

Hamilton Social Isolation Impact Plan: Reducing Social Isolation of Older Adults

The information and opinions expressed here today are not necessarily those of the Government of Ontario



Presented by:

**Rochella Vassell , Regional Consultant
Elder Abuse Ontario**

**Taralyn Prindiville, Project Manager at the Hamilton Council on Aging
September 28th 2018**

Welcome to EAO's Webinar!

- All attendees will be muted during the webinar. This session is being recorded and will be posted on EAO website.
- If you are experiencing issues, please type into the CHAT/QUESTION BOX and send message to Mary Mead/**Rochella Vassell**
- There will be 15-20 minutes allocated at the end presentation for QUESTIONS AND ANSWERS.
- You will be prompted to fill out an EVALUATION FORM once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Speaker CONTACT INFORMATION will be provided at the end of the presentation to connect directly if you have further questions.



Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1990
- ✓ Funded by the Province of Ontario, governed by the Ministry of Seniors and Accessibility

Mission: Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

EAO oversees the Implementation of the Ontario Strategy to combat Elder Abuse

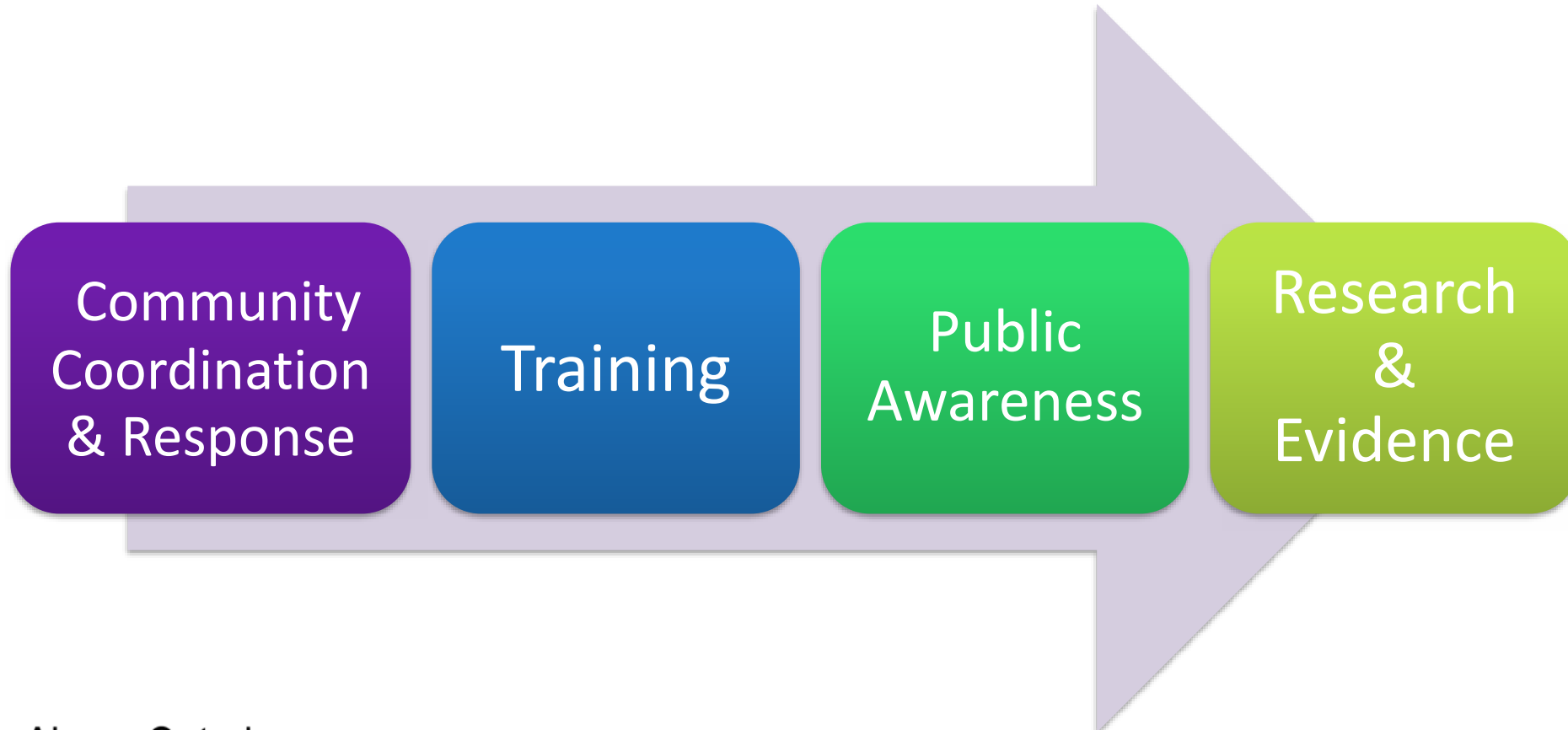


Elder Abuse Ontario
Stop Abuse - Restore Respect



Ontario's Strategy to Combat Elder Abuse

Comprised of 4 Major Priorities



Elder Abuse Ontario (EAO)

- **7 Regional Consultants in Ontario** (Thunder Bay, Sudbury, Woodstock, Toronto, Peterborough, and Ottawa)
- Key resources for providing consultation on elder abuse cases to review options and resources for intervention.
- Consultants DO NOT act as case managers for cases of abuse.
- Support over 40 local Elder Abuse Committees/Networks
- Strengthen partnerships between these committees and other health/social service agencies to enhance the response to elder abuse.
- Develop and implement training materials, tools and resources for elder abuse prevention and intervention.



Speaker: Taralyn Prindiville



Taralyn Prindiville is a Project Manager at the Hamilton Council on Aging. She serves as the Backbone to the Hamilton Seniors Isolation Impact Plan, a collective impact initiative to reduce isolation among seniors in Hamilton. In 2016, Taralyn graduated with honors from University of Toronto, earning a Master's of Science degree in Urban Planning with a specialization in Social Planning. Taralyn combines skills in research, evaluation and community development to pursue her passion of making cities more inclusive for older adults and other groups.



Learning Objectives

- Provide participants with an understanding of the connection between social isolation and Elder Abuse
- Highlight promising approaches developed by the HSIIP in addressing Social Isolation of Older Adults





HAMILTON
**SENIORS
ISOLATION**
IMPACT PLAN

EAO WEBINAR – SEPTEMBER 28, 2018

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SOCIAL ISOLATION

Definition

- Few meaningful roles or relationships
- Low quantity and quality of contact with others
- Not well connected to supports

Prevalence

- Seniors among the most vulnerable
- Estimated 16% of those aged 65+ experience isolation
- Approx. 14,000 seniors experiencing isolation in Greater Hamilton in 2016

Impacts

- Increased risk for elder abuse, physical health issues, depression, anxiety & cognitive decline
- High costs to health & social service systems

CONTRIBUTING FACTORS

Individual risk factors for isolation:

- Older age (especially 80+)
- Chronic illness
- Disability & mobility issues
- Lack of transportation
- Life transitions
- Low-income
- Living alone
- Mental health issues
- Not having contact with family
- Being a caregiver to another senior

Societal factors:

- Rapidly aging population
- Growing number of people living alone
- Families more geographically dispersed
- People don't know their neighbours
- Systemic barriers (poverty, discrimination, stigma)
- Environment may be inaccessible or unsafe

ISOLATION & ABUSE

Isolation as a risk factor for abuse

- Low levels of social support consistently correlated with all forms of elder abuse
- Decreases social sanctions against abusive behaviour
- Increases difficulty of detection
- Major barrier to help seeking
- Isolated caregivers have increased difficulty coping with stresses that might precipitate abuse

Isolation as a symptom of abuse

- Enforced social isolation is a form of emotional and psychological abuse
- Victims may avoid social interactions out of shame or fear of discovery
- Tends to deepen over time in ongoing abusive situations

Reducing isolation is an important way to prevent elder abuse!

ADDRESSING ISOLATION AS A COMMUNITY

There are steps individuals can take

- Understand risk factors & act early to prevent
- Research local resources
- Offer to help a senior to access something they need

However...

Isolation is a complex public health issue that must be addressed at a ***system level***

- Evidence-based policies that address isolation
- Public awareness & dialogue
- Collaboration across many partners & sectors
- Programs that assist seniors to navigate services & connect with community



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gilbrea
 centre
 for Studies in Aging

WESLEY
 URBAN MINISTRIES
 Support, every step of the way

**AbleLiving
 Services**
 Thrive Group

St. Joseph's
 Home Care

Thrive Group
 Integration. Inspiration. Independence.

YWCA
 HAMILTON

KEY COMPONENTS OF THE HSIIP

- **Backbone** – Supports HSIIP partnerships & outreaches to community
- **Community Connectors** – Staff work with seniors to anchor them into programs
- **Hospital Connectors** – Staff work with seniors leaving hospital to anchor them into programs
- **Peer Connectors** – Volunteers provide friendly visiting & accompaniment to activities
- **CareDove** – Website provides information about services & enables exchange of referrals
- **Research** – Research Centre explores experiences of seniors' isolation in Hamilton
- **Social Participation Fund** – Grant from RTO Foundation provides up to \$300/senior



HAMILTON SENIORS ISOLATION IMPACT PLAN

GOALS

20% of isolated seniors have more help & support

(Target: 2264)

10% of isolated seniors participate more regularly in activities

(Target: 1132)

20% of isolated seniors feel more connected to people

(Target: 2264)

10% of isolated seniors feel more valued by people

(Target: 1132)

OBJECTIVES

Build a collaborative

Identify isolated seniors

Connect isolated seniors

Improve & coordinate supports

Understand isolation & facilitate response

Evaluate & scale what works

PROJECTS

AbleLiving

Hospital Connectors

Gilbrea Centre for Studies in Aging

Research Project

Hamilton Council on Aging

Backbone Project

St. Joseph's Home Care

Hospital Connectors

Thrive Group

CareDove Project

Wesley Urban Ministries

Community Connectors

YWCA Hamilton

Peer Connectors

BUILD A COLLABORATIVE

HSIIP Collaborative structure

- Impact Plan – A shared set of goals, objectives & strategies that guides everything
- Steering Committee – Leaders meet at least 8 times annually for planning & decision-making
- Outreach Team – Staff meet monthly to share advice, learn about resources & discuss data

Backbone fosters collaboration

- Convenes meetings
- Liaises between groups
- Encourages communication online
- Leads planning, measurement & evaluation
- Shares information & resources
- Develops broader partnerships

RESEARCH & EVALUATE

Gilbrea Centre conducts qualitative research & shares knowledge

- Conducts literature reviews, interviews & focus groups
- Develops info sheets & training modules
- Reports about indicators of isolation across Hamilton
- Publishes academic articles & policy recommendations

Backbone leads shared measurement & evaluation

- Develops a set of shared indicators
- Creates data collection tools (e.g. intake & exit surveys)
- Conducts focus groups with HSIIP partners & referring agencies
- Compiles, analyzes & discusses data semi-annually
- Conducts annual 'health of the collaborative survey'

IDENTIFY ISOLATION

1671 seniors referred to HSIIP (May 2016 – March 2018)

- 61% identified as isolated & admitted to receive service

HSIIP partners engage the community to raise awareness & gain referrals

- Contact organizations, businesses & community groups
- Distribute pamphlets & educational materials
- Attend events & deliver presentations
- Meet with managers & staff of key organizations
- Spend time in seniors buildings
- Encourage word of mouth referrals
- Maintain a website (www.socialisolation.ca)

Referral sources

- 85% from organizations, 15% from seniors & their acquaintances
- 86% from urban core, 14% from surrounding rural communities

IDENTIFY ISOLATION

Characteristics of seniors identified

Age: 21% were under 65, 33% were 65-74, 24% were 75-84, 19% were 85-94, 3% were 95+

Gender: 59% female, 41% male

Language: 90% spoke English as their primary language

Marital Status: 22% married or common-law, 25% divorced, 33% widowed, 20% single

Caregiver Status: 11% were a primary caregiver to another person

Living Arrangement: 66% lived alone, 34% lived with at least 1 other person

Condition or Disability: 82% had a condition or disability that impacted ability to participate

Sensory Loss: 44% had a vision impairment, a hearing impairment, or both

Access to Transportation: 57% had difficulty accessing transportation

Access to Services: 35% were not accessing any other services

CONNECT SENIORS

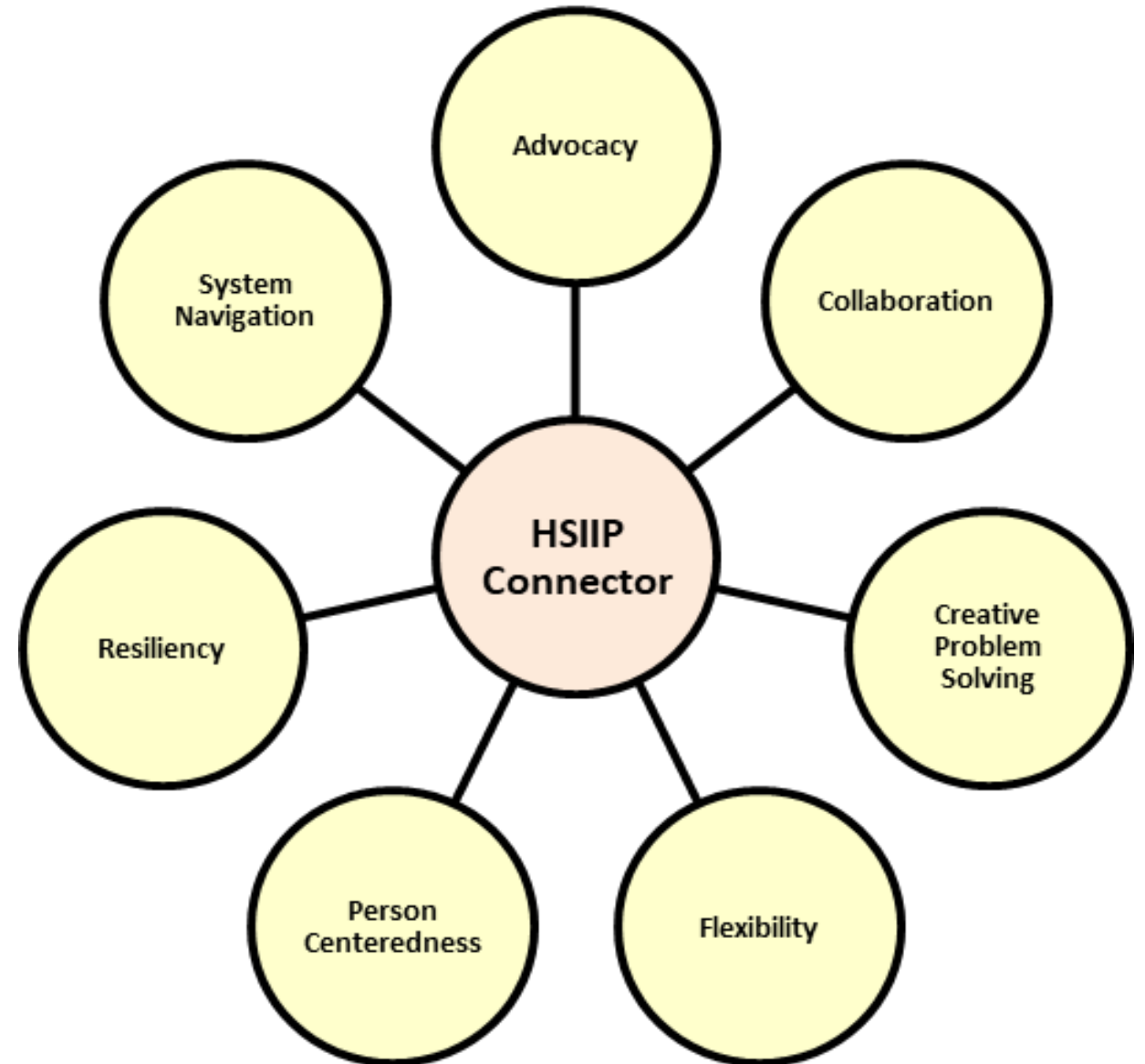
**1014 seniors served by HSIIP
(May 2016 – March 2018)**

Community & Hospital Connectors

- Staff work with seniors for up to 6 months
- Assess needs, discuss options & plans
- Provide encouragement & support to follow through on referrals

Peer Connectors

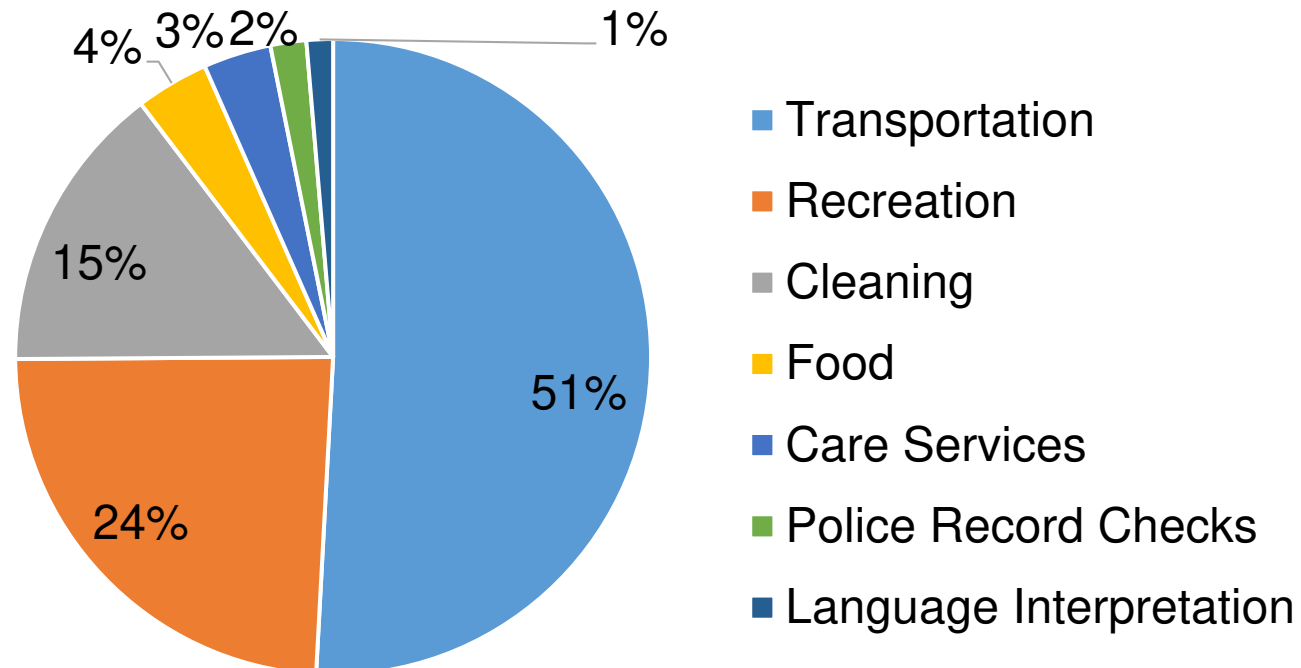
- Volunteers provide friendly visiting once weekly for up to 6 months
- Can accompany seniors to activities



CONNECT SENIORS

Social Participation Fund (January 2017 to June 2018)

- Over 233 individuals assisted
- Approx. \$26,000 worth of approved requests



CONNECT SENIORS

MRS. A'S STORY



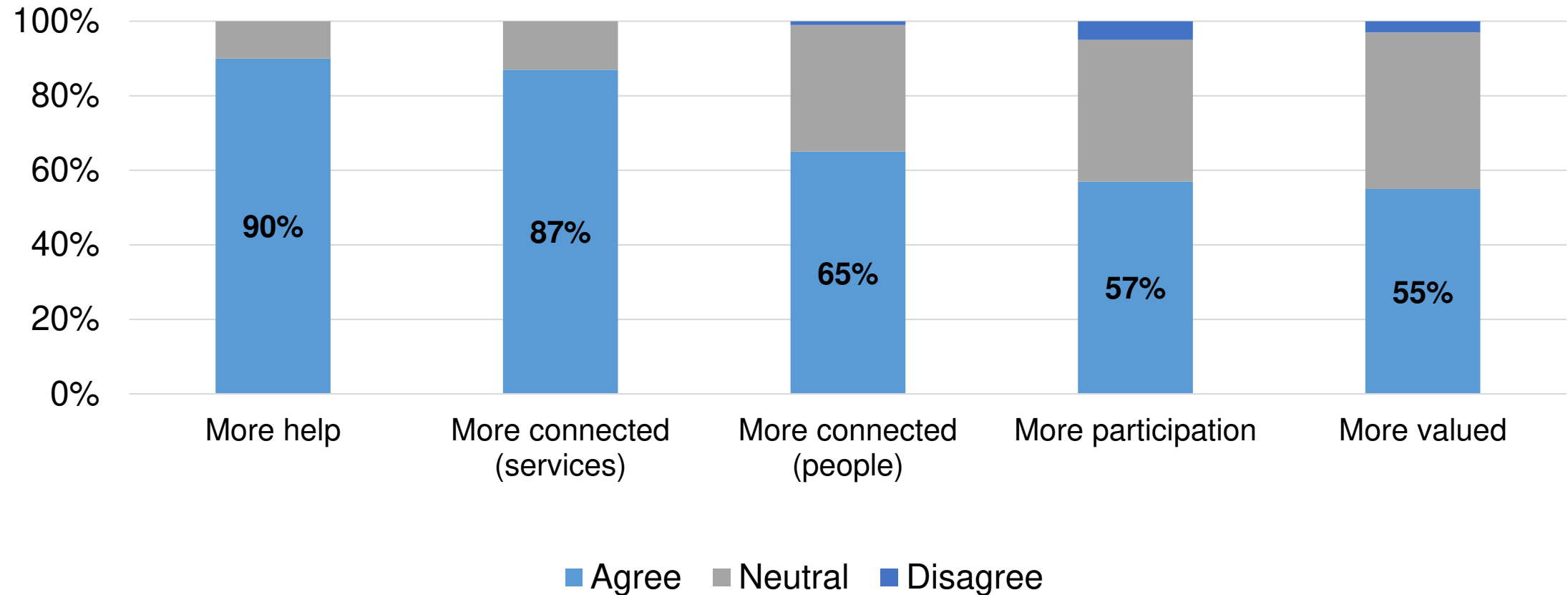
CONNECT SENIORS

MR. B'S STORY



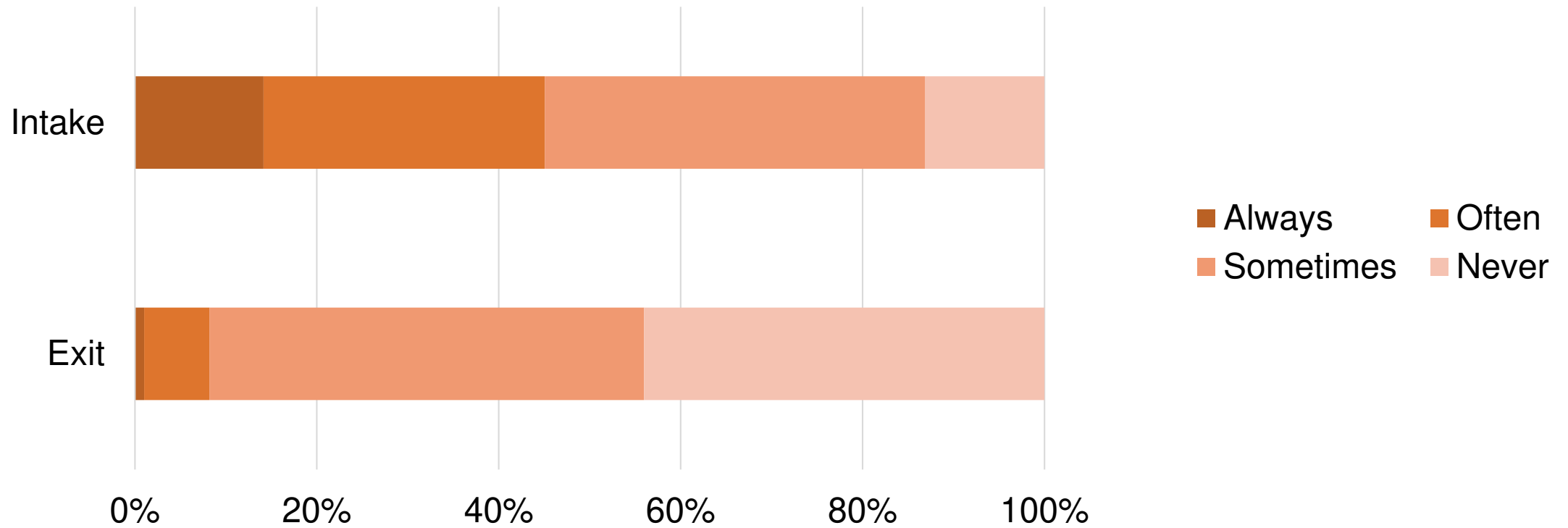
CONNECT SENIORS

Exit Survey Results (May 2016 – March 2018)



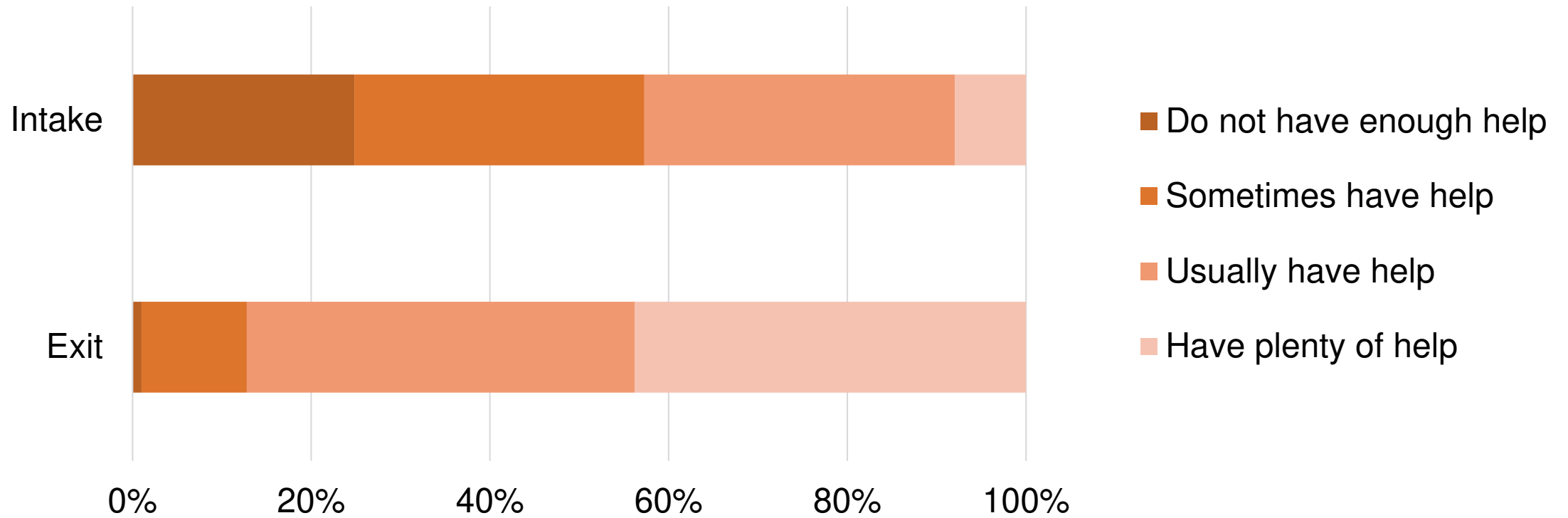
CONNECT SENIORS

How often are you isolated?



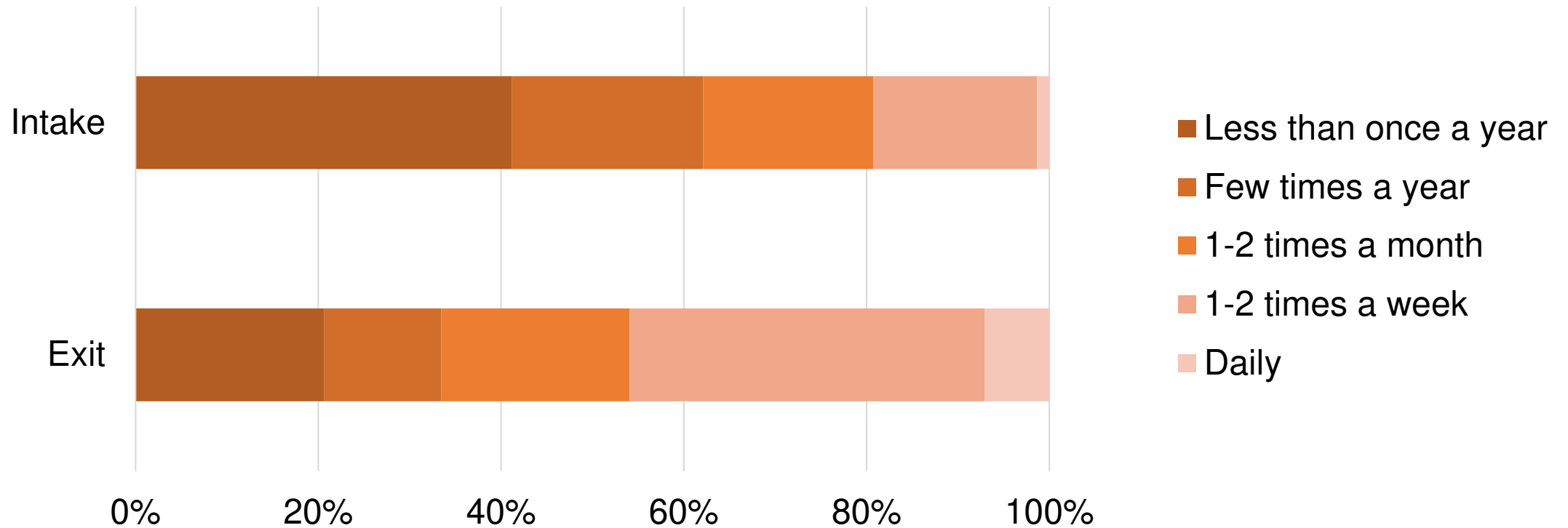
CONNECT SENIORS

Do you have enough help?



CONNECT SENIORS

How often do you participate in social or recreational activities outside of the home?



IMPROVE & COORDINATE SUPPORTS

CareDove platform (www.caredove.com/hamiltoncss)

- Maintain a website with detailed listings of 614 services available to seniors in Hamilton
- Recruit & train organizations to use the platform for exchanging referrals

System issues

- Existing services in Hamilton are overburdened, inflexible & fragmented
- Lots of people making referrals, not enough support to follow through

HSIIP Connectors address these gaps

- Improve collaboration among providers by linking together in a circle of care
- Take on clients & tasks that others don't have capacity for
- Increase prevention by serving seniors who otherwise would not receive support

IMPROVE & COORDINATE SUPPORTS

“Everyone does their part to create a rounded service model... There is no longer a mindset of dumping & running, we work as a team. If there are three of us working in tandem then the senior gets what they need & no one person gets overwhelmed.” (HSIIP Hospital Connector)

“I know there are patients who would not have been discharged if there was not a Connector involved... They are like eyes in the home, helping with things that we can't do here from the hospital.” (Hospital Social Worker)

“I deal with a lot of administrative things... I can do referrals too but I can't do them as these guys can... I'm putting out fires, that's it. They are really getting these seniors involved & away from here.” (Housing Social Worker)

SUCCESSSES

Build a collaborative

- Cultivating supportive partnerships that improve the reach, learning & capacity of projects

Research & evaluate

- Producing a robust set of client data & collecting valuable qualitative insights

Identify isolation

- Improving identification & referral of isolated seniors
- Building a strong network of relationships & referral pathways

Connect seniors

- Achieving strong client impacts & improving resiliency among seniors
- High degree of flexibility enables Connectors to be very helpful & responsive
- Person-centered service that puts the needs of seniors first

Improve & coordinate supports

- HSIIP Connectors have become critical to the continuum of supports for seniors in Hamilton

CHALLENGES

Build a collaborative

- Collective impact model is time-intensive, especially at the beginning

Research & evaluate

- Methods of determining impact of services could be less subjective
- Difficult to track high quality data across multiple partners while keeping things practical

Identify isolation

- Finding rural seniors, non-English speaking seniors & seniors in earlier stages of isolation
- Gaining referrals directly from seniors

Connect seniors

- High prevalence of poverty & mental health issues, more complex cases than anticipated
- Time required to follow through on referrals more intensive than anticipated
- Waitlists & lack of affordable services

Improve & coordinate supports

- Fewer referrals exchanged on CareDove than hoped, lack of uptake in community

LESSONS LEARNED

Build a collaborative

- Build in a pre-planning period to get on the same page before service delivery begins

Research & evaluate

- Plan to spend ample time on data tracking

Identify isolation

- Isolation is diverse & shows up in places where it might not be expected
- It's all about relationship building, which takes time
- Dedicated resources needed for hard to reach populations

Connect seniors

- Vulnerable seniors falling through cracks of existing system
- Needs of isolated seniors are not just social
- Lots of trust, encouragement & support required to follow through on referrals

Improve & coordinate supports

- Front-line staff hesitant to adopt a new technology, need influential champion to enforce its use



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To learn more about the HSIIIP:

www.socialisolation.ca

Backbone Project Manager:

Taralyn Prindiville

prindiville@hpsc.ca

905-777-3837, ext. 12434

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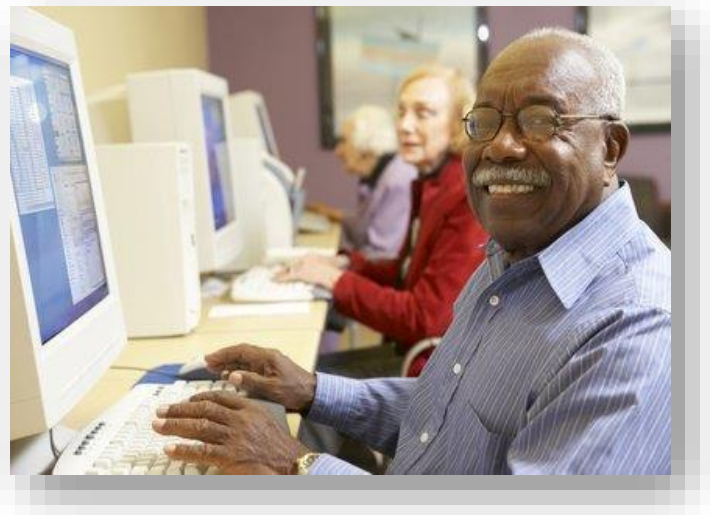
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Questions

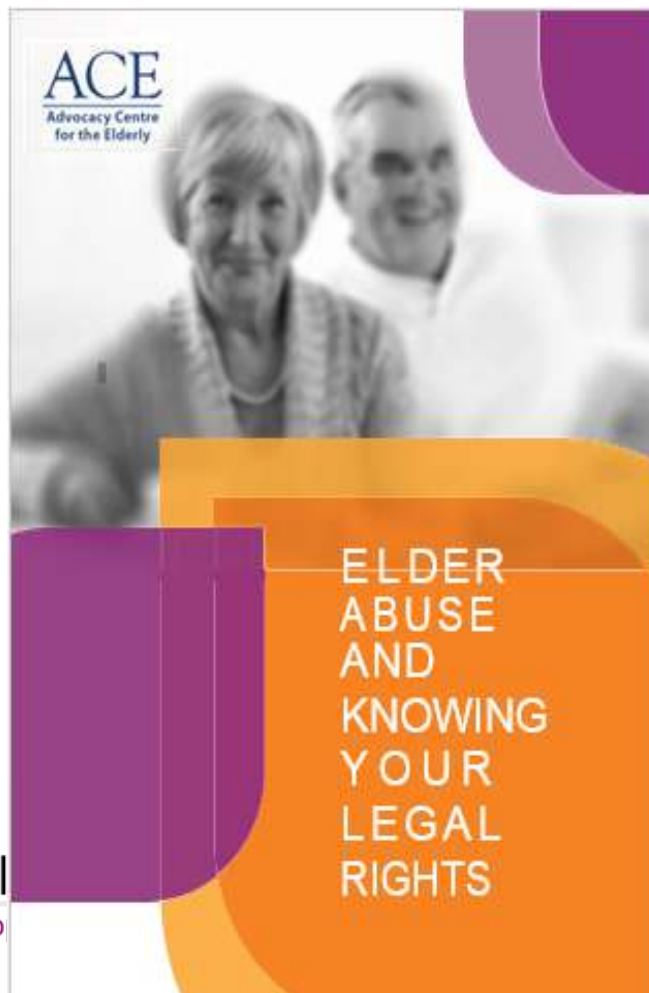


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New Resource on Your Legal Rights

www.elderabuseontario.com



This booklet, "*Elder Abuse and Knowing Your Legal Rights*" contains legal information presented in plain language, about some of the tools available to deal with situations of elder abuse:

- Revoking a Continuing Power of Attorney for Property
- Reporting Elder Abuse to the Police
- Guardianship Investigations
- Statutory Guardianships
- Court Appointed Guardians
- Representatives Appointed by the Consent and Capacity Board
- Civil Actions for the Recovery of Property
- Important Provincial Resources

This booklet contains legal information for educational purposes only and is not to be construed as legal advice. For legal advice, speak with a lawyer/legal professional.



WHAT IS ELDER ABUSE?

Financial abuse is defined as any improper conduct, done with or without the informed consent of the senior that results in a monetary or personal gain to the abuser and/or a monetary or personal loss to the senior.

Neglect is not meeting the basic needs of the older person.

Active (intentional) neglect is the deliberate withholding of care or the basic necessities of life.

Passive (intentional) neglect is the failure to provide proper care to an older adult, usually due to the lack of knowledge and/or experience.

Emotional or Psychological abuse is any action, verbal or non-verbal, that lessens a person's sense of identity, dignity and self-worth.

Sexual abuse includes any unwanted sexual touching, remarks or coercing a person through force, trickery or threats into sexual activity without their consent. Sexual abuse includes inducing sexual activity with a person who is not mentally capable of giving active informed consent throughout the entire duration of the sexual activity.

Physical abuse is any act of violence or rough handling that may or may not result in physical injury but causes physical discomfort or pain.



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Ontario

CONTACT ELDER ABUSE ONTARIO

EAO Head Office

2 Billingham Rd, Suite #306
Toronto, ON
M9B 6E1

Tel: 416-916-6728

Email: admin@elderabuseontario.com

Website: www.elderabuseontario.com

Regional Consultant Office

Rochella Vassell
Central West Consultant
Tel: 416-916-6728 Ext. 225
Email: centralwest@elderabuseontario.com



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THANK YOU

Rochella Vassell
Regional Consultant
Elder Abuse Ontario

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