Components |
| <p>YK Home and Yard Maintenance Program</p> <p>Assists seniors in finding affordable home and yard maintenance services.</p> | <ul style="list-style-type: none"> Match seniors with community residents registered to provide home and yard maintenance services. Providers must pass a security-clearance check. Prices negotiated directly between senior and provider. | <p>Geographic location</p> <p>Disability</p> <p>Inadequate Housing</p> | <p>Supports seniors' independence.</p> <p>Snow removal reduces winter isolation</p> <p>Facilitates remaining in familiar home</p> <p>Supports social connection and participation</p> <p>Home and yard maintenance may reduce risks of injury</p> |
| <p>YK Yukon Council on Aging</p> <p>Operate seniors information centre and advocates to government on issues pertinent to seniors.</p> | <ul style="list-style-type: none"> Provides information and referral service Identifies concerns of seniors and lobbies federal and Yukon governments to address them. Volunteer run Receive annual renewable grant from Yukon government | <p>Need for seniors to have input into policies and programs that concern them</p> <p>Ageist attitudes</p> <p>Information barriers</p> | <p>Seniors perspectives increase likelihood that services for them will be appropriate</p> <p>Provides a common and stronger voice for seniors</p> <p>Builds social and community capacity</p> <p>Grant supports sustainability</p> |
| NUNAVUT | | | |
| Program | Description | Barriers or Risks | Key Components |
| <p>NU Culture, Language, Elders and Youth (CLEY)</p> <p>Provides range of programs to support needs of youth and elders and to increase interaction between the two groups.</p> | <ul style="list-style-type: none"> Elder Councils to provide elder perspective. Elders' knowledge of Inuit values and traditions documented to preserve the knowledge. Inuit language is recorded for preservation Elders teach survival skills to youth. | <p>Rural and remote</p> <p>Need for seniors to have input in policies and programs that concern them</p> <p>Ageist attitudes</p> | <p>Involves seniors</p> <p>Paid staff support Elder Council and activities</p> <p>Promotes intergenerational contact and respect</p> <p>Facilitates social connectedness</p> <p>Culturally targeted</p> <p>Builds social and community capital</p> |

| FEDERAL PROGRAMS | | | |
|--|--|---|--|
| Program | Description | Barriers or Risks | Key Components |
| <p>FED Old Age Security Program</p> <p>Provides income to seniors and some near seniors to meet their basic needs.</p> | <p>Old Age Security Pension (OAP) provides a secure, modest base of retirement income to all Canadians. The Guaranteed Income Supplement (GIS) provides additional income to seniors with low incomes. Allowances are provided to spouses of low income seniors in receipt of GIS who are between the ages of 60 and 64 year. If the senior spouse dies an Allowance for the Survivor may be provided.</p> | <p>Low income</p> <p>Women</p> | <p>Seeks out eligible participants (no need to apply for GIS)</p> <p>Universality of OAP reduces stigma</p> <p>Service to the door (i.e., mail/bank)</p> <p>Facilitates seniors having discretionary income for social participation</p> |
| <p>FED RCMP: Seniors Safety and Security programs</p> <p>Addresses seniors' concerns about personal safety by providing information to prevent crime/victimization.</p> | <ul style="list-style-type: none"> Information can be provided one-to-one in the seniors' home, tailor made to situation (e.g., home security). Written information is available. Information can be provided via groups to depersonalize (e.g., information re scams) | <p>Need for sense of safety and security</p> | <p>Free</p> <p>In-home</p> <p>Individualized approach</p> <p>No eligibility barriers</p> <p>Facilitates access to community – less fear</p> <p>Supports seniors' independence, remaining in community</p> |
| <p>FED Home Adaptations for Seniors' Independence (HASI)</p> <p>Financial assistance program to adapt homes for seniors that facilitate their independence.</p> | <ul style="list-style-type: none"> Provides homeowners and landlords with financial assistance for minor home adaptations (e.g., bath grips). Forgivable loans may be available Provided by the federal government in partnership with P/T housing associations or government department | <p>Low income</p> <p>Disability</p> <p>Functional limitations</p> <p>Inadequate housing</p> <p>Caregiving</p> | <p>Supports seniors' independence, living in their own homes, connection to community.</p> <p>Adaptations can reduce risk of injury to senior and to their caregivers.</p> <p>Can be applied to urban, rural or remote areas.</p> <p>Builds community capacity by increasing housing stock suitable for seniors with disabilities.</p> |
| <p>FED Residential Rehabilitation Assistance Programs for Persons with Disabilities (RRAP-Disabilities)</p> | <ul style="list-style-type: none"> Both home owners and landlords can receive financial assistance to modify dwellings to increase accessibility. Forgivable loans may be available Partnership with federal | <p>Disability</p> <p>Inadequate housing</p> <p>Low income</p> | <p>Can be applied to urban, rural or remote areas</p> <p>Supports seniors remaining in their homes and connected to communities</p> <p>Builds social and community capacity by enabling seniors to</p> |

| | | | |
|---|--|---|---|
| Financial assistance to undertake accessibility work to modify dwellings occupied or intended for occupancy by low-income persons with disabilities | government and P/T housing associations or government departments | | access community and by increasing stock of accessible homes (rental or owner) |
| FED New Horizons for Seniors Supports community-based projects that involve seniors. | <ul style="list-style-type: none"> • Funds local projects across Canada that encourage seniors to contribute to their communities through social participation and active living • Promotes ongoing involvement of seniors in their communities • Wide range of non-profit activities led by seniors, (e.g., volunteering, outreach, mentoring, and teaching) are eligible. | Need for seniors to have input in policies and programs that concern them Ageist attitudes | Seniors' involvement increases likelihood of appropriate services Builds social and community capital Applicants must show support/participation of seniors and community organizations Accessible in all parts of Canada Encourages local response to need Invites innovation |
| FED Veterans Independence Program | <ul style="list-style-type: none"> • Provides housekeeping home support, groundskeeping, health care (dental coverage, glasses, hearing aids, medication or equipment), and meal programs to seniors who are veterans. | Chronic illness Disability Frailty Inadequate housing | Seniors may purchase their own services supporting independence Supports remaining in own home Supports informal care network Communication aids support social participation |
| FED Industry Canada: Canada's Campus Connection National partnership of colleges, poly-technical institutes and universities that offer online and distance education | <ul style="list-style-type: none"> • Offers almost 3,000 courses • Grants degrees, diplomas • Credit for workplace learning/experience • Assess foreign credentials | Geographic location | Facilitates a knowledgeable work/volunteer force |