SOCIAL ISOLATION of Seniors

A Focus on New Immigrant and Refugee Seniors in Canada

Supplement to the Social Isolation of Seniors toolkit
Participating governments

- Government of Alberta
- Government of British Columbia
- Government of Manitoba
- Government of New Brunswick
- Government of Newfoundland and Labrador
- Government of Northwest Territories
- Government of Nova Scotia
- Government of Nunavut
- Government of Ontario
- Government of Prince Edward Island
- Government of Saskatchewan
- Government of Yukon
- Government of Canada

Acknowledgements

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The Forum is an intergovernmental body established to share information, discuss new and emerging issues related to seniors, and work collaboratively on key projects.

Québec contributes to the FPT Seniors Forum by sharing expertise, information and best practices. However, it does not subscribe to, or take part in, integrated federal, provincial, and territorial approaches to seniors. The Government of Québec intends to fully assume its responsibilities for seniors in Québec.
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Background

This supplement is a resource to help organizations and service providers adopt approaches to help new immigrant and refugee seniors strengthen human connections. Social isolation is a silent reality experienced by many seniors, and particularly new immigrant and refugee seniors. It is hoped that this resource will heighten awareness and sensitivity and help organizations, friends, family members, and communities address the particular social needs of these seniors, many of whom may be unable to communicate their concerns to others.

This supplement should be read in conjunction with two Federal, Provincial and Territorial (FPT) Ministers Responsible for Seniors documents. *Social Isolation of Seniors, Volume I: Understanding the Issue and Finding Solutions* provides an overview of social isolation among seniors in Canada while *Social Isolation, Volume II: Ideas Exchange Event Toolkit* provides hands-on resources for groups.

The materials included in this supplement are drawn from current research, stakeholder consultations (including a workshop), an environmental scan of existing programs and services, and experiences of new immigrant and refugee seniors themselves. This supplement consists of two parts: Part 1 explores social isolation from the perspective of new immigrant and refugee seniors and Part 2 provides practical tools and resources to encourage human connections to reduce social isolation.

This resource is meant as a starting point to initiate discussions among stakeholder groups and new immigrant and refugee seniors to develop and implement innovative local programs and find ways to increase human connections and reduce social isolation. Action is needed at all levels of planning and decision-making to promote and provide information on strategies to address social isolation. There are a multitude of possibilities for collaborative action to encourage social inclusion of immigrant and refugee seniors.

The contributions from the many organizations and service providers working with new immigrant and refugee seniors were invaluable in creating this resource. Permission is granted to reproduce with appropriate credits and citation.
Introduction

What is social isolation?

Social isolation is a situation in which someone has infrequent and/or poor-quality contact with other people. A person who is socially isolated typically has few social contacts or social roles, and few or no mutually rewarding relationships.

Although social isolation is often associated with loneliness, the two are not the same. Loneliness is better described as “a feeling of distress that results from discrepancies between ideal and perceived social relationships.”\(^1\) That is, loneliness happens when your social relationships do not live up to your expectations, so it can be experienced even when a person has adequate social networks. This document focuses on social isolation, not loneliness. Reaching out to new immigrant and refugee seniors who are at risk of being socially isolated may reduce their risk of suffering poor health and poor quality of life.\(^2\)

Anyone can become socially isolated. Seniors, particularly those who are new immigrants or refugees, are at greater risk. An excellent summary of how seniors can become socially isolated and the associated risks and consequences is contained in Part 1 of Social Isolation of Seniors, Volume I: Understanding the Issue and Finding Solutions.

Using the ideas in this supplement

Before putting into practice the ideas set out in this report, it is important to have a sound understanding of new immigrant and refugee seniors’ cultural contexts. This knowledge is needed to adapt the content of events, determine appropriate venues and provide open and inclusive spaces for dialogue.

Accordingly, this resource provides a foundation for dialogue among stakeholder groups and new immigrant and refugee seniors to reduce social isolation. The two sections of this supplement provide:

- An exploration of social isolation from the perspectives of new immigrants and refugee seniors.
- Practical tools and resources to encourage human connections and prevent social isolation.

For general ideas about hosting effective meetings to exchange ideas and respond to the social isolation of seniors, see Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit.
Social isolation among immigrant and refugee seniors

Understanding what influences social isolation among new immigrant and refugee seniors specifically will help facilitate social inclusion and participation. Intervening successfully requires a better understanding of the incidence of social isolation of immigrant and refugee seniors, the risk factors, the links between isolation and well-being, and the financial impacts for health care and social services.

Chen, who is 83 years old, migrated to Canada to care for four young grandchildren two years ago. She is functionally illiterate in both English and French, and lives in a large town in Quebec. Coming to Canada as a senior and trying to resettle here has left her lonely and depressed. She has cataracts and high blood pressure. She does not drive and has very few social connections outside her immediate family. She is home alone after the children and grandchildren go to work and school. She has tried to learn French from her family, but has not found this easy. She is unaware of community services.

Chen has been cut off from human connections outside her family. She does not benefit from the friendships, connections and community services that many of us take for granted. Health, cultural, and language issues further complicate her life. To help Chen, service providers and her community need to understand her unique story and put her at the centre of a social inclusion intervention so she can remain socially involved. This will improve her emotional, mental and physical health and allow her to contribute to her community.

Nizar, who is now 71, fled his war-torn country with his wife and lived in a refugee camp for six years. In his country, he was highly respected and held a management position with a farmers’ cooperative. In the refugee camp, he felt displaced from his home town, work and routine. He and his wife came to Canada as government-sponsored refugees four years ago and now reside in a small town in rural Saskatchewan. It is cold. He lost everything when he came to Canada—his home, friends and family. His wife recently died and he has been diagnosed with diabetes. He is thankful to be in Canada, but feels displaced yet again, with very few friends and limited engagement with his community.

In addition to grappling with the death of his spouse, health issues, the cold Saskatchewan weather and his changed status, Nizar is socially isolated. He has few human connections—neither family nor friends. His life is complicated by his sense of displacement and the differences in culture.
To truly assess social isolation issues in immigrants and refugees, service providers and organizations need to know about their clients' cultural backgrounds—where they have come from—and under what circumstances they have come to Canada.

The social isolation of new immigrant and refugee seniors is a complex issue. There is much to be done to ensure continued quality of life for this vulnerable segment of the population. Human connections matter.
Part 1:

Social Isolation of New Immigrant and Refugee Seniors
Demographic profile

Diversity of the Immigrant and Refugee Community

Canada is often referred to as a multicultural society and has a long history of immigration. The early migrants from France and England created settlements which encroached on Indigenous peoples and their traditional territories. Canada also served as an early safe haven for African-American slaves in the mid-1800s. Over time, the pattern of migration has changed, with immigrants to Canada originating from different regions of the world. Currently, the largest group of newcomers are from Asia, although Africa’s share has also increased. With the waves of migrants and their descendants, Canada has become increasingly diverse ethnically, linguistically and culturally.

The immigrant and refugee population is growing. By 2055, it is projected that 40% of the Canada’s population will have been born outside of Canada. Individuals who migrated to Canada within the preceding five years are referred to as “new” immigrants, including landed immigrants and refugees. In 2015, new immigrants made up 17.2% of the total immigrant population and 3.5% of the total population in Canada.

The landed immigrant and refugee population refers to those who are foreign-born and have been granted the rights to live in Canada permanently (permanent residents). Landed immigrants are granted this status primarily through the economic or family class, whereas refugees are those seeking Canada’s protection on humanitarian and compassionate grounds. Of the annual inflow of newcomers to Canada, landed immigrants make up 90% (65% economic and 25% family class) and refugees make up 10%.

Permanent residents have their rights guaranteed under the Canadian Charter of Rights and Freedoms, but they do not have the right to vote. Permanent residents may apply for citizenship after living in Canada for at least 1,460 days in the previous six years and 183 days in each of four calendar years. In Canada, 85.6% of all eligible permanent residents eventually become citizens.

Canada’s immigrant and refugee population

The immigrant and refugee population in Canada is marked by the diversity of the migrants’ countries of origin, ethno-cultures, languages, religions and other characteristics.

- Immigrants reported 200 different countries as birthplaces and more than 200 ethnic origins. In 2011, 13 different ethnic origins had surpassed the 1 million mark.
- The largest source of immigrants is Asia. But there is also an increasing number of recent immigrants from Africa, the Caribbean and Central/South America.
• One in five Canadians is a visible minority, defined by the Employment Equity Act as “persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in colour.” Three of the largest visible minority groups are South Asians, Chinese and black Canadians.

• Language diversity is pronounced, with more than 200 languages reported as mother tongues. Most immigrants (more than 70%) report a mother tongue other than English or French.

• Canada’s religious landscape has changed over time. Two-thirds Canadians are affiliated with a Christian religion; one-quarter have no affiliation. The increased shares of recent immigrants are Muslim, Hindu, Sikh and Buddhist.

• The vast majority (95%) of immigrants and refugees live in the four largest provinces—Ontario, British Columbia, Quebec and Alberta—and 91% live in the nation’s largest metropolitan centres (compared with 64% who were born in Canada). Recently, a trend toward redistribution to the smaller provinces has been observed due to government initiatives to attract and retain new Canadians.

Demographic Profile: Snapshot of immigrant and refugee seniors

Mirroring the overall pattern in Canada, the population of immigrant and refugee seniors is increasingly diverse.

• Among all seniors in the Canadian population, 30% were foreign-born, compared with 21% of the total population.16

• Interprovincial variation exists, with British Columbia immigrant and refugee seniors accounting for roughly 41% of all seniors and the smallest numbers seen in the territories.

• The population of visible minorities among seniors has grown from 2% of Canada’s senior population in 1981 to 8.1% in 2011.

• While most seniors speak either English or French, about 63% of immigrant seniors (65+) who arrived in Canada over the past five years (2012 to 2016) reported that they were unable to speak either official language.17 Women across all age groups are more likely than men to speak neither official language. The lack of proficiency in either official language has been associated with older and married immigrant women and those with a lower level of formal education.18 Refugee women have reported having the greatest difficulty in learning an official language.19
• Most new immigrants and refugees are relatively young and migrate through the economic or skilled class. Seniors represent a relatively small proportion (3.3%) of new immigrants and refugees, and are more likely to be sponsored under the family reunification program to support their families.

• Immigrant and refugee seniors are more likely to live in poverty, have poorer health (perceived health status and chronic diseases), and face challenges in accessing services.

Immigrants have sustained Canada’s demographic and economic growth and have been vital to Canada’s prosperity. Promoting integration and connections between immigrants and others born in Canada through greater mutual understanding helps to strengthen our society. The infographics in Part 2 of this supplement highlight key statistics related to immigrants and refugees.

**Journey of migration, settlement, and integration**

Along with the significant diversity among immigrants and refugees in Canada at the population level, the journey of migration, settlement and integration is unique to each individual. Each individual’s journey is influenced by many factors, such as age and other socio-demographic characteristics, contexts prior to migration, reasons for relocation, availability of and access to appropriate supports, and the level and nature of integration desired. Experts in migration research indicate that the process of settlement is interconnected—involving adjustment, adaptation and integration—and strongly influenced by the pre-migration context, which can have a long-lasting impact. These processes may have different time horizons and sequence, with some moving more quickly in the integration process while it may be much more challenging for others.

**Interconnected process of settlement**

**Pre-migration** – life and context prior to migration.

**Adjustment** – familiarization with new culture, language, people and environment.

**Adaptation** – learning and managing the situation without a great deal of help.

**Integration** – participating and contributing to the new country.

Adjustment and adaptation enable new immigrant and refugee seniors to become familiar with all aspects of life and society in the host country, and to make changes to learn the new aspects of life with all the opportunities and challenges of the Canadian context. Integration means contributing to Canadian life in four areas: economic, social, cultural and political.
**Integration**

**Economic** -- acquiring skills, getting jobs, advancing career and achieving financial independence.

**Social** -- establishing social networks, accessing services and diversity in social networks.

**Cultural** -- adapting to new lifestyle, reviewing values and redefining cultural identity.

**Political** -- civic participation, voting and citizenship.

Settlement is a two-way process that involves adaptation on the part of both the host society and newcomers. The extent and nature of adjustment, adaptation and integration may vary depending on life stage and other aspects. For example, the aspirations of immigrant and refugee seniors may not be economic in nature, but rather socio-cultural.

Beyond these four areas of integration, other aspects, such as spiritual beliefs and practices, may be important for bringing unity and fostering a sense of belonging in a diverse society. Seniors’ resiliency throughout the settlement journey also provides an opportunity for them to share the wealth of wisdom and knowledge they bring to the family structure and Canadian society. A sense of belonging supported by a welcoming community is key to the ability of immigrant and refugee seniors to participate to their full potential in an integrated society.

The cultural, linguistic, social, and economic barriers faced by recent immigrant and refugees during the settlement and integration process are well documented. These factors contribute to increased risk of negative outcomes, such as poor health, social isolation, financial difficulties, transportation problems and others. As part of the tools in Part 2, three summary journeys of new immigrant and refugee seniors are included as a basis for discussion to increase understanding and highlight the unique needs of this group of seniors.

**What are the risks?**

Social inclusion is regarded as an indicator of healthy aging. However, an increasing number of seniors, particularly new immigrant and refugee seniors, are at risk of being socially isolated. *Social Isolation of Seniors, Volume I: Understanding the Issue and Finding Solutions* provides a detailed look at the risk factors associated with social isolation among seniors in Canada. The National Seniors Council’s *Report on the Social Isolation of Seniors* identifies factors that may place seniors at risk of social isolation (see box).
## Risk Factors for Seniors

<table>
<thead>
<tr>
<th>Demographic</th>
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<tbody>
<tr>
<td>Age 80 years or older</td>
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<tr>
<td>Living alone</td>
<td></td>
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<tr>
<td>Low income</td>
<td></td>
</tr>
<tr>
<td>Lesbian, gay, bisexual or transgender</td>
<td></td>
</tr>
<tr>
<td>Caregiver</td>
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### Health

- Compromised health status
- Multiple chronic health problems
- Mental health issues including the pre-migration context (e.g., PTSD from torture and other violations)

### Social

- No children or no family contact
- Lack of access to transportation
- Changing family structure
- Home alone (or after children/grandchildren go to work/school)
- Location of residence
- Critical life transitions: retirement, death of spouse, losing driver’s licence
- Lack of awareness of community programs
- Dependence on family for social needs
- Limited connections outside family

Although each of these factors has been associated with social isolation, there is often a complex relationship among many of them. New immigrant and refugee seniors are at a greater risk of social isolation because of these general factors (e.g., higher level of poverty, limited access to transportation, being a caregiver, lack of awareness of services), but there are also a host of other risks that are unique to this particular group of seniors.

Based on the 2011 National Household Survey, 15.1% of immigrants in Canada who are 65 or older do not know English or French. For immigrants over age 65 who arrived in Canada in the past 10 years, this figure increases to 50.1%. The level of comprehension and comfort in speaking in a foreign language may be a much larger challenge for new immigrant and refugee seniors and is a significant barrier for social integration.
Many new immigrant and refugee seniors live in intergenerational households.\textsuperscript{32, 33} While this is an advantage in some ways, as family connections are important for integration, the dynamics associated with family sponsorship and child care responsibilities introduce risks of social isolation. Grandparents may be brought to Canada to care for young children to allow both parents to work. Providing childcare in an unfamiliar context (e.g., language, generational gap/difference, a foreign land without the familiar social networks and support) may be challenging and isolating, not only in terms of generational differences, but also in terms of cultural differences within the family context.

Sponsorship dynamics can also put seniors at risk of social isolation. Immigrant and refugee seniors are often sponsored by their adult children and are sometimes completely financially dependent on those children. These adult children can become the gatekeepers of access to the outside world, leaving seniors themselves without any social network beyond the immediate family. Sponsorship regulations (e.g., financial responsibility for 20 years) create pressures for the sponsor and can exacerbate intra-family conflict, elder abuse and social isolation.\textsuperscript{36} Given the language and cultural barriers, the reliance of new immigrant and refugee seniors on their sponsor and families may be extensive. In addition, seniors visiting their families on visitor visas may face greater social isolation because they are not eligible for social programs available only to permanent residents and citizens.

Families may not be aware of social isolation as a problem or may not want to see it that way, especially if elder abuse (e.g., including financial abuse) is involved.\textsuperscript{37} Older immigrants may not recognize themselves as victims of abuse or be aware of their legal rights or the community resources that are available to them. Under-reporting of elder abuse has been related to discomfort in discussing the issue, perceived shame, and bringing dishonour to the family.

Visible minorities who are new immigrant and refugee seniors have higher rates of social isolation than non-minority groups.\textsuperscript{38, 39, 40} This is further complicated by discrimination (the exclusion of individuals or groups from full participation in society because of prejudice) and racism (the belief that one race is inferior to another) toward particular immigrant groups.\textsuperscript{41, 42}

For most seniors, aging in place (e.g., living in the residence of the senior’s choice for as long as they are able) is highly valued. But aging “out of place” (or in a foreign land) is the reality for immigrant and refugee seniors and may contribute to the risk of social isolation.\textsuperscript{43, 44} They may have greater attachment to their own culture, be unfamiliar with the new cultural and societal norms in the host country, and may feel lost or displaced in all four areas of integration: economic, social, cultural and political. The journey of migration to a new country and associated factors, individually and in combination, can contribute to social isolation.\textsuperscript{45}

An emerging trend in Canada is the redistribution of immigrant and refugee populations beyond large urban centres as a result of government initiatives to attract and retain new Canadians.\textsuperscript{46, 47} These smaller centres may not have the capacity to provide settlement support services and adequate social activities to mitigate the risk of social isolation.
In summary, migration presents many life changes, and stresses can be further exacerbated by language barriers, cultural differences, changing dynamics of multigenerational households, loss of status within the family and the community, caregiving responsibilities, conflicted family values, and discrimination. In addition, poor health status—along with concerns related to access, availability, and cultural appropriateness of services—adds to the risk of social isolation. Aging out of place with limited social networks outside of one’s own family makes it difficult to participate fully in communities. Although every immigrant journey is unique, and considerable diversity exists, the risk factors contributing to social isolation among new immigrant and refugee seniors are many (see box).

<table>
<thead>
<tr>
<th>Risk factors for new immigrant and refugee seniors</th>
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<tr>
<td>• Cultural differences</td>
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<td>• Language difficulties</td>
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<tr>
<td>• Being a visible minority</td>
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<tr>
<td>• High degree of attachment to culture/language of origin</td>
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<tr>
<td>• Lack of awareness of culture/norms of new country</td>
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<td>• Small size of communities of the same ethnicity</td>
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<td>• Limited religious and cultural activities</td>
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<tr>
<td>• Racism</td>
</tr>
<tr>
<td>• Discrimination</td>
</tr>
<tr>
<td>• Sponsoring relations and their expectations</td>
</tr>
<tr>
<td>• Dysfunctional multigenerational families</td>
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<tr>
<td>• Lack of settlement services</td>
</tr>
<tr>
<td>• Decrease in income or socio-economic status</td>
</tr>
<tr>
<td>• Loss of social standing or value</td>
</tr>
<tr>
<td>• Lack of knowledge among service providers, support organizations, friends, and family about the impact of immigration pathways and seniors’ eligibility for services</td>
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Understanding how new immigrant and refugee seniors become or remain socially isolated is key to taking action. What is common among all seniors who suffer from social isolation is the risk of social exclusion on multiple dimensions. For new immigrant and refugee seniors, this is often more complex. The risk factor checklist in Part 2 can facilitate an understanding of social isolation among new immigrants and refugee seniors. In general, the more risk factors present, the greater the risk of social isolation.

**Consequences of Social Isolation for New Immigrant and Refugee Seniors**

This section provides a summary of the consequences of social isolation for new immigrant and refugee seniors. A more comprehensive assessment is contained in *Social Isolation of Seniors, Volume I: Understanding the Issue and Finding Solutions*.

**Health-related issues**

Among the health impacts of social isolation on immigrant and refugee seniors are higher rates of depression, social anxiety and other mental health issues. A senior’s social connections can positively influence good health behaviours—such as remaining active and engaged—and enhance positive health and well-being outcomes. Conversely, socially isolated seniors are more at risk of negative health behaviours—including being sedentary and not eating well—as well as poorer health outcomes and compromised well-being. Seniors may be less likely to access health services in a timely manner if they are socially isolated, especially if constrained by language and other barriers or if they have different cultural views on health. This could result in higher rates of health care utilization, including a much greater risk of hospitalization.

Social isolation is also a predictor of mortality from coronary heart disease and stroke. Socially isolated seniors are more at risk of drinking alcohol, smoking, being physically inactive and eating less nutritiously. Isolated seniors are more likely to wait until they are in poorer health to seek medical attention. As such, seniors who are more socially isolated are more likely to experience higher health care utilization rates and incur greater suffering as well as financial costs to themselves, their families, and the health care system.

**Social costs**

Social isolation can lead to a deterioration of social skills, partly because of disuse, and partly because of the way that the symptoms associated with isolation can disrupt social behaviour. Social isolation can lead to elder abuse, including financial abuse. Seniors who are socially isolated are less able to participate and contribute to their communities. Seniors may benefit from volunteering and participating in their communities to gain a sense of satisfaction and efficacy, and communities may benefit from the services and social capital that seniors provide.
Economic

Some new immigrant and refugee seniors may need to participate in the labour market despite being age 65 or older. However, social isolation makes it difficult for seniors to participate in the labour force and prohibits them from economic integration.\textsuperscript{55, 56}

Older adults will face barriers to employment if they are not fluent in an official language and have no work experience in Canada. Working in gainful employment can decrease social isolation, increase income, encourage intergenerational learning, help seniors retain technical skills, provide opportunities for leadership, and improve life experiences.\textsuperscript{57, 58} Difficulty in labour force participation may perpetuate poverty and further social isolation.

As the population of new immigrant and refugee seniors in Canada continues to grow, innovative approaches to deal with social isolation are increasingly important. Social isolation limits effective participation in economic, social, political and cultural life. Without human connection, there may be a considerable loss of contributions from new immigrant and refugee seniors.

Strategies under way to address social isolation

The social isolation of seniors has been identified as a significant issue in Canada and other high-income countries, such as the United Kingdom, Ireland, the United States and Australia. Canada has been a world leader in identifying social isolation as a national priority, with actions taken at multiple levels: government, organization and community.

A report commissioned by the federal government in 2006 entitled \textit{A Profile of Social Isolation} provided an assessment of the characteristics of seniors who are at risk of social isolation.\textsuperscript{59} The National Seniors Council produced reports on this topic in 2013–14, with recommended action followed by a literature review in 2017.\textsuperscript{60, 61, 62} In addition, in 2017, the Federal/Provincial/Territorial Working Group on Social Isolation developed toolkits for use by service providers, organizations, and social networks that are involved with seniors.\textsuperscript{63} The Government of Canada, through the New Horizons for Seniors Program (NHSP),\textsuperscript{64} has also funded several pan-Canadian projects aimed at addressing social isolation in seniors, including identifying new immigrants and refugee seniors at heightened risk of social isolation. An environmental scan of these programs is included in the list of resources.\textsuperscript{65}

Provincial governments have been active in understanding and addressing social isolation among seniors. For example, \textit{SHIFT: Nova Scotia’s Action Plan for an Aging Population}\textsuperscript{66} articulates a commitment to support aging in place, connected to community life, for all seniors, including new immigrant and refugee seniors. Similarly, \textit{We are all in this together: An Aging Strategy for New Brunswick}\textsuperscript{67} includes social inclusion as a key component to age friendly communities. A \textit{Better Yukon for All: Government of Yukon’s Social Inclusion and Poverty...}
Reduction Strategy also addresses social inclusion for seniors with a number of age friendly initiatives such as an age-friendly business guide.

At the municipal level, collaborative efforts are under way to understand the issue of social isolation among seniors and implement action plans through a series of community conversations and community-level strategies involving several organizations, such as cross-cultural associations, health authorities and other community-based organizations. For example, the cities of Nanaimo, Vancouver and Ottawa have developed community coalitions to identify and develop local strategies to address social isolation of seniors.

At the community level, several organizations and community groups have been actively engaged in offering programs and services to seniors at risk for and affected by social isolation. Some examples of these programs and services are included in the list of resources. These community-wide approaches have included awareness campaigns, group activities, one-on-one interventions, support provision, arts- and culture-based activities, leisure activities, intergenerational activities, educational activities, friendship programs, telephone support program, gatekeeper programs, Internet groups, support groups and religious activities as well as other opportunities to participate in and contribute to civil society.

Governments and communities are moving forward with strategies to address the social isolation of seniors. The work that is being done highlights the need for even more multi-sectoral partnerships combined with refining existing community services and programs. Innovative ways of working together could be explored to develop policies and programs to improve the health and participation of seniors in society.

Finding solutions and opportunities for action

The social isolation of new immigrant and refugee seniors is a result of complex personal, individual, social, economic, environmental and policy factors. Although there have been interventions to encourage and foster social inclusion of seniors, social isolation is an issue that continues to affect new immigrant and refugee seniors. New ways of thinking could bring valuable knowledge and identify sustainable solutions. It will be necessary to incorporate non-traditional, multi- and cross-sectoral partnerships that include new immigrant and refugee seniors themselves in the planning, implementation and evaluation of ideas, so that their experiences, insights, challenges, assets, ideas and aspirations are taken into account. Many useful opportunities for action are highlighted in Social Isolation of Seniors, Volume I: Understanding the Issue and Finding Solutions. This supplement builds on the ideas presented in Volume I and focuses on tools directly related to new immigrants and refugee seniors.

Principles for creating action to reduce social isolation for new immigrant and refugee seniors could include:

- Involving immigrant and refugee seniors in planning, creating and evaluating ideas
- Coordinating efforts among seniors and other relevant stakeholders (e.g., service providers, governments) specific to the needs of new immigrant and refugee seniors
• Encouraging new multi-sector partnerships to create community interventions
• Adapting existing activities, services and programs to meet new community needs
• Involving immigrant and refugee seniors in decision-making processes
• Taking advantage of expertise and resources across sectors (families, businesses, communities, individuals and governments)
• Adopting approaches that are sustainable and flexible
• Linking solutions to changing attitudes and behaviours (service providers, family and the community)
• Using new technologies

Although interventions targeting social isolation have increased over the last decade, the number of high-quality evaluation studies remains relatively low, limiting the evidence available to fully assess their impact.\textsuperscript{76} The key elements of an effective intervention for new immigrant and refugee seniors include:\textsuperscript{77, 78, 79}

• Multi-dimensional strategies addressing multiple risk factors (e.g., language training along with awareness of support programs and services)
• Strategies specifically targeting new immigrant and refugee seniors as opposed to the general senior population
• Participatory approaches
• Group activities (education/training, arts/culture, social
• In certain circumstances such as bereavement and hospital discharge, one-on-one initiatives (peer volunteers, visiting programs, community navigators) are useful.
• Use of technology (while the research is inconclusive,\textsuperscript{80} there have been some benefits related to training seniors to use computers, the Internet and social media)

Reducing social isolation requires a variety of interventions at a range of levels—individual, family, community, government and voluntary. These should be balanced according to the needs of individual new immigrant or refugee seniors.
Examples of group activities

- Social support in group settings
- Educational input activities
- Social clubs
- Day centre
- Volunteering
- Walking clubs

Examples of one-on-one activities

- Directed support or problem solving
- Home visits
- Social support
- Befriending services
- Telephone services
- Technology training and ongoing support (Skype, Internet)

Given the diversity among new immigrant and refugee seniors, interventions may not be equally effective in every context. More research and evaluation of interventions with active engagement of a wide range of new immigrant and refugee seniors and research approaches is needed.81

<table>
<thead>
<tr>
<th>Recommendations for researching and evaluating interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Involving seniors in the process of designing, implementing and evaluating programs and services</td>
</tr>
<tr>
<td>2. Raising awareness of new immigrant and refugee seniors’ need for social inclusion</td>
</tr>
<tr>
<td>3. Creating partnerships and utilizing existing community organizations and resources, including non-traditional ones and technologies</td>
</tr>
<tr>
<td>4. Promoting access to information, programs and services across and within sectors (that is, health, social services, immigration and justice)—ensuring the use of accessible language and alternative forms, such as pictorial format, braille or sign language, translation into other languages, availability online and print strategy</td>
</tr>
<tr>
<td>5. Learning from best practices for both group and one-on-one interventions</td>
</tr>
<tr>
<td>6. Building capacity for service providers, communities, and families</td>
</tr>
<tr>
<td>7. Conducting research specific to the social isolation of new immigrant and refugee seniors to support the services, programs and policies developed</td>
</tr>
<tr>
<td>8. Creating and maintaining a comprehensive database of the initiatives so that governments can monitor gaps and overlaps in service to address emerging needs</td>
</tr>
</tbody>
</table>
Dialogue among stakeholder groups and new immigrant and refugee seniors is necessary to develop innovative local programs and find collaborative solutions to reduce social isolation. Action is essential at all levels of planning and decision-making to promote awareness and provide information on social isolation of new immigrant and refugee seniors. There are a host of possibilities for collaborative action to support social inclusion. Human connections matter.

Part 2 of this supplement contains an organizational preparedness or capacity checklist, a slide deck and other resources to assist building awareness.
Part 2:

Tools and Examples for Ideas Exchange Events for Social Isolation of New Immigrant and Refugee Seniors
How to use the toolkit

Working together, seniors, families, organizations, businesses, communities and governments can help prevent or decrease social isolation among new immigrant and refugee seniors. Seniors (or any interested group) can lead conversations and strategies to find solutions. Gatherings can vary in length, group composition, number of participants and dialogue format. Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit provides detailed strategies for ideas exchange events that provide the foundation for this supplement, which is specific to the social isolation of new immigrants and refugee seniors.

This section contains information to focus gatherings to exchange ideas and develop strategies to respond to the social isolation needs of new immigrant and refugee seniors in your community. The purpose of the ideas exchange gatherings is to build awareness, share information, build partnerships, and create opportunities to work together to address the social isolation of new immigrant and refugee seniors.

The events can be organized for individual organizations or they can bring together organizations from different sectors to work together on community-wide solutions. The events can take various forms—for example conferences, workshops and discussion groups. The toolkit summarizes possible approaches to the dialogue and outlines specific questions for reflection to develop solutions.

How to conduct an event

Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit provides tools and techniques for hosting an event. It includes resources to guide facilitators through three types of events: a partial-day event, a one-day event and a two-day event. Tools include sample agendas and suggested activities.

Resources

The resources listed here can be used alone or in combination in various ideas exchange events or gatherings.

- Appendix A provides infographics with statistics to help readers understand the trends related to new immigrant and refugee seniors in Canada.
- Appendix B provides three summary journeys which highlight the risk factors and provide an anchor for discussions about possible solutions.
- Appendix C is a social isolation risk checklist which can be used to enable a greater understanding of the unique circumstances around social isolation of new immigrants and refugees.
- Appendix D is a slide deck which provides an overall summary of the context for social isolation among new immigrant and refugee seniors along with the risks and
consequences. It can be used as a standalone resource for increasing awareness or at an ideas exchange event to focus dialogue.

- Appendix E is an organizational preparedness or capacity checklist which enables organizations and coalitions to assess their readiness to provide appropriate strategies for this vulnerable segment of the population.

- Appendix F provides some approaches for hosting an ideas-exchange event including some tips on hosting discussion groups and workshops.

- Appendix G provides a list of additional resources.
Appendix A: Infographics on Canada’s Immigrant and Refugee Population

Immigrant Population in Canada, 2016 Census of Population

On May 10, 2016, Canada was home to 5.7 million immigrants who had settled in Canada between 1980 and 2016.

There are three main ways immigrants are admitted as permanent residents

Economic immigrants
Immigrants sponsored by family
Refugees

1. Economic immigrants were admitted under economic programs and still lived in Canada in 2016

2. Immigrants sponsored by family

3. Refugees were admitted since 1980 and still lived in Canada in 2016

Top countries of birth of refugees

2011 to 2016

- Syria: 26,550
- Iraq: 15,505
- Afghanistan: 6,105
- Eritrea: 5,125
- Democratic Republic of the Congo: 5,020

2001 to 2010

- Colombia: 25,005
- Afghanistan: 19,005
- Iraq: 14,770
- China: 14,555
- Sri Lanka: 14,160

1991 to 2000

- Sri Lanka: 29,930
- Russia and Ukraine: 22,590
- Poland: 13,145
- Iran: 13,145
- Afghanistan: 12,165

1980 to 1990

- Vietnam: 50,450
- Poland: 42,845
- El Salvador: 17,645
- Cambodia: 12,775
- Iran: 9,765

According to the 2016 Census, 7.5 million foreign-born people came to Canada through the immigration process. They represented more than 1 in 5 persons in Canada.

Percentage of immigrants to Canada by period of immigration:
- 2001 to 2005: 12.3%
- 2006 to 2010: 14.0%
- 2011 to 2016: 16.1%
- Before 1981: 25.7%

Approximately 1.2 million are recent immigrants.

Top 10 countries of birth of recent immigrants:
- Philippines: 188,805
- India: 147,190
- China: 129,020
- Iran: 42,070
- Pakistan: 41,430
- United States: 33,060
- Syria: 29,945
- United Kingdom: 24,445
- France: 24,155
- South Korea: 21,210

Immigrant Languages in Canada

The 2016 Census provides data on more than 140 immigrant languages.

Top immigrant language spoken in each province and territory...

Top 5 immigrant languages spoken at home in Canada’s largest cities...

Vancouver
- 191,940
- 190,465
- 170,375
- 81,105
- 47,265

Toronto
- 267,155
- 246,210
- 196,605
- 164,030
- 161,685

Montréal
- 191,960
- 146,650
- 88,915
- 78,905
- 44,095

In 2016, 7,335,745 people in Canada spoke an immigrant language at home. This represents 21.1% of the Canadian population, an increase of 14.7% from 2011 to 2016.


www.statcan.gc.ca/census
Appendix B: Journeys

These summary journeys can be used for discussion and learning. Their purpose is to illustrate the real context of a situation or problem and identify its cause and solution. They can be used in a variety of idea exchange formats.

CHEN

Chen, who is 83 years old, migrated to Canada to care for four young grandchildren two years ago. She is functionally illiterate in English or French and lives in a large town in Quebec. Coming to Canada as a senior and trying to resettle here has left her lonely and depressed. She has cataracts and high blood pressure. She does not drive and has very few social connections with others outside her immediate family. She is home alone after the children and grandchildren go to work and school. She has tried to learn French from her family, but has not found this easy. She is unaware of community services.

NIZAR

Nizar, who is 71, fled his war-torn country with his wife and lived in a refugee camp for six years. In his country, he had been highly respected and held a management position with a farmers’ cooperative. In the refugee camp, he felt displaced from his home town, work and routine. He and his wife came to Canada as government-sponsored refugees four years ago and now reside in a small town in rural Saskatchewan. It is cold. He lost everything when he came to Canada—his home, friends and family. His wife recently died and he was diagnosed with diabetes. He is thankful to be in Canada, but feels displaced yet again, with very few friends and limited engagement with his community.

MARIA

Maria, who is 65, lived happily and comfortably until her husband’s unexpected death. Five years ago, her married daughter, Eska, asked her to join her in Canada to live with Eska and her husband, Alexander. Alexander was physically, emotionally and financially abusive of Eska. Maria was not used to the lack of respect; she was unsure how to react. Maria had been living in their house for four weeks when she witnessed Alexander verbally abuse Eska during an argument about finances. During this argument, Alexander also hit Maria. Maria and Eska left the home and sought refuge in a women’s shelter. They eventually rented a basement suite with no bed. Now they both sleep on the cold floor. Eska is unemployed; Maria has arthritis in her knees and is malnourished, with a low body mass index (BMI). She does not participate in community activities because she cannot afford the fees and does not have the transportation or assistance to travel to free events. Maria is embarrassed about their economic status and does not feel comfortable asking for help.
Appendix C: Risk Factor Checklist for Social Isolation of New Immigrant and Refugee Seniors

The following checklist summarizes risk factors identified in the literature, and may be useful to stimulate conversations and action plans for new immigrant and refugee seniors.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
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<tbody>
<tr>
<td><strong>Demographic</strong></td>
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<tr>
<td>Age 80 years or older</td>
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<tr>
<td>Living alone</td>
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<tr>
<td>Low income</td>
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<td></td>
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<tr>
<td>Lesbian, gay, bisexual or transgender</td>
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<tr>
<td>Caregiver</td>
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<td></td>
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<tr>
<td>Visible minority</td>
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<tr>
<td><strong>Health</strong></td>
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<td></td>
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<tr>
<td>Compromised health status</td>
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<tr>
<td>Multiple chronic health problems</td>
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<tr>
<td>Mental health issues, including the pre-migration context (i.e., PTSD from torture and other violations)</td>
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<tr>
<td><strong>Social</strong></td>
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<td></td>
</tr>
<tr>
<td>No children or no family contact</td>
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<tr>
<td>Lack of access to transportation</td>
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<tr>
<td>Changing family structure (e.g., becoming a widow or widower; having adult children relocate to different city)</td>
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<tr>
<td>Home alone (or after children/grandchildren go to work/school)</td>
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<tr>
<td>Critical life transitions: retirement, death of spouse, losing driver’s licence</td>
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<tr>
<td>Lack of awareness of community programs</td>
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<tr>
<td>Dependence on family for social needs</td>
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<tr>
<td>Limited connections outside family</td>
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</tr>
<tr>
<td>Dysfunctional multigenerational families</td>
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</tr>
<tr>
<td><strong>Cultural</strong></td>
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<td></td>
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<tr>
<td>Cultural differences</td>
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<td></td>
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<tr>
<td>Language difficulties</td>
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<td></td>
<td></td>
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<tr>
<td>High degree of attachment to culture/language of origin</td>
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<td></td>
<td></td>
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<tr>
<td>Lack of awareness of culture/norms of new country</td>
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<tr>
<td>Small size of communities of the same ethnicity</td>
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<tr>
<td>Limited religious and cultural activities</td>
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<td></td>
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<tr>
<td>Racism</td>
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<td></td>
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<tr>
<td>Discrimination</td>
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<td></td>
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<tr>
<td>Sponsoring relations and their expectations</td>
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</tr>
<tr>
<td>Lack of settlement services in rural and remote areas that reflect cultural needs</td>
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<tr>
<td>Decrease in income or socio-economic status</td>
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<td></td>
<td></td>
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<tr>
<td>Loss of social standing or value</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Service providers’ and organizations lack of knowledge about the impact of immigration pathways and seniors’ eligibility for services</td>
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</tbody>
</table>
Appendix D: Slide Deck—Human Connections Matter
The following slide deck comprises 14 slides and provides an overview of the context, risk factors and consequences of social isolation among new immigrant and refugee seniors.

Objectives

New immigrant and refugee seniors in Canada
Who are they?
What are the risks of social isolation?
What are the consequences of social isolation?
What can we do about it?
How do we start sharing ideas?

Chen

Chen, who is 83 years old, migrated to Canada to care for her four young grandchildren. She is illiterate in English or French and lives in a town in Quebec. Coming to Canada as a senior has left her lonely and depressed. She does not drive and has few social connections. She has tried to learn French but has not found this easy. She is unaware of community services.
Social Isolation

“low quantity and quality of contact with others”

- Chen’s story of social isolation is shared by many.
- Cultural, language, social, and economic barriers faced by immigrants and refugees contribute to a higher risk for social isolation.
- Social isolation contributes to higher rates of depression, anxiety, mortality, and hospitalization.

A Diverse Group

- The population of immigrant and refugee seniors is becoming increasingly diverse.
- Individuals who migrated to Canada within five years are referred to as “new” immigrants or refugees.
- Among all seniors in the Canadian population, 30% were foreign-born.
- 63% of immigrant seniors (65+) who arrived in Canada between 2012 and 2016 were unable to speak either official language.
- Seniors represent 3.3% of new immigrants and refugees and are likely to be sponsored under the family reunification program.
- Immigrant and refugee seniors are likely to live in poverty, have poor health status and chronic diseases, and face challenges in accessing services.

Top 10 Countries of Birth of Recent Immigrants

<table>
<thead>
<tr>
<th>Country</th>
<th>Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>188,000</td>
</tr>
<tr>
<td>India</td>
<td>147,900</td>
</tr>
<tr>
<td>China</td>
<td>120,620</td>
</tr>
<tr>
<td>Iran</td>
<td>90,200</td>
</tr>
<tr>
<td>Pakistan</td>
<td>41,440</td>
</tr>
<tr>
<td>United States</td>
<td>31,060</td>
</tr>
<tr>
<td>Syria</td>
<td>29,945</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>28,445</td>
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<tr>
<td>France</td>
<td>26,155</td>
</tr>
<tr>
<td>South Korea</td>
<td>25,210</td>
</tr>
</tbody>
</table>

1www.statcan.gc.ca/census
Process of Settlement

The settlement process is interconnected involving adjustment, adaptation, and integration.

Adjustment -- familiarization with new culture, language, people and environment.

Adaptation -- learning and managing the situation without a great deal of help.

Integration -- participating and contributing to the new country.

Settlement Journey

Journey of migration, settlement, and integration unique to each individual.

Influenced by age, other socio-demographics, contexts prior to migration, reasons for relocation, and availability of and access to supports.

Cultural, language, social, and economic challenges contribute to increased risk of social isolation.
Social Isolation Risks for Seniors

- Living alone
- Age 80 or older
- No children or family
- Limited transportation
- Location of residence
- Poor health
- Inadequate services
  - awareness & availability
- Caregivers
- Life transitions
  - retirement, spousal death, moving, loss of mobility or license

Social Isolation Risk for New Immigrant And Refugee Seniors

- Cultural differences
- Language difficulties
- High degree of attachment to culture/language of origin
- Limited religious and cultural activities
- Racism
- Discrimination
- Sponsoring relations and their expectations
- Lack of settlement services
- Decrease in income or socio-economic status
- Loss of social standing or value
- Small size of communities of the same ethnicity
- Lack of awareness of culture/norms of new country
- Lack of knowledge among service providers, support organizations, friends, and family about the impact of immigration pathways and seniors’ eligibility for services
What are the Health Consequences of Social Isolation?

- Higher rates of depression, social anxiety, and other mental health issues
- Predictor of mortality from coronary heart disease and stroke
- Less likely to access healthcare services
- Higher rates of dependency for health services and risk for hospitalization

What are the Social & Economic Consequences of Social Isolation?

**Social**
- Limited social engagement, volunteering, and participation
- Loss to neighbourhoods, families, and communities

**Economic**
- Increased healthcare costs
- Loss to labour force
- Loss of income, intergenerational learning, leadership and experiences
What has been done so far?

**Federal Examples**
- National Seniors Council – 2013/14 Report on Social Isolation; 2017 Literature Review
- Federal/Provincial/Territorial Ministers Responsible for Seniors Forum – Social Isolation and Social Innovation Toolkit (volumes 1 & 2)
- New Horizons for Seniors Program

**Provincial Examples**
- We are all in this together: An Aging Strategy for New Brunswick
- A Better Yukon for All: Government of Yukon’s Social Inclusion and Poverty Reduction Strategy

**Municipal Examples**
- City of Nanaimo, City of Vancouver – Social Isolation and Loneliness Among Seniors (SILAS)

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What has been done so far?

**Community/Organizational Level**
- Awareness campaigns (e.g., Manitoba),
- Group activities (e.g., leisure activities, intergenerational, arts/culture-based, support group)
- One-on-one interventions (e.g., friendship program, telephone support, ...)
- Technology-based (e.g., use of computer, social media...)
What’s Effective?

- Involve immigrant and refugee seniors in the process
- Multidimensional strategies to address multiple risks
- Specifically targeting at risk groups
- Participatory approaches
- Group activities vs. one-on-one
- Targeted one-on-one initiatives in certain situations
- Use of technology – emerging evidence

Opportunities for Action

- Involving immigrant and refugee seniors
- Raising awareness
- Creating partnerships
- Promoting access to information, programs/services
- Learning from best/promising practices
- Research specific to at risk groups
- Building capacity and creating opportunities for service providers
Appendix E: New Immigrant and Refugee Seniors—Organizational Preparedness and Capacity Checklist

This checklist can be used as an individual organization checklist or as a tool for collaborative initiatives, which may be more useful to smaller organizations and groups.

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Does your organization or program have:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Policies and procedures with principles, rationales and values for culturally competent service delivery?</td>
</tr>
<tr>
<td></td>
<td>Meaningful participation of new immigrant and refugee seniors in planning, delivery and evaluation of services?</td>
</tr>
<tr>
<td></td>
<td>Recruitment, hiring and retention practices that ensure a culturally and linguistically diverse and competent workforce and/or experience working with new immigrant and refugee seniors populations?</td>
</tr>
<tr>
<td></td>
<td>Support for community outreach initiatives for those with limited English and/or French proficiency and/or populations with literacy limitations?</td>
</tr>
<tr>
<td></td>
<td>Policies and resources for handling inappropriate language or behaviours that may be experienced as discrimination or racism?</td>
</tr>
<tr>
<td></td>
<td>Support for ongoing professional development and in-service training for awareness, knowledge and skills in cultural competencies and immigration policies?</td>
</tr>
<tr>
<td></td>
<td>Reviews of current and emergent demographic trends for the geographic area it serves?</td>
</tr>
<tr>
<td></td>
<td>Methods to identify and acquire knowledge, beliefs and practices of emergent or new populations in service delivery areas?</td>
</tr>
<tr>
<td></td>
<td>Policies and allocated resources for the provision of translation and interpretation services, and communication in alternative formats?</td>
</tr>
</tbody>
</table>
Appendix F: Approaches for Hosting an Ideas-Exchange Event

This section provides ideas on how to plan your event in partnership with seniors, families, organizations, businesses, communities and governments to help prevent or decrease social isolation among new immigrant and refugee seniors. The format will depend on time, budget, group composition, number of participants and format of the dialogue. Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit provides detailed strategies for ideas exchange events that provide the foundation for this section.

The events can be organizational or bring together partner organizations from different sectors to work on community-wide solutions. The events can take various forms, such as conferences, workshops or discussion groups. Planners are encouraged to include immigrant/refugee seniors. Facilitators should be aware that immigrant/refugee seniors may need support to express their ideas and opinions. The toolkit summarizes a couple of these approaches and provides objectives and specific questions to reflect on in order to move toward solutions development.

Discussion Groups
Discussion groups encourage conversation through dialogue and engagement. One activity that stimulates discussion and brainstorming is a series of discussion groups where participants change groups for each round. The process begins with participants arranged in groups of four or five; the room is given a question to discuss. After 20 minutes, each member of the group moves to a different table and the room is given another question, which the new groups discusses for another 20 minutes.

- **Setting**: Create an environment that feels safe and inviting by encouraging participants to speak and listen. Use tables that seat four or five people; this number encourages conversation while allowing everyone to participate. It is helpful to cover the tables with butcher block paper and provide coloured markers.

- **Introduction**: The host or facilitator describes the process for the workshop and sets the context.

- **Questions**: Use questions that are relevant to preventing and addressing social isolation among new immigrant and refugee seniors. Start with the simplest question; work progressively to the more complex questions. Encourage participants to share their thoughts and ideas, but also acknowledge that simply listening is a form of participation.

- **Share and collect**: After a few rounds of discussion, participants can share insights or other results from their conversations with the rest of the room. Participants can be asked to identify patterns and opportunities for action.
The purpose of the workshop could include:

- Developing strategies to increase social connectedness for isolated new immigrant and refugee seniors
- Developing ways to identify socially isolated new immigrants and refugee seniors
- Enhancing understanding of the specific barriers and needs of new immigrant and refugee seniors in the context of social isolation
- Supporting capacity building to address issues of isolation and loneliness of new immigrant and refugee seniors
- Developing ideas and potential next steps (i.e., actions to be taken)

As part of the discussion group rounds, the following questions could be asked:

- What do we know about new immigrant and refugee seniors who may be socially isolated?
- How do we identify and reach out to them?
- How can we help link new immigrant and refugee seniors who are socially isolated to services that will support them?
- How do we address the barriers that prevent all seniors from getting the support they need?
- What can we do to raise public awareness about issues of new immigrant and refugee seniors and social isolation?

Depending on the specific purpose, and using the resources described in Part A, discussion groups and workshops using the formats described in *Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit* could incorporate the following questions:

1. From your perspective, what are the causes of social isolation for Chen, Nizar and Maria? What are the differences? Similarities?
2. What do you think we need to do to create meaningful and long-term change for Chen, Nizar and Maria? What can we do now?
3. What can individuals, community, service organizations and the government do for Chen, Nizar and Maria?
4. What should we be doing right now to address the issue of social isolation of new immigrant and refugee seniors? What is the role of individuals, the community, service organizations and the government?
5. Are you aware of social isolation and loneliness among new immigrant and refugee seniors in your community? Where do you see it? To what extent?
6. What do you think are the greatest risks for social isolation among new immigrant and refugee seniors?

7. What is one thing you can commit to doing to help alleviate social isolation among new immigrant and refugee seniors?

8. In your community, how would you identify and engage socially isolated new immigrants and refugee seniors?

**Workshops: Open-Space Meeting Format**

The open-space format consists of a meeting process in which the participants create the agenda. Those who have a passion and commitment call sessions to explore questions or issues with others. They become the hosts of their sessions. The other participants decide where they will participate. Possible questions could include:

1. What is currently being done to reduce the risks of social isolation for new immigrant and refugee seniors? Where are the gaps?

2. What actions are needed to identify, reach out to and support isolated and lonely seniors?

3. What opportunities can you see to promote social inclusion among new immigrant and refugee seniors?

4. What do we know so far, and what do we still need to learn, to support isolated and lonely new immigrant and refugee seniors?

5. What would it take to create change with this issue?

6. What can we do together that could make the most difference in the lives of socially isolated new immigrant and refugee seniors?

7. What challenges can we anticipate and how might we meet them?

8. If success in dealing with this issue was guaranteed, what innovative steps might we choose? What is possible?
Appendix G: Additional Resources

Settlement and integration for immigrants and refugees in Canada

Best Practices in Settlement Services: Report
Discusses challenges and supports to settlement services for newcomers to Canada.
Source: Government of Canada, 2010. Available from:
http://www.parl.gc.ca/content/hoc/Committee/403/CIMM/Reports/RP4388396/cimmrp02/cimmrp02-e.pdf

Best Practices in Settlement Services: Website
Offers examples of best practices from settlement service organizations on a range of topics, from welcoming communities to policy development.
Source: Government of Canada, 2016. Available from:
http://www.cic.gc.ca/english/department/partner/bpss/

Services and information for New Immigrants
Immigration, Refugees and Citizenship Canada provides information for newcomers on starting life in Canada. Provides a search tool to help locate services in communities, such as language classes and employment.
Source: Government of Canada, 2017. Available from:

Newcomer Services
Immigration, Refugees and Citizenship Canada provides a search for organizations serving specific client groups, such as newcomer seniors.
Source: Government of Canada, 2017. Available from:

Innovative and Promising Practices Within the Immigrant Settlement Sector: Report
Discusses a pan-Canadian study on promising practices for settlement services.
Source: Canadian Immigrant Settlement Sector Alliance, 2012. Available from:

Resources for immigrant and refugee seniors

Action for Seniors Report
Provides information on active aging, financial security, elder abuse and services.
Source: Government of Canada, 2014. Available from:
Canada Benefits.gc.ca
Offers information on benefits and pensions. Includes customizable options (e.g., age, newcomer) in a search tool to help locate potential benefits.
Source: Government of Canada website. Available from: http://www.canadabenefits.gc.ca/f.1.2c.6.3z.1rdq.5.2st.3.4ns@.jsp?lang=en

Immigrant and Refugee Seniors, Cultures West
This edition of the Cultures West magazine focuses on immigrant and refugee seniors. Provides information on many topics, such as accessing health supports.

Best Practices: Reach Isolated Seniors Everywhere
Website provides best practices in Canada and beyond to support socially isolated seniors.
Source: Reach Isolated Seniors Everywhere (RISE) website. Available from: http://rise-cisa.ca/resources/best-practices/

Shares consultation findings on ways to prevent social isolation of seniors.

Social Isolation of Seniors, Volume I: Understanding the Issue and Finding Solutions
Report discusses aging and social isolation risks, implications, and examples of solutions.

Social Isolation of Seniors, Volume II: Ideas Exchange Event Toolkit
Toolkit provides strategies and templates to share ideas and prevent social isolation.

Addressing social isolation among immigrant and refugee seniors: Environmental scan of programs and services in Canada
Source: Saskatchewan Population Health and Evaluation Research Unit, University of Regina and University of Saskatchewan, 2017

Who’s at Risk and What Can Be Done About It?
Report reviews literature on social isolation for seniors, including immigrant seniors. Examines promising interventions and offers conclusions to support social inclusion.

International resources

Social Isolation
Australian website with articles on aging and social isolation, such as best practices.

Social Isolation and Loneliness Among Older Australians
Report addresses aging and isolation including risks, prevention, and policy implications.

Resources related to elder abuse in seniors

Canadian Network for the Prevention of Elder Abuse
Source: https://cnpea.ca/en

Employment and Social Development Canada: facts and research

Elder abuse awareness

Resources related to mental health issues among immigrant and refugee seniors

Mental health and refugees: position paper

Mental health
References


6 Ibid.


8 Ibid.


16 Immigration, Refugees and Citizenship Canada. 2017. Landings Data (database)

17 Ibid.


19 Ibid.


26 Ibid.


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City of Nanaimo (2013). Removing barriers to social isolation.


80 Ibid


