

REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

## Resource Toolkit



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec 



Régions de Québec et  
Chaudière-Appalaches



**Secrétariat aux relations  
avec les Québécois  
d'expression anglaise**

**Québec** 

The English translation of this document was made possible by the Community Health and Social Services Network (CHSSN) through a financial contribution from the Secrétariat aux relations avec les Québécois d'expression anglaise.

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

**Authors:**

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

**Editing:**

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

## Resource Toolkit

# Introduction



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Quebec Research Centre on Aging [QRCA] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Presentation*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, as long as a reference to the source material is provided.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

# TABLE OF CONTENTS

<b>Introduction</b> .....	1
1. How to prevent or break out from isolation? .....	7
2. Who is the toolkit designed for? .....	7
3. Objectives of the toolkit .....	8
4. Content of the toolkit .....	9
5. Toolkit methodology and design .....	10
6. Acknowledgments .....	11
Sources .....	12
<b>Tool 1 Overview of Social Isolation Among Seniors</b> .....	1.1
1. What is social isolation? .....	1.4
2. Some key distinctions .....	1.6
3. Evaluating social isolation .....	1.8
4. Risk factors of social isolation .....	1.9
5. Consequences of social isolation .....	1.15
6. Comprehensive approach to reducing social isolation .....	1.17
Sources .....	1.20
<b>Tool 2 Targeting Community Areas</b> .....	2.1
1. Why target community areas? .....	2.4
2. Two possible methods .....	2.5
Sources .....	2.10
<b>Tool 3 Working with Community Stakeholders</b> .....	3.1
1. Why work together? .....	3.4
2. Conditions for a successful and positive integration into the environment .....	3.5
3. Strategic approaches to working together .....	3.9
4. Agreeing on a common method .....	3.11
5. Inventory of the resources and services available within a given community .....	3.14
Sources .....	3.16
Appendix .....	3.17
<b>Tool 4 Identifying Individuals</b> .....	4.1
1. Main strategies for identifying socially isolated seniors .....	4.4
2. Some indicators of social isolation among seniors .....	4.9
Sources .....	4.10

<b>Tool 5</b>	<b>Establishing the Relationship</b> .....	5.1
	1. The importance of first contact.....	5.4
	2. Developing a trust-based relationship .....	5.5
	3. Necessary skills.....	5.7
	4. A word on ageism.....	5.10
	Sources.....	5.12
	Appendix .....	5.13
<b>Tool 6</b>	<b>Understanding the Situation of Individuals</b> .....	6.1
	1. Relationships the individual has with others .....	6.4
	2. Obstacles to meeting needs and reluctance to use services .....	6.7
	Source .....	6.11
<b>Tool 7</b>	<b>Providing Guidance Based on the Isolated Senior's Needs</b> .....	7.1
	1. What is guidance? .....	7.4
	2. The guidance process.....	7.5
	3. Description of the five steps .....	7.6
	Sources.....	7.13
	Appendix .....	7.15
<b>Tool 8</b>	<b>Ethical Values and Principles</b> .....	8.1
	1. Reflection on values and ethics.....	8.4
	2. Core values and purposes.....	8.5
	3. Some relevant ethical principles .....	8.6
	4. Ethical dilemmas .....	8.11
	5. The importance of discussion .....	8.12
	Sources.....	8.13
<b>Tool 9</b>	<b>Organizing the Work</b> .....	9.1
	1. Why address work organization?.....	9.4
	2. Roles and responsibilities of workers or volunteers .....	9.5
	3. Support for intervention .....	9.6
	4. Selecting and training workers and volunteers.....	9.8
	5. Material and logistical conditions .....	9.9
	6. Recording information .....	9.9
	7. Safety.....	9.10
	Sources.....	9.14
	Appendix .....	9.15

## LIST OF TABLES

### Tool 1

TABLE 1 Possible scenarios regarding social isolation onset and timeline .....	1.5
TABLE 2 Main risk factors of social isolation among seniors and their descriptions .....	1.10
TABLE 3 Main environmental risk factors of social isolation among seniors and their descriptions .....	1.13
TABLE 4 Consequences of social isolation among seniors .....	1.16

### Tool 3

TABLE 1 Conditions conducive to positive integration into the environment and their means of implementation .....	3.6
TABLE 2 Main elements of a partnership agreement .....	3.12
TABLE 3 Key parameters for compiling a directory .....	3.15

### Tool 4

TABLE 1 Reaching out: Means of implementation, difficulties encountered, and tips .....	4.5
TABLE 2 Being available: Means of implementation, difficulties encountered, and tips .....	4.6

### Tool 5

TABLE 1 Recommendations for developing a trust relationship with socially isolated seniors .....	5.6
TABLE 2 Recap of the knowledge required to establish contact and a positive relationship with socially isolated seniors .....	5.9
TABLE 3 An explanation of ageist attitudes and behaviours in various environments .....	5.11

### Tool 6

TABLE 1 Guide for interviewing seniors .....	6.5
TABLE 2 Obstacles to meeting needs and reluctance to use services or ask for help .....	6.8

### Tool 7

TABLE 1 Main difficulties experienced during guidance and recommendations for overcoming them .....	7.12
--	------

### Tool 8

TABLE 1 Ethical principles useful for defining the work of workers and volunteers .....	8.7
---	-----

## LIST OF FIGURES

---

### Tool 1

- FIGURE 1 Interrelationships among living alone, being socially isolated, and suffering from solitude ..... 1.7
- FIGURE 2 Promising approach to reduce the social isolation of seniors..... 1.19

### Tool 3

- FIGURE 1 Some approaches to working with community stakeholders ..... 3.10



## 1. HOW TO PREVENT OR BREAK OUT FROM ISOLATION?

Many seniors experience social isolation to some extent. Isolation can deprive them of support, hinder interactions with people around them, limit their access to the goods and services in their living environment they may need, and negatively affect their well-being and quality of life, as well as their physical and mental health. For some seniors, social isolation is associated with a sense of loneliness, a higher risk of abuse, a growing sense of insecurity, a feeling of social worthlessness, and low self-esteem.

Measures must be implemented to reduce this phenomenon on several fronts. For example, it is important to raise awareness among the general public about the existence of social isolation among seniors, as well as to facilitate access to information about the services, resources, and programs intended for seniors. It is also important to enhance the capacity of communities to provide premises and opportunities for participation, as well as create environments that are conducive to interactions and foster access to services and resources that meet their needs. Thus, the measures implemented – intended for seniors themselves as well as for making their environments more conducive to a good quality of life – aim to 1) Prevent isolation among seniors, and 2) Provide support to isolated seniors. The *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* toolkit is in line with this second objective.

## 2. WHO IS THE TOOLKIT DESIGNED FOR?

Among Quebec's institutional, community, and private sectors, many initiatives have been implemented to help socially isolated seniors. The tools provided in this toolkit can be useful to managers, workers, and volunteers from organizations pursuing this mandate. Anyone can take action to help a close relative or fellow citizen. The toolkit was also designed to provide tools to people whose job or volunteer activities consist of reaching out to, understanding, and supporting socially isolated seniors. Given the nature of this work, it is essential to have access to the support and conditions required to ensure optimal results.



### 3. OBJECTIVES OF THE TOOLKIT

This toolkit provides additional tools to help local stakeholders – managers, workers, and volunteers – better reach out to, understand, and support isolated seniors, and thus to take action to prevent the negative consequences of social isolation and promote the most beneficial initiatives.

The tools in the kit are designed to:

- 1) Better identify and understand the phenomenon of social isolation (its definition, causes, and consequences) among seniors;
- 2) Take more effective action to reach out to, understand, and support isolated seniors;
- 3) Take more effective action to prevent the negative consequences of social isolation among seniors.

Thus, the toolkit is mainly used to reach out to (or identify) isolated seniors, better understand their situation, and provide them with support to contact individuals or organizations that can meet their needs (transportation, social interaction, recreation, advocacy, housing, health care, etc.). Its application is based on collaboration between the various stakeholders in the environment in which the intervention is being provided. This approach can promote mobilization, optimize the use of existing services, or create new services to reduce social isolation among seniors.



## 4. CONTENT OF THE TOOLKIT

The *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* toolkit contains complementary tools that may also be used independently. There are nine tools:

- **Tool 1 – Overview of Social Isolation Among Seniors** – Provides a definition of social isolation. It highlights the main risk factors of social isolation and its negative consequences. The tool also proposes a promising integrated approach to prevent it.
- **Tool 2 – Targeting Areas** – Presents various methods to identify areas in a given region with a higher likelihood and risk of social isolation among seniors. This tool can help better target areas for intervention, particularly where human and financial resources are limited.
- **Tool 3 – Working with Community Stakeholders** – Focuses on working with organizations from the community, public, and private sectors. It outlines the importance of collaboration, proposes different approaches, and presents the conditions for successful integration into the environment.
- **Tool 4 – Identifying Individuals** – Addresses methods to identify socially isolated seniors, provides indicators to detect socially isolated seniors, outlines two categories of identification strategies, and offers various advice on the topic.
- **Tool 5 – Establishing the Relationship** – Provides advice on how to approach and establish a relationship with socially isolated seniors. It includes some recommendations to establish a trust relationship. It distinguishes and presents the various skills required to take action, which pertain to knowledge, know-how, and interpersonal skills.
- **Tool 6 – Understanding the Situation of Individuals** – Focuses on what is important to know about the isolated senior to effectively support them. This tool serves as a guide to determine a comprehensive view of the person's situation, their relationships with others, and their main needs.
- **Tool 7 – Providing Guidance Based on the Isolated Senior's Needs** – Covers providing the guidance itself. It proposes a five-step approach to guide the person toward resources that will meet their needs and help reduce their isolation. The tool presents the main obstacles to providing support and offers several practical strategies for overcoming them.
- **Tool 8 – Ethical Values and Principles** – Addresses the ethics and values that drive workers and volunteers. By addressing the ethical values and principles that should guide actions, it identifies the main ethical dilemmas and concerns that arise when supporting socially isolated seniors. It provides examples of situations that should be prevented or encouraged and highlights the pitfalls and mistakes to avoid.
- **Tool 9 – Organizing the Work** – Provides people working in the field with various recommendations for coordinating actions to reach out to, understand, and support socially isolated seniors. It stresses the importance of properly clarifying the roles and responsibilities of each individual, ensuring the safety of workers, training them, and giving them all the necessary support. It also recommends some criteria for recruitment of workers and volunteers who will be reaching out to seniors.



## 5. TOOLKIT METHODOLOGY AND DESIGN

The toolkit is the result of an action research carried out between 2014 and 2017 (Cardinal et al., 2017), funded by the Seniors Secretariat of the Quebec government's Secrétariat aux aînés du ministère de la Famille, within the context of the *Québec ami des aînés* (QADA) program. This action research pursued three objectives:

- 1) Reach socially isolated seniors in rural and urban environments;
- 2) Better understand the situation of socially isolated seniors;
- 3) Guide seniors toward resources that can meet their needs.

The tools draw from the results of the two major research strategies utilized, i.e. reviewing of the literature on social isolation, and field experimentation as such.

A literature review on isolation among seniors was conducted to better define the concept of isolation, better understand the causes and consequences of social isolation among seniors, and become familiar with the various forms of intervention to prevent social isolation that were developed in Quebec and elsewhere. The development of this toolkit is predominantly based on these readings and the thesis of Pierre Esoh (2015).

Field work was conducted in two areas of the Région de la capitale nationale (Portneuf and part of Quebec City's downtown area). With the support of local organizations and stakeholders, socially isolated seniors were approached and interviewed to discuss their situation. They were offered assistance in looking for support or services to alleviate their isolation. Throughout the action research, as much information as possible was collected, compiled, and analyzed (e.g. strategies for identifying and contacting socially isolated seniors, approaches for documenting their situation, needs, and desires, as well as the support provided, the actions undertaken by seniors, and the help they received). The difficulties and obstacles encountered, the means used to overcome them, and the factors that facilitated working with seniors were identified to amass as much information as possible. The toolkit was largely designed based on these findings.

To collect and record this information, several means were used throughout the action research. First, the project manager kept a logbook listing all the actions that were undertaken along with any observations. Interviews were then held with the seniors who received help, which were recorded and analyzed with their consent. Interviews were also conducted with coordinators and workers from local organizations who helped identify socially isolated seniors, as well as with officials from organizations whose mandates include reducing social isolation among seniors.

Finally, throughout the research-action process, several discussions were conducted with social workers from the Centre d'action bénévole du Contrefort (CABC) in Quebec City. They shared their experience with the research team.

Some of the tools include verbatim accounts from seniors and workers (paid workers or volunteers). Thus, the quotations that appear in the bubbles are all excerpts from interviews conducted as part of this action research.

The entire action research approach and methodology used is explained in more detail in the research report of Cardinal et al. (2017), which is available at: <https://www.fadoq.ca/quebec-et-chaudiere-appalaches/ressources/sante-et-bien-etre/rejoindre-comprendre-et-accompagner-les-personnes-aiees-isolees-socialement>.



## 6. ACKNOWLEDGMENTS

The action research team would like to thank:

- The Quebec government's Secrétariat aux aînés du ministère de la Famille, for the financial support provided under the *Québec ami des aînés* (QADA) program;
- The seniors who agreed to meet with the project manager to share their experience and receive support;
- The member organizations of local committees that were established to monitor the work and which collaborated in determining the two target areas;
- The members of the Regional Partners Committee, who supported the research team throughout the project:
  - Andrée Richard, Office municipal d'habitation de Québec (OMHQ);
  - Céline Allard, Nathalie Chabot, France Falardeau, Gaétane Pellerin, and Céline Vincent, CIUSSS de la Capitale-Nationale;
  - Diane Duval, Édith Labrecque, and André Beaudoin, Les Aînés Solidaires de Centraide Québec et Chaudière-Appalaches;
  - Judith Gagnon, Natalie Tremblay, and Jacques Lavigne, Table de concertation des personnes âgées of Capitale-Nationale;
  - Marie-Céline Fortin, Contact-Aînés;
  - Pascal Fournier, Québec Little Brothers;
  - Fanny Côté, Conférence régionale des élus de la Capitale-Nationale;
  - Michel Fleury, Table de concertation des aînés de Portneuf;
  - Renée Fleury and Yohann Maubrun, City of Quebec.
- Community organizers Claudia Parent and Harold Côté of the CIUSSS de la Capitale-Nationale, for supporting the project manager in targeting organizations which could collaborate in identifying and recruiting seniors to participate in the action research, as well as the staff of these organizations;
- Louis Lemieux of the Centre d'action bénévole du Contrefort and the social workers from his team who agreed to read the first draft of the toolkit and shared comments, constructive criticism, and sound recommendations;
- Pierre Essoh, who shared with the team insights and thoughts resulting from his analyzes on various Quebec programs to reduce isolation among seniors, and who, with the consent of the persons concerned, provided the action research team with access to the interviews carried out as part of his Master's thesis on community health (Essoh, 2015).



## SOURCES

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieu rural et urbain – Rapport synthèse d’une recherche-action*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Essoh, P. (2015). *Stratégies et outils de repérage des aînés isolés socialement*. Intervention Project, Université Laval, Québec.



Régions de Québec et  
Chaudière-Appalaches



REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 1

# Overview of Social Isolation Among Seniors



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec 



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)



## OBJECTIVES OF THE TOOL

### OVERVIEW OF SOCIAL ISOLATION AMONG SENIORS

---

1. Understanding the concept of social isolation.
2. Outlining differences with other related concepts.
3. Learning the risk factors and consequences of social isolation.
4. Presenting a promising approach for reducing social isolation and its consequences.



#### REFERENCE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 1 – Overview of Social Isolation Among Seniors* Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

# 1. WHAT IS SOCIAL ISOLATION?

**Social isolation** is often used interchangeably with other terms, in particular loneliness. In this toolkit, the concept of social isolation will be reserved for situations where interactions with others are scarce and unsatisfying. Specifically, social isolation refers to all living situations defined by interactions limited:

## IN NUMBER

The number of interactions a person has with their social circle is limited or dwindling. The death of a spouse or loss of work colleagues upon retirement perfectly illustrate this dimension.

## IN FREQUENCY

The interactions are spaced out over time. For example, seniors end up gradually or suddenly withdrawing from public spaces or activities in which they used to participate (e.g. social clubs, associations, recreation organizations). Such withdrawal is often indicative of increasing isolation.

## IN QUALITY

The interactions do not allow the seniors to exercise various social roles (worker, learner, caregiver, grandparent, citizen, etc.) and are not conducive to mutual interaction.

It is important to keep in mind that social isolation situations are complex. In addition, they unfold in different ways over time. For example, they might suddenly occur in someone's life (e.g. after moving to a new place) and be only temporary, or they might slowly develop over time and become permanent (e.g. a progressive deterioration of health). Social isolation can thus develop over different time frames and its duration may vary widely. TABLE 1 shows some of the possible scenarios. It should be noted that many of these social isolation scenarios, whether acute or long-term, can be reversed.



**TABLE 1**

**POSSIBLE SCENARIOS REGARDING SOCIAL ISOLATION ONSET AND TIMELINE**

**DURATION OF SOCIAL ISOLATION SITUATIONS**

**SOCIAL ISOLATION ONSET  
TIMELINE**

	<b>SHORT /</b>	<b>LONG / PERMANENT</b>
<b>FAST</b>	<p>A healthy 68-year-old man suddenly loses his spouse and experiences a normal period of withdrawal under the circumstances before resuming his social activities.</p>	<p>A 69-year-old professional invests most of her time in work, which constitutes the bulk of her social life. She has a severe stroke that forces her to quit her job. She will not be able to create a new social network.</p>
<b>GRADUAL</b>	<p>A 75-year-old has a loss-of-balance problem that has progressed over several years, and his mobility is dwindling. He barely goes out anymore.</p> <p>Following an occupational therapy assessment of his situation, he was deemed eligible for paratransit, which enabled him to go out and resume many of his activities.</p>	<p>A 78-year-old woman supports her 80-year-old spouse whose cognitive impairment has worsened in recent years. He was diagnosed with Alzheimer’s disease. His wife’s social connections gradually diminished before he was sent to institutional care. Other than interactions with caregivers, she has few relationships with individuals significant to her. This situation unfolded over several years.</p>



## 2. SOME KEY DISTINCTIONS

### SOCIAL ISOLATION, LONELINESS, AND LIVING ALONE

Contacts with relatives, neighbours, community resources, or professionals from different sectors (e.g. community organizations, health and social services, justice, etc.) are opportunities – through the exchange of services, goods, information, or support – for interactions for the senior. Having a limited number of such interactions can have negative impacts on meeting their needs, their well-being, and their quality of life. If the situation generates dissatisfaction regarding relationships with others, a sense of deprivation, or even suffering, it is indicative of **loneliness**. It is a result of the senior's perception of a marked discrepancy between the quantity and quality of the relationships they have and those they would like to have. In addition, a person may not be objectively isolated, but nevertheless feel incredibly lonely. On the other hand, a person who has few interactions with others may be fully satisfied by them. For some, loneliness, like social isolation, may be a temporary situation, often associated with specific life events (e.g. widowhood). For others, it is a long-term situation (e.g. gradual loss of mobility due to physical disabilities, and sadness over losing opportunities to socialize).

**Living alone** simply means being the only member of a household, the sole occupant of a dwelling.

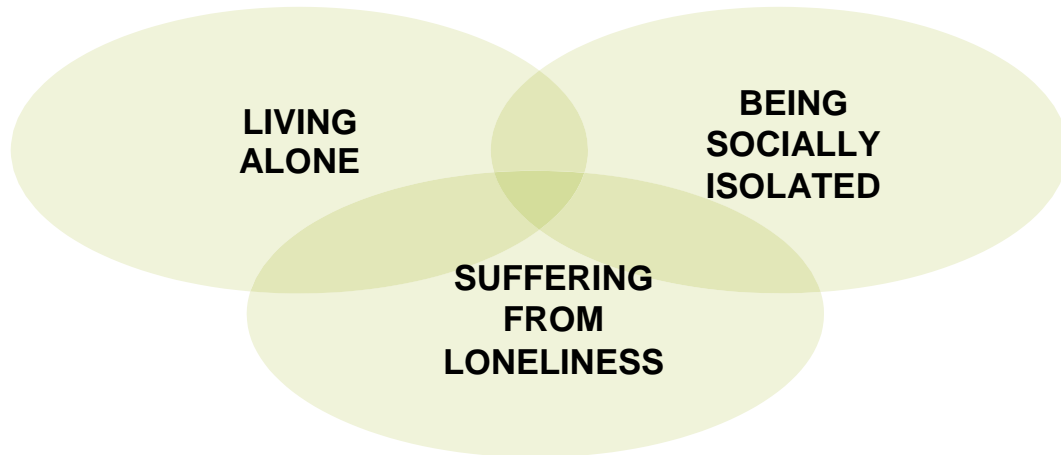
The interrelationships between loneliness, social isolation, and living alone are complex. For example, as shown in FIGURE 1 below, a person could be living alone without being socially isolated or suffering from loneliness; conversely, a person may be socially isolated without necessarily living alone or suffering from loneliness, or may suffer from loneliness despite not living alone nor being socially isolated. As indicated by the intersections of the three sets in FIGURE 1, a senior could also be experiencing two of these situations, or even all three at the same time.

*“I have some interactions with my neighbours, but they are not real relationships. [...] I have a sister to whom I am closer. There are not many people I can count on when I need to talk, even if we rarely see each other.” (a senior)*

*“Sometimes, even while taking part in an activity surrounded by people, you still feel lonely. For my part, I sometimes avoid situations with lots of people because I do not always have something to say [...] and it makes me feel uncomfortable.”  
(a senior)*

# FIGURE 1

## INTERRELATIONSHIPS AMONG LIVING ALONE, BEING SOCIALLY ISOLATED, AND SUFFERING FROM LONELINESS



### SOCIAL ISOLATION, EXCLUSION, AND MARGINALITY

Social isolation is also different from **social exclusion**. The concept of social exclusion refers to a process that ostracizes or segregates people from others (e.g. discrimination, racism). This process is defined by denying someone their rights, property, and resources through power dynamics leading to social inequality.

Likewise, social isolation does not cover the same situations that people deemed as “marginal” may encounter. **Marginality** refers to the values forming a consensus in a given society. A marginal person is an individual who challenges the power of this consensus and this single overarching principle governing the rules of “living together.” Living marginally means refusing to adhere to these values. It means circumventing the norms of the community while forming a personal identity defying these standards.

Although these phenomena are sometimes related, social isolation, social exclusion, and marginality should not be mistaken for one another. Exclusion and marginality can lead to social isolation, but not always. Similarly, a socially isolated person is not necessarily marginal nor excluded.



### 3. EVALUATING SOCIAL ISOLATION

There are few studies on the prevalence of social isolation among seniors, and the data provided by recent literature vary significantly. This variation is explained in several ways, including the definition and dimensions used to describe situations of social isolation, the age selected to delineate the population under study, the recruitment methodology used, and the representativeness of the participants (e.g. people living at home, in a collective residence, in CHSLDs), the method used for collecting data (e.g. online questionnaire, interview by telephone or in person), etc. In addition, after a closer look, the surveys refer more to the dimensions related to loneliness experienced rather than social isolation as defined above (quantity, frequency, opportunities to play various social roles). These studies most often seek to assess the experience reported by seniors as positive or negative.

In Gilmour (2012), 24% of seniors aged 65 and over expressed a desire to participate in more social activities. According to Statistics Canada's Canadian Community Health Survey - Healthy Aging (CCHS) in 2009-2010, 19% of respondents aged 65 and over said they lack company and feel alienated or isolated (Statistics Canada, 2010). In Quebec, dissatisfaction with social life is said to affect about 6% of seniors (Cazale & Bernèche, 2012). The emotional and informational social support index (derived from eight questions that measure availability) varies by age. The proportion of people with low levels of emotional and informational social support increases with age. In 2009, the proportion in Quebec was 19.4% among people aged 65 and over (Camirand & Dumitru, 2011).

Studies also assessed the importance of certain risk factors of social isolation, such as difficulty walking or cognitive impairment (Camirand & Fournier, 2012). According to the National Seniors Council (2014a), it is indeed the increased risk of being socially isolated that has been documented using a social vulnerability index. This index reflects five dimensions, i.e. support for daily life activities, emotional support, self-reliance and control perception, physical recreation activities, and certain living conditions (living alone, not having a spouse) (Keefe, Andrew, Fancey & Hall, 2006). According to this assessment, the risk of social isolation is considered high among 30% of seniors.

Thus, given this great diversity in the meaning of the information available to describe situations of social isolation among seniors, their interpretation and application must be carried out carefully.



## 4. RISK FACTORS OF SOCIAL ISOLATION

Research on senior populations has shown relatively consistent links between certain characteristics of seniors or their environment, and the degree of social isolation within these populations. Several factors significantly increase the risk or probability. Moreover, it appears that none of them are necessary or sufficient enough to explain social isolation. Rather, it is the combination of various risk factors that best predicts the likelihood of being socially isolated.

Risk factors for isolation are numerous and can be grouped in several ways. In this tool, they are divided into two major categories:

- Risk factors related to seniors themselves;
- Risk factors associated with their environment.

The proposed categories (and their sub-categories) are not entirely distinct and can influence each other. For example, a person may have certain physical limitations (e.g. difficulty walking) that will to some degree represent a disability depending on the characteristics of the environment in which they live (e.g. presence of wheelchair-friendly sidewalks and road intersections). Similarly, the social environment can have an impact on a senior who has a particular characteristic (e.g. social taboos and stereotypes surrounding sexual minorities which make life more difficult for those who are part of it). An individual characteristic can also result in an impact on the environment (e.g. impoverishment can cause the person to live in a less stimulating environment with deteriorated infrastructure).

TABLES 2 and 3 present and describe the wide diversity of risk factors of social isolation among seniors that are most often stated. The scientific literature and the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017) both indicate that risk factors relate to a multitude of aspects in the life of seniors. However, three factors are considered more prevalent in documented social isolation situations:

- Deterioration of physical, mental, or cognitive health resulting in a loss of autonomy;
- Loss of mobility;
- Financial precariousness.

These three factors are often at the forefront of several other risk factors and affect many dimensions of social life. In some ways, these three factors could be referred to as the “causes of all causes” of social isolation.

*“It is safe to say that as the days passed after I stopped working due to health issues, I found myself with less money, meaning fewer outings, less eating out at restaurants, and even just getting around. I don’t always have the money for bus tickets.” (a senior)*



## TABLE 2

### MAIN RISK FACTORS OF SOCIAL ISOLATION AMONG SENIORS AND THEIR DESCRIPTIONS

SOCIO-DEMOGRAPHIC FACTORS	
<b>Being a woman or a man</b>	Women are more likely to experience isolation, in particular because they live longer and become more at risk as they grow older. Men would be more likely to isolate themselves as they age, because they are less likely to seek help and resolve certain situations that put them at risk.
<b>Low financial resources</b>	Having low financial resources specifically reduces the opportunities to break isolation (e.g. limits to participating in outings, sports and recreation activities that involve fees) and very often limits the means to get around (e.g. owning an automobile, taking a taxi, using public transportation).
<b>Low level of education</b>	A low level of education (and even more so, a low level of literacy) makes it more difficult to use the proper information in a timely manner, whether it is to solve problems (e.g. terminating a lease), follow practical advice (e.g. taking medications, using an electronic device), use services, or participate in available programs and activities, etc.
<b>Living alone</b>	Opportunities to interact and socialize can be further limited for seniors living alone, especially if their capacities impair their ability to leave the home or to communicate with others.
<b>Being childless</b>	The family network, especially those with children, is very often a great source of positive relationships and support. Seniors may have no immediate family or see their family network diminish over time.

Table continued on page 1.11 





## SOCIO-DEMOGRAPHIC FACTORS

**Being part of a sexual minority (sexual orientation or gender identity)**

Being part of a sexual minority may be a factor in withdrawing from social life depending on how this situation is experienced by the person and how they are welcomed in various environments.

**Being an immigrant**

Integration poses serious challenges to senior newcomers, especially when their first language is not widely spoken in the host community and when contact with their family or culture of origin is reduced or lost.

**Being in a situation of exclusion or marginalization (or having experienced one)**

Social isolation may arise from certain situations of exclusion or marginalization, such as homelessness or prison time, which may be defined by social alienation that is difficult to manage.

**Retiring**

The transition to retirement can cause a significant reduction in the social network, especially among people who have invested too much in work and have developed few relationships outside the workplace.

## HEALTH-RELATED FACTORS

**Physical limitations**

A physical health issue, temporary (e.g. a post-surgical condition) or chronic (e.g. emphysema), may limit the mobility of seniors and their ability to communicate, or prevent meeting their basic needs (e.g. feeding, washing), etc.

**Cognitive limitations**

Confusion and memory problems can hinder communication and interactions with others. These issues, coupled with the embarrassment or discomfort that some situations may produce (e.g. struggling to find words), may lead to gradual social withdrawal.

**Mental illness or intellectual disability**

Mental illnesses and intellectual disabilities may cause difficulties interacting with others. Stigma related to these conditions may lead to misunderstanding and hostility. Signs of normal aging and the onset of mental illness (e.g. depression) may also be mistaken for one another. In some cases, the mental illness may not have been diagnosed nor treated.

Table continued on page 1.12 →



## HEALTH-RELATED FACTORS

### Sensory limitations

Hearing or visual impairments are significant factors in the phenomenon of social isolation among seniors given the difficulties in communication and integration with a group caused by these limitations.

### Fragility

Fragility is a result of the gradual decline in the senior's functional reserves. This decline interferes in several ways with the ability of seniors to exercise their social roles and interact with others. Fragility affects the ability of seniors to recover from certain conditions (e.g. infections, injuries, high stress levels).

## LIFE TRANSITION FACTORS

### Widowhood

Losing a spouse may result in symptoms of depression along with some disorder and withdrawal from social life. The negative consequences of widowhood appear to be more significant for men.

### Moving

For many seniors, transitions regarding the place of residence (e.g. from the home to a collective residence) often mean being uprooted, losing ties with children, friends, the neighbourhood, giving up significant property, etc. This may give rise to a sense of insecurity, anxiety, depression, etc.

### Losing the right to drive

Losing a driver's license is often the first step leading to withdrawal from social life, especially if alternative modes of transportation are not readily accessible.

### Being away from family

Distance from family members may cause a decrease in the frequency of interactions with significant persons in a senior's life. The consequences will be greater if their network of social relationships is based primarily on family.

### Being a caregiver

Caring for a loved one with a loss of autonomy or who is at the end of their life can require staying close to the assisted person, leading to physical and psychological exhaustion, and distress. It may be followed by a decrease in the quality of social ties from "neglect" of other relationships.



**TABLE 3****MAIN ENVIRONMENTAL RISK FACTORS OF SOCIAL ISOLATION AMONG SENIORS AND THEIR DESCRIPTIONS**

<b>SOCIAL AND CULTURAL ENVIRONMENT</b>	
<b>Various forms of ageism</b>	The negative social representations of growing older may lead to stigma and discrimination. It can cause seniors to feel disregarded, rejected, and fear participating in social activities.
<b>Overvaluation of work</b>	Work can be the only source of value and recognition, especially in societies or environments that emphasize productivity and performance as predominant values. In this context, retiring from work can lead to a significant loss of meaning and sense of purpose, and result in withdrawal from social life.
<b>Feeling of insecurity</b>	The perception of a high level of crime in the neighbourhood, the fear of being assaulted, the feeling that the physical environment is dangerous and not conducive to safe travel, etc., are often expressed by seniors. The feeling of insecurity can generate stress and anxiety, and affect the frequency of outings as well as the sense of well-being both outside and inside the home.
<b>PHYSICAL ENVIRONMENT</b>	
<b>Public spaces, infrastructure not adapted to seniors with disabilities</b>	The environment may contain many obstacles to travel for seniors, whether or not they use mobility aids (e.g. walker, wheelchair), and participation in different types of activities.

*Continued from table on page 1.14* →

## SERVICE ENVIRONMENT

### Services and care poorly adapted to seniors

The reception of seniors and the provision of services intended for them do not always take into account their limitations regarding communication (e.g. information that is not adapted to literacy skills), the use of information technologies (e.g. dissemination of electronic information only), moving around and inside buildings (e.g. parking lot far from access, difficult access for wheelchairs), etc.

### Living in remote areas

Living in less densely populated geographic areas or from large urban centres may have some disadvantages, especially given that proximity resources or services may be underdeveloped, or public or adapted transportation services may be limited.



## 5. CONSEQUENCES OF SOCIAL ISOLATION

Social isolation has all kinds of consequences and impacts on those experiencing it. For seniors, it may mean difficulties in asking for help, feeling rejected or forgotten, stopping certain social activities that are enjoyable and satisfying, feeling worthless, and experiencing loneliness. This situation may generate stress, anxiety, or depression, thus aggravating their isolation at the same time, which can establish a vicious circle for continually increasing isolation. TABLE 4 presents some of the potential consequences for seniors that have been identified in the scientific literature or as a result of the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017). They have been grouped into three main categories: 1) health consequences, 2) impact on well-being, and 3) consequences on preventive behaviour and the use of services and resources.



## TABLE 4

### CONSEQUENCES OF SOCIAL ISOLATION AMONG SENIORS

#### CONSEQUENCES ON HEALTH AND THE USE OF SERVICES

- Reduced life expectancy
- Cardiovascular disorders (high blood pressure, coronary heart disease, and stroke)
- Undernutrition, malnutrition
- Weakened immune system
- Feeling of chronic fatigue
- Depression
- Anxiety disorders
- Sleep disorders
- Decline in cognitive abilities
- Increased frequency of hospitalizations and emergency visits

#### CONSEQUENCES ON WELL-BEING

- Loneliness
- Devaluation, loss of self-esteem, sense of worthlessness
- Despair and suicidal ideation

#### CONSEQUENCES ON HEALTHY BEHAVIOURS, AND THE USE OF SERVICES AND RESOURCES

- Reduction of healthy behaviours (e.g. physical activity, healthy eating, appropriate use of medication) and increase in risk behaviours (e.g. physical inactivity, alcohol consumption)
- Low demand for preventive services (e.g. screening)
- Reduced contacts and interactions that provide goods, services, information, and support in different areas (e.g. health and social services, justice, finance, municipal services)



## 6. COMPREHENSIVE APPROACH TO REDUCING ISOLATION

Although the pathways to social isolation portrayed in this tool are frequently observed, they will not necessarily occur simply because of the presence of risk factors. Should they be present, they are not inevitable either. The social isolation of seniors can be prevented despite the adversity and difficulties they face. And when present, these obstacles can also be eliminated or at least mitigated.

A very promising approach has been implemented in the UK since 2011. It combines a set of actions and measures to respond more systemically and holistically with people and the environments in which they evolve. This approach is based on the framework proposed by Jopling (2015) (FIGURE 2). This framework demonstrates that, in order to reduce social isolation, action needs to be increased at different levels using an intersectoral approach with the community, public, and private sectors, as well as with citizens (including seniors themselves), senior groups, and their representatives.

This framework contains four levels of complementary intervention:

- **Basic services** that are designed to reach out to, understand, and support seniors. This toolkit is specifically included in this category of actions. Seniors who have been identified and whose needs of all kinds are understood and supported or guided in using a wide range of services, resources, programs, etc.
- The implementation of **direct interventions**, individual or in groups, is also essential to improve, maintain, or develop new relationships, or to change the ways of thinking or attitudes of seniors themselves, or those surrounding or working with them. The objective of these interventions is to maintain or improve the frequency and quality of their relationship with others. Thus, individual interventions consist of referring a senior to a professional or volunteer to establish a relationship that allows the person to reconnect with their environment (e.g. friendly visits, sponsorship, counselling-type interventions, or guidance toward the resources available in the community). Group interventions bring together socially isolated seniors so that they can create new relationships or enhance existing ones (e.g. psychoeducational intervention, participation in leisure or sociocultural activities, or any other form of group based on the sharing of common interests).
- Even when socially isolated individuals have been identified and offered individual or group activities, the presence and availability of **gateway services**, such as transportation and the use of information technology, can facilitate participation and break isolation. Providing physically and financially accessible transportation services in a timely manner helps to increase the social participation of seniors and break their isolation. Being more familiar with information technology and having access to equipment to use it enables seniors to be better informed about available services or activities in which they can participate, or to establish virtual interactions with others.



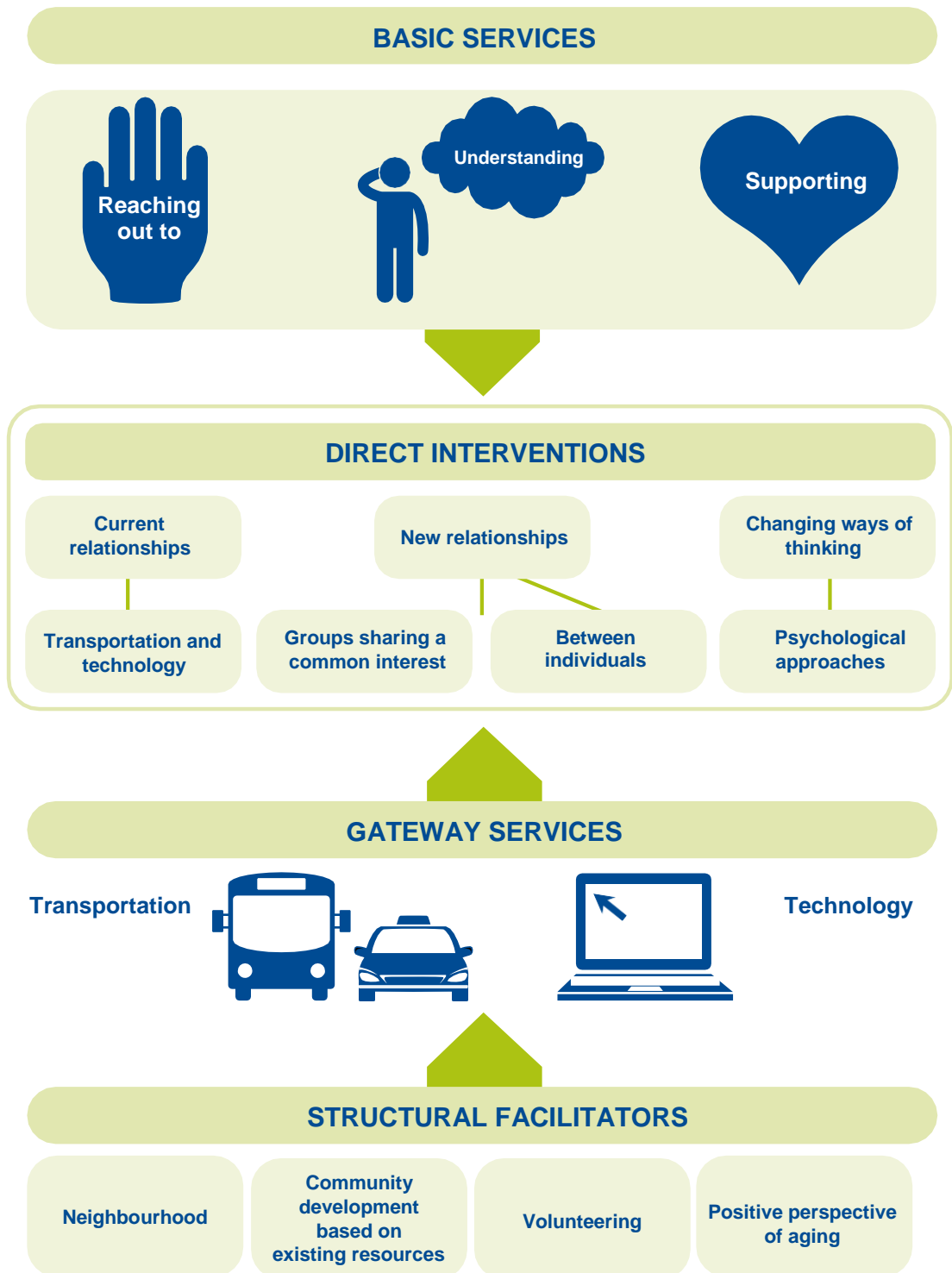
- Finally, an environment that is as conducive as possible to social participation must be designed to create conditions that protect against social isolation. Therefore, the actions aim to transform the living environments of seniors. They have a macrosocial or **structural** component. These are practices that require the mobilization of communities as a whole (decision makers, elected officials at all levels of government, stakeholders from various sectors of activity (both institutional or community), private businesses, representatives from groups or organizations dedicated to seniors, all citizens, etc.) to strengthen already established forms of socialization or to facilitate access for seniors to resources and services in their communities (e.g. preventing ageism, fostering community development and neighbourliness, establishing a policy to support caregivers, supporting activities for developing intergenerational socialization, and promoting a positive perspective of aging).





# FIGURE 2

## PROMISING APPROACH TO REDUCE THE SOCIAL ISOLATION OF SENIORS



Translation and adaptation based on the Jopling model (2015).



## SOURCES

Audy, E., & Couturier, Y. (2013). *Des connaissances et des stratégies interculturelles pour rompre l'isolement des aînés*. Montréal: Centre de recherche et de partage des savoirs Interactions, CSSS de Bordeaux- Cartierville – Saint-Laurent-CAU.

Banks, L., Haynes, P., & Hill, M. (2009). Living in single-person households and the risk of isolation in later life. *International Journal of Ageing and Later Life*, Vol. 4, No. 1, pp. 55-86.

Bultez, J.-P. (2005). Isolement et exclusion dans le vieillissement. *Économie & humanisme*, October No. 374, pp. 36-39.

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. *Psychology and Aging*, Vol. 21, No. 1, pp. 140-151.

Camirand, J., & Dumitru, V. (2011). Profil et évolution du soutien social dans la population québécoise. Série Enquête sur la santé dans les collectivités canadiennes. *Zoom Santé*, October No. 29, pp. 1-10.

Camirand, J., & Fournier, C. (2012). Vieillir en santé au Québec: Portrait de la santé des aînés vivant à domicile en 2009-2010. Série Enquête sur la santé dans les collectivités canadiennes. *Zoom Santé*, February, No. 34, pp. 1-12.

Campaign to End Loneliness (2017). *Campaign to end loneliness: Connections in older age*. Online <https://www.campaigntoendloneliness.org/>, accessed September 8, 2017.

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes aînées isolées en milieu rural et urbain – Rapport synthèse d'une recherche-action*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Ageing and Society*, Vol. 25, No. 1, pp. 41-67.

Cazale, L., & Bernèche, F. (2012). Quelques indicateurs de santé chez les aînés : Que révèle l'Enquête québécoise sur la santé de la population, 2008? *Zoom Santé*, April No. 37, pp. 1-8.

Children's, Women's and Seniors Health Branch, British Columbia Ministry of Health (2004). *Social isolation among seniors: An emerging issue*. British Columbia: Government of British Columbia.

National Seniors Council (2014a). *Report on the Social Isolation of Seniors 2013-2014*. Ottawa: Government of Canada.

National Seniors Council (2014b). *Scoping Review of the Literature Social Isolation of Seniors 2013-2014*. Ottawa: Government of Canada.

Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of health and social behaviour*, Vol. 50, No. 1, pp. 31-48.

de Jong Gierveld, J. (1998). A review of loneliness: Concept and definitions, determinants and consequences. *Reviews in Clinical Gerontology*, Vol. 8, No. 1, pp. 73-80.



- Essoh, P. (2015). *Stratégies et outils de repérage des aînés isolés socialement*. Intervention Project, Université Laval, Québec.
- Gilmour, H. (2012). Social participation and the health and well-being of Canadian seniors. *Health Reports*, Vol. 23, No. 4, pp. 1-13.
- International Federation on Ageing (IFA) (2012). *Current and emerging issues facing older Canadians*. Toronto: IFA.
- Jopling, K. (2015). *Promising approaches to reducing loneliness and isolation in later life*. London: Age UK.
- Kaufmann, J.-C. (1995). Les cadres sociaux du sentiment de solitude. *Sciences sociales et santé*, Vol. 13, No. 1, pp. 123-136.
- Keefe, J., Andrew, M., Fancey, P., & Hall, M. (2006). *Final report: A profile of social isolation in Canada*. Federal, Provincial, Territorial (F/P/T) Working Group on Social Isolation.
- Mayer, R. (2000). *Méthodes de recherche en intervention sociale*. Boucherville: Gaëtan Morin.
- Nicholson, Jr., & Nicholas, R. (2009). Social isolation in older adults: An evolutionary concept analysis. *Journal of Advanced Nursing*, Vol. 65, No. 6, pp. 1342-1352.
- Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *The Journal of Primary Prevention*, Vol. 33, No. 2, pp. 137-152.
- Statistics Canada (2010). Canadian Community Health Survey - Healthy Aging (CCHS). Online <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5146>, accessed September 8, 2017.
- Van Rompaey, C. (2003). Solitude et vieillissement. *Pensée Plurielle*, Vol. 6, No. 2, pp. 31-40.





REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 2

# Targeting Community Areas



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec 



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVE OF THE TOOL

### TARGETING COMMUNITY AREAS

Describing two broad types of methods for identifying community areas with a higher likelihood of finding socially isolated seniors.



#### REFERENCE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 2 – Targeting Areas*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

## 1. WHY TARGET COMMUNITY AREAS?

Socially isolated seniors can be found anywhere in a given community area. However, with the current state of knowledge about the risk factors of social isolation, it is possible to target areas with a higher likelihood of finding such people. This is all the more important given the limited resources for identifying them. This exercise is also applicable when the community area covered is very large or densely populated. Workers and volunteers cannot be in all locations at once. Thus, before seeking to reach socially isolated seniors, it is first useful to identify the community areas (e.g. borough sectors, CLSC territory, neighbourhoods) where isolated seniors are more likely to be found, in order to increase the efficiency of the actions to be undertaken.





## 2. TWO POSSIBLE METHODS

Two main types of methods may be useful for targeting these areas. The first method is to collect information from people with a good knowledge of the senior population and their life context. The second method is based on consulting the literature presenting population-based data. These methods are complementary, and each has its own advantages and limitations. Their combined use maximizes the odds of reaching socially isolated seniors.

### First method: Learning from people

This method involves consulting key informants (e.g. decision makers, managers, community stakeholders, volunteers, seniors, etc.) to collect information on the particular context of an area, as this context influences the likelihood of social isolation among seniors. In this type of locally rooted initiative, community stakeholders and citizens themselves are probably in the best position to provide relevant information and guide the identification process.

#### PEOPLE TO CONSULT

To understand the key issues and challenges in an area, a few key informants are sufficient. It is not so much the number of informants that matters, but rather the diversity of the perspectives they bring in order to portray the situation as accurately as possible. To identify the most at-risk area for social isolation among seniors, the people interviewed should come from diverse activity sectors and include residents. For example, these could include professionals from health and social services (community organizers, liaison nurses, community pharmacists, etc.), public safety (e.g. police, firefighters), community organizations, social economy enterprises, or any other worker involved in the community. The residents themselves may work within organizations and groups advocating for the interests of seniors (e.g. regional steering committees on seniors' issues, volunteer action centres) which constitute relevant sources of information. It may also prove appropriate to consult seniors who are not part of any groups and represent the views of "simple residents." Their voice often adds another perspective to the information collected. However, recruiting this type of senior presents challenges in terms of reaching out to them, as well as facilitating their participation and giving them the opportunity to be heard.

#### RELEVANT INFORMATION TO COLLECT

The information sought may be for generally describing the living conditions of the population, or specifically relating to known risk factors for social isolation among seniors. Here are some examples of questions that could be asked to key informants:

- In your opinion, which community areas have the highest proportions of seniors? Which areas are the most underprivileged?
- In your opinion, which community areas have the highest likelihood for finding socially isolated seniors? Why?



- Which areas do you think are under-served by local resources for seniors? Do seniors know about the services and resources they may need, and are they readily accessible?
- Are there territories with specific characteristics related to risk factors for social isolation (e.g. many seniors living alone, numbers of senior immigrants, presence of social housing, insufficient public transit)?
- Which area (neighbourhood, church parish, community, or sector) would you start with to make efforts to reach out to isolated seniors?

Meetings with key informants will also be an opportunity to get a general idea of potential partners for taking action (see Tool 3), particularly for identifying and supporting isolated seniors.



## METHODS FOR COLLECTING INFORMATION

There are various methods for collecting the perspectives of key informants. Group and individual interviews would be the most accessible and appropriate methods to identify where efforts should be made to identify potentially isolated seniors.

During a **group interview**, participants are encouraged to freely answer the facilitator's questions, which have been prepared and grouped in an interview plan. The facilitator summarizes the topics discussed and encourages participants to sit together and respond to what others say. The facilitator encourages everyone to speak freely. This method is worthwhile, as it enables the quick gathering of diverse perspectives. If the interview is conducted with the objective of establishing a consensus, the facilitator must act accordingly. Group interviews have some limitations. For example, participants may influence each other. This may limit the expression of viewpoints, polarize or reorient discussions, etc. Some people may choose not to speak while others are monopolizing the discussion (Baribeau & Germain, 2010; Rainville, Bouchard & Maurice, 2011).

**Individual interviews** are a method of collecting information that generally allows a thorough exploration of a topic with a key informant. They are most often conducted in person or by telephone. In general, the interviewer follows a pre-defined interview plan. The interviewer may refer to information collected from other interviews to further develop or validate this information. Individual interviews provide access to detailed information, as well as an opportunity to establish or strengthen the relationships between the interviewer and the individuals interviewed. However, they have the disadvantage of being more time-consuming (Baribeau & Germain, 2010; Laforest, Bouchard & Maurice, 2011; UCLA Center for Health Policy Research, 2012).

In both cases, a few questions are sufficient to initiate a productive discussion. Once the interviews are completed, the information collected is summarized as to what characterizes the environment and its population, and particularly the seniors living there.



## Second method: Learning from the numbers

Based on statistics, the method consists of looking for the presence and importance of certain factors that characterize people, communities, or environments, and the possible links between them.

### SOURCES OF INFORMATION

The main sources of information include:

- Interviews through questionnaires, completed by respondents or through an interviewer, from the social and health sectors (e.g. National Household Survey, Québec Population Health Survey, Canadian Community Health Survey, etc.)
- Administrative files in the health sector (e.g. data maintenance and operating files for the study of hospital clients [MED-ÉCHO], data from pre-hospital services such as ambulance transport), justice (e.g. indicators related to abuse), public safety (e.g. indicators related to crimes against the person), etc.
- Demographic event files (e.g. births, deaths)
- Socio-demographic data (e.g. censuses)

### USING AVAILABLE DATA

The analysis and interpretation of quantitative data require a mastery of statistical methods and expertise that cannot be expected from the majority of potential users of such data. In addition, in a context where time or resources are limited, it may be appropriate to refer to the responsible authorities to analyze, interpret, and disseminate data (e.g. Institut de la statistique du Québec [ISQ], Institut national de santé publique du Québec [INSPQ], Centres intégrés de santé et de services sociaux [CISSS], and Centres intégrés universitaires de santé et de services sociaux [CIUSSS]).

For example, the work produced by the CISSS and CIUSSS in Québec may be consulted. They disseminate monitoring data on the health status of the population in their coverage area. More specifically, most public health branches produce reports that provide indicators about the health status of seniors within their coverage areas. These documents present indicators ranging from the social health region scale to the CLSC territories. References include examples of portraits of senior populations in the Montréal-Centre and National Capital regions (Public Health Branch of the CIUSSS de la Capitale-Nationale, 2015; Sévigny, Tourigny, Fortier, Frappier & Carmichael, 2016; St-Arnaud-Trempe & Montpetit, 2008).



## SOME EXAMPLES OF STATISTICS AND WARNINGS

For example, the following is a list of the most commonly reported indicators at the CISSS and CIUSSS level in Quebec that may correlate to social isolation among seniors:

- Number of seniors aged 65 and older (can be grouped into sub-age groups, such as 65 to 84 years, and 85 years and older)
- Proportion of women aged 65 and older
- Proportion of seniors living alone in private households
- Proportion of seniors living under the threshold for low income
- Prevalence of mental disorders among seniors
- Proportion of the population aged 65 and older with a disability
- Proportion of seniors with a sense of belonging to the community
- Proportion of seniors who have someone they can confide in
- Proportion of seniors who have someone they can rely on in case of an emergency

Note that this data is not always available on a small scale, for a variety of reasons that may be statistical or ethical in nature. For example, the smaller the scale, the higher the risk of stigmatizing the population concerned when the indicators produce an unfavourable image.

In addition to indicators related to the social isolation of seniors, some regional public health branches also have information on an index that has been widely used in recent years, and is available for each of the CLSC territories in their region, i.e. the social and material deprivation index (Gamache, P., Hamel, D., & Pampalon, R., 2015). The following indicators are included in each component of the index:

- Indicators of the social deprivation component:
  - Proportion of people living alone
  - Proportion of separated, divorced, or widowed persons
  - Proportion of single-parent families
- Material deprivation component indicators:
  - Proportion of persons without a secondary school certificate or diploma
  - Employment-population ratio
  - Average income of people

The index is based on the general population and is not specific to seniors. Nevertheless, it is useful to the extent that it provides information on the living conditions of the seniors' social circle, which can influence their risk of social isolation. It is therefore indicative of the characteristics of their social and economic environments. It should be noted, however, that it is not used in all regions of Quebec.



Other works demonstrate similar methods to identify areas of concern that may include a greater number of seniors at risk of social isolation. As part of the United Kingdom's *Campaign to end Loneliness* (Age UK, n.d.), additional data from the *English Longitudinal Study of Ageing* survey emerged as a basis for identifying "vulnerable areas" regarding the social isolation of seniors (Goodman, Adams & Swift, 2015). However, not all of this data is of the same nature, nor easily accessible in Quebec, and some may be difficult to document on a smaller scale. These factors include the following:

- Being aged 80 or older (proportion of very elderly)
- Self-perception of physical and mental health
- Number of people living in the same household
- Loss of driver's license or lack of a car
- Lack of access to communication means (e.g. low use of new technologies)
- Perception of the balance between service delivery, resources, and the needs of seniors
- Recent loss of a loved one
- Difficulties encountered in daily life activities
- Not having the opportunity to talk to a significant person in the past month



## SOURCES

- Age UK (n.d.). *Loneliness and isolation: Evidence review*. London: Age UK.
- Baribeau, C., & Germain, M. (2010). L'entretien de groupe: Considérations théoriques et méthodologiques. *Recherches Qualitatives*, Vol. 29, No. 1, pp. 28-49.
- Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieu rural et urbain – Rapport synthèse d'une recherche-action*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).
- Public Health Branch of the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (2015). *La santé de la population de la Capitale-Nationale en bref*. Québec: CIUSSS de la Capitale-Nationale.
- Direction régionale de santé publique (regional public health branch) of the CIUSSS du Centre-Sud-de-l'île-de-Montréal (2017). *Portrait des aînés de l'île de Montréal*. Montréal: CIUSSS du Centre-Sud-de-l'île-de-Montréal.
- Essoh, P. (2015). *Stratégies et outils de repérage des aînés isolés socialement*. Intervention Project, Université Laval, Québec.
- Gamache, P., Hamel, D., & Pampalon, R. (2015). *L'indice de défavorisation matérielle et sociale : en bref*. Québec: Institut national de santé publique du Québec.
- Goodman, A., Adams, A., & Swift, H. J. (2015). *Hidden citizens: How can we identify the most lonely older adults?* London: Campaign to End Loneliness.
- Groupe de travail sur l'enseignement de la santé communautaire (1990). *La santé communautaire : Concepts, actions formation*. Paris: Centre international de l'enfance.
- Institut national de santé publique du Québec (2017). *Population âgée de 65 ans et plus*. Online <https://www.inspq.qc.ca/santescope/syntheses/population-agee-de-65-ans-et-plus>, accessed September 8, 2017.
- Laforest, J., Bouchard, L. M., & Maurice, P. (2011). *Trousse diagnostique de sécurité à l'intention des collectivités locales. Guide d'organisation d'entretiens semi-dirigés avec des informateurs clés – 2<sup>e</sup> édition*. Québec: Institut national de santé publique du Québec & Ministère de la Sécurité publique du Québec.
- Mortimer, J. (2016). *No one should have no one: Working to end loneliness amongst older people*. London: A. UK.
- Rainville, M., Bouchard, L. M., & Maurice, P. (2011). *Trousse diagnostique de sécurité à l'intention des collectivités locales. Guide d'organisation d'un forum de discussion – 2<sup>e</sup> édition*. Québec: Institut national de santé publique du Québec & Ministère de la Sécurité publique du Québec.
- Rawsterne, M. (2013). *Integrated strategic needs assessment "Communities together, loneliness never": Loneliness and isolation in Blackburn with Darwen*. Blackburn with Darwen: Blackburn with Darwen Borough Council, Directorate of Public Health.
- Sévigny, A., Tourigny, A., Fortier, M., Frappier, A., & Carmichael, P.-H. (2016). *Habitats, milieux de vie et participation sociale des aînés : Constats et perspectives. Synthèse de la région de la Capitale-Nationale*. Québec: Université Laval's Institut sur le vieillissement et la participation sociale des aînés.



St-Arnaud-Trempe, E., & Montpetit, C. (2008). *Viellir à Montréal: Un portrait des aînés*. Montréal: Direction de santé publique, Agence de la santé et des services sociaux de Montréal.

UCLA Center for Health Policy Research. (2012). *Key informant interviews*. Online <http://healthpolicy.ucla.edu/programs/health-data/data-resources/Pages/Key-Informant-Interviews.aspx>, accessed September 8, 2017.







REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 3

# Working with Community Stakeholders



This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference to use quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided that the source is mentioned.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVES OF THE TOOL

### WORKING WITH COMMUNITY STAKEHOLDERS

1. Demonstrating the importance of working together.
2. Recognizing conditions that foster integration into the environment.
3. Identifying the various levels of relationships possible between community stakeholders.
4. Listing the main elements of an agreement with partners.
5. Being able to know the resources available in an area and creating a resource directory.



#### **REFERENCE TO USE QUOTATIONS FROM THIS TOOLKIT:**

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 3 – Working with Community Stakeholders*. Québec: FADOQ – Régions de

# 1. WHY WORK TOGETHER?

Integration within the intervention environment is necessary to promote the implementation of actions to reach out to, understand, and support isolated seniors. The collaboration of several established stakeholders is necessary to optimize the impact of efforts in the field, namely in the institutional environment (e.g. health and social services, municipalities), within the community and seniors' groups, with social economy enterprises, and in the private sector (e.g. businesses frequented by seniors, financial institutions). The establishment of a quality partnership is one of the steps to be taken at the start of this type of initiative, and, as such, adequate time should be dedicated to this purpose. Partners will be very important allies in:



## HELPING IDENTIFY ISOLATED SENIORS



## ASSISTING IN REFERRING AND GUIDING SENIORS TOWARD APPROPRIATE RESOURCES AND SERVICES



## IDENTIFYING SOLUTIONS FOR THE NEEDS OF SENIORS WHICH ARE NOT EASILY MET THROUGH THE AVAILABLE RESOURCES AND SERVICES

To establish the partnership, it is important to proceed in stages and to foster effective communication between the various stakeholders. The first step is to identify the stakeholders. A stakeholder is any partner, either individual or collective (group or organization), implicated by a given decision or project, and whose interests may be affected (positively or negatively) as a result of it being implemented (or not implemented). The managers of initiatives that aim to reach out to, understand, and support isolated seniors must undertake leadership to engage key stakeholders, potential allies, as well as detractors, to understand the challenges of implementing this type of approach in a given environment. Among the challenges to consider, the following should be stated:

- Recognition and enhancement of the actions of stakeholders already present in the environment
- Mutual understanding of individual missions, roles, and responsibilities
- Complementarity of actions targeting the same persons in a given area, as well as possible overlaps

Some conditions are required to address the challenges of proper integration into the environment, especially if implementing a new initiative. The importance of preparation should not be underestimated nor neglected. After identifying potential partners, it is important to agree, from the outset, on a strategy to collaborate and foster a co-constructive approach, i.e. involve several collaborators in the development or implementation of the initiative. One of the enduring challenges is to achieve an optimal degree of collaboration with the necessary partners, without over-solicitation. Some players in the field are very often called upon to work with others.



The process must be as collective and open as possible and allow for the necessary adjustments. Therefore, adequate time must be dedicated to preparation to get to know the various players that can intervene in the lives of seniors, so as to develop the best possible partnerships. This approach optimizes the odds of success in a given environment. Conversely, it may also lead to the conclusion that the context does not allow or is not conducive to the addition of the desired initiative, at least for the time being. When the necessary efforts have been made, recognizing the impossibility or great difficulty of investing in a given environment can be entirely legitimate and should not be seen as a failure, but rather as the result of a process which respects the stakeholders concerned. The conditions may not be right in the moment, but could become so at a later time.

## 2. CONDITIONS FOR A SUCCESSFUL AND POSITIVE INTEGRATION INTO THE ENVIRONMENT

The various conditions facilitating integration into the environment which are presented below have been noted both within the literature and during the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017). They are:

- That community stakeholders be aware of the existence and extent of social isolation among seniors;
- That community stakeholders recognize the opportunity to act on this phenomenon;
- That the worker or volunteer (and organization they're associated with) who are reaching out to, understanding, and supporting isolated seniors be known to the key community stakeholders and have a good understanding of their interventions;
- That key stakeholders know and recognize the skills of the worker or volunteer, as well as understand the limitations of their interventions;
- That the worker or the volunteer, as well as the manager of the organization they're associated with, be readily approachable to partners and open to making adjustments;
- That existing organizations pursue complementary actions within a context of mutual understanding of each other's roles and responsibilities towards seniors;
- That the necessary agreements be concluded between officials of the organizations involved; the responsibility for establishing these inter-organizational agreements rests with the managers of the organizations, not with the workers and volunteers in the field.

These conditions and the means to implement them are outlined in TABLE 1.



# TABLE 1

## CONDITIONS CONDUCTIVE TO POSITIVE INTEGRATION INTO THE ENVIRONMENT AND THEIR MEANS OF IMPLEMENTATION

CONDITION	MEANS
<p><b>The community stakeholders are aware of the existence and extent of social isolation among seniors, as well as the opportunity</b></p>	<ul style="list-style-type: none"> <li>• Sharing a common definition of social isolation;</li> <li>• Documenting the phenomenon to demonstrate its extent, using as much information as possible to portray the realities of the targeted environments;</li> <li>• Making stakeholders aware of the fact that isolated seniors may not seek help or reach out to the resources and services they might need, even if those exist;</li> <li>• Informing stakeholders about the best strategies to reach out to, understand, and support isolated seniors.</li> </ul>
<p><b>The worker or volunteer is known in the environment and their role is understood</b></p>	<ul style="list-style-type: none"> <li>• Announcing the implementation of the initiative in advance and presenting it to stakeholders working in the field who will eventually be affected or involved;</li> <li>• Notifying and ensuring a continued presence of workers or volunteers in targeted environments (e.g. public places);</li> <li>• Establishing contact with the community organizer of the area through the local health and social services institution<sup>1</sup>, as well as with relevant existing associative structures<sup>2</sup>;</li> <li>• Outlining the roles and responsibilities of the worker or volunteer, i.e. providing and distributing written communication tools to introduce themselves (business cards, information leaflets) to those responsible for local services and businesses<sup>3</sup> likely to be frequented by or be in contact with seniors. These locations may be visited by workers or volunteers; the people who work there may become the “eyes and ears” of workers and volunteers;</li> <li>• Being on the lookout for opportunities to gain exposure.</li> </ul>

1 This establishment may be the local CISSS or CIUSSS. The community organizer has good knowledge of the realities and characteristics of the area, and the resources and services available. They may be a good ally to facilitate integration into the environment.

2 Group of tenants or residents, round tables of organizations, et al.

3 Pharmacies, grocery stores, convenience stores, hair salons, financial institutions, churches, bingo halls, bowling alleys, police departments, medical clinics, etc.

Table continued on page 3.7 



CONDITION	MEANS
<p><b>The community stakeholders know and recognize the skills of the worker or the volunteer, and understand the limitations of their interventions</b></p>	<ul style="list-style-type: none"> <li>• Explaining the roles and responsibilities of workers and volunteers, as well as the competency profiles needed for carrying out the requested tasks;</li> <li>• Promoting the role of workers or volunteers as guides toward other resources as a supplementary means for helping resolve problems, though not as a means of substituting services;</li> <li>• Quickly identifying dissatisfaction or unease of those stakeholders already in the field in order to react promptly and adjust accordingly.</li> </ul>
<p><b>The worker or volunteer, as well as the manager of their associated organization, are readily accessible by community stakeholders and open to adjustments</b></p>	<ul style="list-style-type: none"> <li>• Establishing effective communication mechanisms;</li> <li>• openness and flexibility, and listening to other stakeholders in the environment;</li> <li>• Being able to discuss Demonstrating conflict situations and possible solutions;</li> <li>• Reporting regularly on the progress of work, necessary adjustments, and planned changes (e.g. staff change).</li> </ul>
<p><b>The existing organizations perform complementary roles in a context of mutual understanding of each other's responsibilities</b></p>	<ul style="list-style-type: none"> <li>• Being in agreement that sharing information and working in collaboration is necessary;</li> <li>• Having good knowledge of the context and environment in which the intervention will take place, including existing resources and services (mandates, clients, communities);</li> <li>• Taking into account the presence of organizations within the area;</li> <li>• Devoting time to learn the characteristics and specifics of each existing organization relevant to the context of the initiative being implemented;</li> <li>• Clarifying the mandates, roles, and responsibilities of each stakeholder to identify opportunities for overlap, specify the boundaries of their interventions, and respect the work of each;</li> <li>• Recognizing, valuing, and combining the various types of expertise involved and the approaches used;</li> <li>• Determining the possibilities for action (the extent to which each stakeholder can act) and taking into account the limitations of each stakeholder; each must assume their rightful place in leveraging a collaborative mobilization;</li> <li>• Requesting help from other organizations with expertise and the appropriate resources, as needed.</li> </ul>

Table continued on page 3.8 



CONDITION	MEANS
<b>The managers are responsible for establishing inter-organizational operating mechanisms</b>	<ul style="list-style-type: none"><li>• Carrying out initiatives to identify and support isolated seniors by being proactive toward managers of other participating organizations who will be affected or involved (informing them before they learn through hearsay);</li><li>• Identifying areas of inter-organizational collaboration that require some type of formal agreement;</li><li>• Concluding the necessary agreements between managers – workers and volunteers should not have to act as mediators in the field;</li><li>• Agreeing on the degree of formalization required and the terms of agreement (e.g. written collaborative agreement).</li></ul>





### 3. STRATEGIC APPROACHES TO WORKING TOGETHER

There are different strategic approaches to working with community stakeholders. The approach chosen will depend on the objective pursued by the participating organizations and on the reasons for working “together” rather than individually. Approaches are distinguished by the degree of integration of each partner’s activities, the degree of commitment to each other, and the need for sharing a common vision, information, resources, etc. These needs vary in relation to each other. It may be useful to specify the type of collaboration desired between all parties and to develop the most appropriate strategies. Among the possible approaches, those most often stated are collaboration, consultation, and partnership (see FIGURE 1). In the literature on the subject, the definitions given are unambiguous. Those retained are the following:

- **Collaboration** is the least binding approach for stakeholders. It does not require a protocol or service agreement and is provided as part of the organization’s ongoing service offering. The parties have their own mandates and objectives, and operate relatively independently from each other. In most cases, the agreements are concluded verbally. They may be recorded in a report or minutes, which is recommended, but do not necessarily require a more formal commitment from the organizations (e.g. protocol). If there is a change of manager or worker in the organization, it is important to reconfirm the terms of the agreements, referring to written statements if any, to ensure a common understanding of them. The more informal nature of a collaboration does not mean that its parameters are vague and unplanned. There is every interest in ensuring that the initiative’s objectives, its methods, and the mandates, roles, and responsibilities of each party, are clear and well understood by all.
- When stakeholders commit to a **consultation** process, they agree to share information to better understand a problem. They set common objectives and aim to harmonize their respective guidelines to achieve these objectives, in particular by coordinating their services and activities.
- Finally, a **partnership** is more formal and binding. It involves pooling resources and dividing tasks. It may include process obligations (e.g. holding a certain number of meetings annually) and results (e.g. establishing a plan for the provision of services). Partnership requires more following-up from the stakeholders involved.



# FIGURE 1

## SOME APPROACHES TO WORKING WITH COMMUNITY STAKEHOLDERS

### COLLABORATION

Unstructured and informal relationships  
Contribution to the achievement of another party's mandate  
(references, periodic exchange of information)

### CONSULTATION

Voluntary process, somewhat formal and decisive  
Continuous sharing of relevant information  
Pooling of analyses and solutions to identified problems  
Sectoral or intersectoral

### PARTNERSHIP

Common or joint project based on a contractual commitment between stakeholders  
Clearly defined mandate, objectives, means of action, and duration  
Continuous sharing of relevant information  
Pooling of resources

Regardless of the approach used, the stakeholders involved must act in a complementary and equitable manner, with respect for and recognition of the contributions of all partners. In addition, the method for working together may evolve over time, toward a greater or lesser level of integration of objectives, activities, and resources.

No single approach is superior to another. The best approach is that which meets the requirements and which the main stakeholders involved agree upon. Performance of methods must be assessed regularly by comparing the energy invested in the process to the results.





## 4. AGREEING ON A COMMON METHOD

Once the stakeholders have been identified, the roles and responsibilities of each are known, and the objective of the initiative has been defined and shared, it is important to achieve consensus on a common method to proceed. The organization (and its delegated manager) that launched the initiative must assume leadership. Logistics must not be overlooked. Ideally, notices are transmitted well in advance to establish a meeting schedule and to determine the frequency of these meetings. The methods to communicate and share information must also be specified.

Stakeholders working together must be mobilized on a regular basis at a frequency that is appropriate for all parties. They must be involved and be able to impart comments and suggestions throughout the process. The organizations involved must feel useful and be able to take part in making decisions as needed, especially those impacting them (e.g. identifying isolated seniors may increase the number of referrals to the health and social services network). It is of utmost importance that particularly affected organizations are not simply notified and confronted with a done deal. They must feel that they are an integral part of the initiative to prevent them becoming disinterested and uninvolved.

To achieve this, the modus operandi may be informal or formal, based on each stakeholder's wants and requirements. According to the situation, and their potentially varying levels of involvement, they must be:

-  **SIMPLY NOTIFIED**
-  **CONSULTED ON THE PROJECT GUIDELINES**
-  **INVOLVED IN DECISION-MAKING PROCESSES**

In some cases, the extent to which various stakeholders' actions are integrated may require a more formal agreement between them. A written agreement, signed by all stakeholders, outlines the expectations, limitations, and commitment of each partner, as well as its duration. This is particularly important when sharing material or facilities (e.g. premises), financial activities (e.g. joint budget), human resources (e.g. training of volunteers by another organization), or information (e.g. sharing information on seniors). Writing down the terms of the agreement ensures a common understanding, which may lead to healthier communication between the parties involved. Thus, it will always be possible to consult the terms when necessary, for example in case of deviation or disagreement about the course of events. It is therefore essential to define and discuss the elements for inclusion in the agreement, and to have them approved by all signatories. The main elements that may be found in such agreements are presented in TABLE 2.

**TABLE 2****MAIN ELEMENTS OF A PARTNERSHIP AGREEMENT**

<b>ELEMENT</b>	<b>SHORT DESCRIPTION</b>
<b>Summary of the service or type of intervention</b>	<ul style="list-style-type: none"><li>• Specifying the objective of the initiative and partnership.</li><li>• Summarizing the actions related to the initiative.</li></ul>
<b>Target</b>	<ul style="list-style-type: none"><li>• Specifying the target clientele (age group, gender, physical condition...).</li></ul>
<b>Service area</b>	<ul style="list-style-type: none"><li>• Determining territorial boundaries, the target sector.</li></ul>
<b>Mechanisms for communication and follow-up</b>	<ul style="list-style-type: none"><li>• Outlining the mechanism that will be used.</li><li>• Determining who will be responsible for transmitting the information to partners.</li></ul>
<b>Compliance with rules of confidentiality and access to information</b>	<ul style="list-style-type: none"><li>• Defining the specific rules pertaining to this topic and the procedure for accessing information while maintaining the confidentiality of the data.</li></ul>
<b>Roles and responsibilities of each partner</b>	<ul style="list-style-type: none"><li>• Describing the roles and responsibilities of each stakeholder involved. They must be described as precisely as possible in order to avoid areas of overlap. The characteristics of the organization and its available human, financial, material, and informational resources must be taken into account.</li></ul>
<b>Resources</b>	<ul style="list-style-type: none"><li>• Specifying the contribution of each partner in terms of human, financial, material, and informational resources.</li></ul>
<b>Time frame</b>	<ul style="list-style-type: none"><li>• Specifying the duration of the partnership.</li></ul>



A template partnership agreement is provided to illustrate the various elements that such an agreement may contain. This template was developed by Fortier et al. (2015) as part of the development phase of the partnership on the social participation of seniors led by the Institut sur le vieillissement et la participation sociale des aînés (IVPSA) at Université Laval. This example of a partnership protocol is available at:

[https://www.ivpsa.ulaval.ca/sites/ivpsa.ulaval.ca/files/protocole\\_partenariat\\_-exemple.pdf](https://www.ivpsa.ulaval.ca/sites/ivpsa.ulaval.ca/files/protocole_partenariat_-exemple.pdf)

There is also a partnership analysis grid (Fortier et al., 2016) accessible at:

[https://www.ivpsa.ulaval.ca/sites/ivpsa.ulaval.ca/files/grille\\_analyse\\_du\\_partenariat\\_02-2-2017.pdf](https://www.ivpsa.ulaval.ca/sites/ivpsa.ulaval.ca/files/grille_analyse_du_partenariat_02-2-2017.pdf)

This modus operandi is not immutable. It may be worthwhile to reassess it as the initiative is rolled out. This allows readjusting of established mechanisms, as well as the actions in the field, as quickly as possible to prevent frustrating situations or misunderstandings from escalating. It also provides an opportunity to highlight the progress made possible by the work carried out together. Thus, it may be advisable to periodically ensure that:

- The objective of mobilization remains the same so that stakeholders feel their contribution is still necessary;
- The common understanding of each person's roles and responsibilities is maintained;
- The actions are carried out as planned and agreed upon, whether or not there are adjustments to be made;
- The means for working together are continuously adequate and satisfactory.



## 5. INVENTORY OF THE RESOURCES AND SERVICES AVAILABLE WITHIN A GIVEN COMMUNITY

Good knowledge of the resources and services available within the given area will be necessary to begin any initiative focused on isolated seniors. In order to properly meet the needs of seniors at all stages of the intervention, it is essential to create an inventory of existing resources and services, and to enquire about some of their specifics: Services offered, target clientele (eligibility criteria), service area, business hours, etc. Depending on the community, the worker or volunteer and their team must have a good grasp of the situation with respect to the main categories of resources and services available to meet the needs of the seniors as effectively as possible. For example, as part of the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017), the five categories of resources that were most often offered to seniors to meet their needs were:



### FOOD

(food aid, collective kitchens, food baskets, meals-on-wheels, etc.)



### SOCIALIZATION

(social groups, community centres, friendly visits, counselling, etc.)



### MATERIAL AID

(clothing counter, low-cost furniture, etc.)



### TRANSPORTATION

(collective, adapted, etc.)



### DEFENCE OF RIGHTS

(legal aid for obtaining annuities, termination of a lease, relocation to a seniors' residence, complaint to a health facility, etc.)

Ideally, to be as useful as possible, the inventory must be updated regularly.

Partners may have to devise their own inventory by recording all of the information in a single document. However, such tools do already exist (e.g. directory of community resources and of the public health and social services network) and may already be quite sufficient. To avoid repeating previously completed work, ask the partners in that community whether such information is already available. Directories of resources and services may take different forms and be available online or in print format (independent publications or as part of other documents). Resources and services more local in scope may be complemented by identifying regional (e.g. suicide prevention centre) and even provincial (e.g. provincial Elder Mistreatment Helpline) services available and accessible to all. Finally, some organizations (e.g. Service 211) have a specific mandate to collect and update information on available services and resources and communicate it to the public. They're easy to get in touch with.

TABLE 3 presents some parameters for compiling a useful directory.



## TABLE 3

### KEY PARAMETERS FOR COMPILING A DIRECTORY

<b>Purpose of the directory</b>	<ul style="list-style-type: none"><li>• Who is the directory intended for?</li><li>• Who will have access to the directory?</li><li>• What information will be included?</li><li>• How will the information be presented?</li><li>• Which categories, themes, or types of services should be prioritized?</li><li>• What information will be included on each organization's fact sheet?</li><li>• Will this directory focus on a profile of local resources, or will it be broader in scope (regional, provincial)?</li></ul>
<b>Practicality of the directory based on target audience</b>	<ul style="list-style-type: none"><li>• Must be user-friendly</li><li>• Must be accessible (determine preferred medium – print, electronic)</li><li>• Must be representative of available resources based on the needs of seniors</li><li>• Must be updated regularly</li></ul>

For example, APPENDIX 3A contains the directories designed and used within the context of the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017) for the two areas selected.



## SOURCES

Association québécoise des centres communautaires pour aînés (AQCCA) (2017). *Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité*. Online [http://www.aqcca.org/index.php?option=com\\_content&view=article&id=62&Itemid=92](http://www.aqcca.org/index.php?option=com_content&view=article&id=62&Itemid=92), accessed September 12, 2017.

Beauchemin, M., Bégin, C., Bouchard, M., Boucher, C., Brunet, L., Bujold, R., Delisle, N.-A., Drouin, M.-C., Lacombe, R., Laporte, M., Leroux, R., Lévesque, J., McKenzie, F., Milette, C., Mongeon, M., Morrow, C., Ninacs, W. A., Ouellet, L., Pagé, L., Paquin, R., Rollin, H., Roy, J.-M., Soucy, P., St-Amant, D., & Therrien, L. (2002). *La santé des communautés: Perspectives pour la contribution de la santé publique au développement social et au développement des communautés*. Québec: Institut national de santé publique du Québec.

Bourque, D. (2008). *Concertation et partenariat : Entre levier et piège du développement des communautés*. Québec: Presses de l'Université du Québec.

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes aînées isolées en milieux rural et urbain – Rapport synthèse d'une recherche-action*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Fortier, J., Carbonneau, H., Levasseur, M., Sévigny, A., Éthier, S., Dumont, S., Castonguay, J., Fortier, M., & Turcotte, P.-L. (2016). *Grille d'analyse d'un partenariat. La participation sociale des aînés : des savoirs à l'action*. Québec: Partnership development *La participation sociale des aînés : des savoirs à l'action*.

Fortier, J., Carbonneau, H., Levasseur, M., Sévigny, A., Éthier, S., Dumont, S., Castonguay, J., Fortier, M., & Turcotte, P.-L. (2015). *Protocole de partenariat. La participation sociale des aînés : des savoirs à l'action*. Québec: Partnership development *La participation sociale des aînés : des savoirs à l'action*.

O'Neill, M., Gosselin, P., & Boyer, M. (1997). *La santé politique : Petit manuel d'analyse et d'intervention politique dans le domaine de la santé*. Beauport: Réseau québécois des villes et villages en santé.

Truchon, M. (2011). *Cadre théorique des initiatives de travail de milieu auprès des aînés vulnérables*. Montreal: AQCCA.



Régions de Québec et  
Chaudière-Appalaches





# REACHING OUT TO, UNDERSTANDING, AND SUPPORTING SOCIALLY ISOLATED SENIORS

## Tool 3

# APPENDIX



## DIRECTORIES

### REACHING OUT TO, UNDERSTANDING, AND SUPPORTING ISOLATED SENIORS IN RURAL AND URBAN AREAS

#### LIST OF RESOURCES AND SERVICES: CRITERIA, BENCHMARKS



##### What is the recommended classification?

- By region, territory, municipality, sector, district (e.g. Quebec City)
- By clientele, theme, type of service, in alphabetical order



##### Possible themes related to isolation

- Elders, seniors
- Food aid, food
- Material aid
- Financial assistance, social economy enterprises
- Collective kitchens, Christmas baskets
- Clothing counter
- Social groups, FADOQ clubs, community groups, recreation groups, support groups
- Accommodation, housing
- Mental health, suicide prevention
- Caregivers, respite care
- Mutual assistance, support, volunteering
- Public institutions (CSSS, day centre)
- Helpline
- Health, physical health
- Home support services
- Sports, recreation, culture
- Transportation
- Friendly visits
- Prevention of violence, abuse
- Advocacy, assistance, information, referral
- Services for organizations
- Legal services



# INVENTORY OF RESOURCES AND SERVICES DIRECTORIES

## PORTNEUF SERVICES

<b>LOCAL</b> (Portneuf MRC or municipalities)	<b>REGIONAL</b>	<b>PROVINCIAL</b>
<p><b>Portneuf directory of food and material aid resources</b></p> <p>Compiled by the poverty prevention committee – revised June 2014 (Ref: PDF file)</p> <p><b>2012-2013 Directory of Portneuf suppliers</b></p> <p>Compiled by the Union des chambres de commerce et d'industrie de Portneuf (UCCIP)</p> <p><a href="http://Signeportneuf.com/repertoireFournisseur/47697.html">Signeportneuf.com/repertoireFournisseur / 47697.html</a></p> <p><a href="http://cld.portneuf.com">http://cld.portneuf.com</a></p>	<p><b>Directory of community resources serving the administrative regions of National Capital and Chaudière-Appalaches, published by SERVICE 211</b></p> <p>(Centre d'information et de référence de la Capitale-Nationale et de la Chaudière-Appalaches)</p> <p>In print and online at <a href="http://www.211quebecregions.ca">www.211quebecregions.ca</a></p> <p>245, Soumande Street, Room 285 Quebec, QC G1M 3H6</p> <p>Tel.: 418-681-3501 / 418-838-0481</p> <p>Fax: 418-681-6481</p> <p><b>Comment faire face aux complications guide for seniors and their caregivers, published by the Table de concertation des personnes âgées of National Capital (September 2013)</b></p> <p><a href="http://www.ainescapnat.qc.ca">http://www.ainescapnat.qc.ca</a></p> <p><b>Service Coup de pouce aux aînés</b> of the Association québécoise de défense des droits des personnes retraitées et préretraitées (AQDR)</p> <p>Quebec 418-524-0437</p> <p><a href="https://aqdrquebec.wordpress.com/">https://aqdrquebec.wordpress.com/</a></p> <p>Territory: National Capital Clientele: 50 years and older, retirees or pre-retirees</p>	<p><b>Guide de référence pour contrer la maltraitance envers les personnes âgées</b> (section 5 – Coordonner les organisations) published by the MSSS online:</p> <p><a href="https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/">https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/</a></p> <p><b>Vieillir en sécurité brochure</b> published by the Réseau Internet Francophone-Vieillir en Liberté, MSSS, Department of Justice, AQDR (May 2013 Ed.)</p>

Continued from table on page 3.20 →



<b>LOCAL</b> (Portneuf MRC or municipalities)	<b>REGIONAL</b>	<b>PROVINCIAL</b>
<p><b>Directory of Portneuf services, groups, and organizations</b></p> <p>Compiled by the Table de concertation: Formation, éducation et développement de la main-d'œuvre (FEDMO) de Portneuf</p> <p><a href="http://www.repertoire-fedmo.qc.ca">www.repertoire-fedmo.qc.ca</a>  <a href="http://cld.portneuf.com">http://cld.portneuf.com</a></p>	<p><b>L'APPUI pour les proches aidants d'ânés-Capitale-Nationale</b></p> <p><b>Directory of resources</b></p> <p><a href="http://www.lappui.org/capitale-nationale/repertoire-des-services">www.lappui.org/capitale-nationale/repertoire-des-services</a></p> <p>1-855-8LAPPUI</p> <p>Caregiver Support: 1-855-852-7784</p> <p>L'APPUI Capitale-Nationale                      260-4765, 1<sup>st</sup> Avenue,                      Quebec, QC G1H 2T3                      Tel.: 581-742-1110                      Fax: 581-742-1117  <a href="mailto:info@lappuicapitalenationale.org">info@lappuicapitalenationale.org</a></p> <p><b>Directory of resources of the local health and social services network</b></p> <p><a href="http://csssvc.qc.ca/ressources/index.php">http://csssvc.qc.ca/ressources/index.php</a></p> <p>The following links are recommended:</p> <ul style="list-style-type: none"> <li>• <i>Portail du réseau de la santé et des services sociaux de la région de la Capitale-Nationale</i> <ul style="list-style-type: none"> <li>• <i>Service 211</i></li> </ul> </li> </ul> <p><a href="http://www.211quebecregions.ca/?Ln=en-CA">http://www.211quebecregions.ca/?Ln=en-CA</a></p> <p><b>Portail du réseau de la santé et des services sociaux de la région de la Capitale-Nationale</b></p> <p><a href="http://santecapitalenationale.gouv.qc.ca">http://santecapitalenationale.gouv.qc.ca</a></p> <p>Search services by theme, service, name, as well as by list of resources (by category): family, children, parents, teenagers, young adults, adults, seniors</p>	<p><b>ELDER MISTREATMENT Helpline</b></p> <p>1-888-489-2287</p> <p>Territory: Quebec-wide</p> <p>Clientele: Seniors experiencing abuse, persons concerned, relatives, witnesses of a situation of senior abuse, or workers.</p> <p><a href="https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/">https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/</a></p> <p><b>Senior-Aware program</b></p> <p>1-800-544-9058</p> <p>Information program intended for seniors (Sûreté du Québec and FADOQ network)</p> <p>Territory: Quebec-wide</p> <p><a href="http://aineavise.fadoq.ca/fr/Accueil/">http://aineavise.fadoq.ca/fr/Accueil/</a></p> <p><b>Directory of health and social services resources</b></p> <p><a href="http://www.msss.gouv.qc.ca/repertoires">http://www.msss.gouv.qc.ca/repertoires</a></p> <p>Search by type of resources (community organizations, etc.)</p>



<b>LOCAL</b> (Portneuf MRC or municipalities)	<b>REGIONAL</b>	<b>PROVINCIAL</b>
	<p><b>Grouping of Community organizations in Region 03 (ROC-03)</b></p> <p>1577, 3<sup>rd</sup> Avenue, Quebec, QC G1L 2Y4 Tel.: 418-524-7111 Fax: 418-524-8838 <a href="mailto:info@roc03.com">info@roc03.com</a> <a href="http://www.roc03.com">www.roc03.com</a></p> <p><i>Option to find community partners and ROC-03 members</i></p> <p><b>Regroupement d'éducation populaire en action communautaire des régions de Québec et Chaudière-Appalaches (RÉPAC 03-12)</b></p> <p><a href="http://repac.org/">http://repac.org/</a></p> <p>View the list of organizations under <i>Présentation</i> &gt; (then) &gt; <i>Membres</i>.</p>	<p>Website:</p> <p><a href="http://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/references/Pages/index.aspx">http://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/references/Pages/index.aspx</a></p> <ul style="list-style-type: none"><li>• Aid resources</li><li>• Publications, program, and tools</li><li>• Partners and useful links</li><li>• Advertising campaign</li></ul> <p>(Last updated: July 2015)</p>



# INVENTORY OF RESOURCES AND SERVICES DIRECTORIES

## QUEBEC CITY DOWNTOWN AREA

LOCAL	REGIONAL	PROVINCIAL
<p><b>LE PAVOIS's organization CALENDAR</b>  <i>Useful numbers – 11 pages from the beginning of the calendar (pp. 4 to 14). Updated each year, using the data listed in the 211 directory. Sales of the Calendar are used for funding the organization Les copies Du Pavois (418-640-0006). Useful to stakeholders and clients.</i></p> <p>418-845-8442 (Loretteville) / 418-948-1280 (Ste-Foy)  <a href="http://www.lepavois.org">www.lepavois.org</a></p> <p><b>Saint-Sauveur / Québec CDEC ITA (integrated territorial approach) tablemat:</b>  <i>Neighbourhood map showing the 36 organizations in the Saint-Sauveur District divided by themes:</i></p> <ul style="list-style-type: none"> <li>• Training</li> <li>• Accommodation</li> <li>• Reception-support</li> <li>• Advocacy</li> <li>• Recreation</li> <li>• Food</li> <li>• Health</li> <li>• Material aid</li> </ul>	<p><b>Directory of community resources serving the administrative regions of National Capital and Chaudière-Appalaches published by SERVICE 211</b>            (Centre d'information et de référence de la Capitale-Nationale et de la Chaudière-Appalaches)</p> <p>In print and online at  <a href="http://www.211quebecregions.ca">www.211quebecregions.ca</a></p> <p>245 Soumande Street, Suite 285, Québec, QC G1M 3H6 Tel.: 418-681-3501 / 418-838-0481            Fax: 418-681-6481</p> <p><b>Comment faire face aux complications guide for seniors and their caregivers</b> published by the Table de concertation des personnes âgées of National Capital (September 2013):  <a href="http://www.ainescapnat.qc.ca">http://www.ainescapnat.qc.ca</a></p> <p><b>Service Coup de pouce aux aînés</b> of the Association québécoise de défense des droits des personnes retraitées et préretraitées (AQDR) Quebec            418-524-0437  <a href="https://aqdrquebec.wordpress.com/">https://aqdrquebec.wordpress.com/</a> Territory: National Capital / Clientele: 50 years and older / retirees or pre-retirees</p>	<p><b>Guide de référence pour contrer la maltraitance envers les personnes âgées</b> (section 5 – Coordonner les organisations) published by the MSSS online:  <a href="https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/">https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/</a></p> <p><b>Vieillir en sécurité brochure</b> published by the Réseau Internet Francophone-Vieillir en Liberté, MSSS, Department of Justice, AQDR – (May 2013 Ed.)</p>

Continued from table on page 3.23 →



LOCAL	REGIONAL	PROVINCIAL
<p><b>Saint-Sauveur neighbourhood council</b> 418-529-2923 info@monsaintsauveur.com</p> <p><b>Directory of community organizations, schools, recreation centres, and other resources in lower Quebec</b> <a href="http://www.monsaintsauveur.com/entreprises/conseil-de-quartier/">http://www.monsaintsauveur.com/entreprises/conseil-de-quartier/</a></p> <p>Click on the name of the organization to access another page with a detailed sheet containing the following information:</p> <ul style="list-style-type: none"> <li>• Address of the website <ul style="list-style-type: none"> <li>• Clients</li> <li>• Services</li> <li>• Contact information (address, phone)</li> </ul> </li> </ul>	<p><b>L'APPUI pour les proches aidants d'âinés-Capitale-Nationale</b> <b>Directory of resources</b> <a href="http://www.lappui.org/capitale-nationale/repertoire-des-services">www.lappui.org/capitale-nationale/repertoire-des-services</a> 1-855-8LAPPUI Caregiver Support: 1-855-852-7784</p> <p>L'APPUI Capitale-Nationale 260-4765, 1<sup>re</sup> Avenue, Québec, QC G1H 2T3 Phone: 581-742-1110 Fax: 581-742-1117 <a href="mailto:info@lappuiquenationale.org">info@lappuiquenationale.org</a></p> <p><b>Directory of local health and social services network resources</b> <a href="http://csssvc.qc.ca/ressources/index.php">http://csssvc.qc.ca/ressources/index.php</a></p> <p>The following links are recommended:</p> <ul style="list-style-type: none"> <li>• <i>Portail du réseau de la santé et des services sociaux de la région de la Capitale-Nationale</i> <ul style="list-style-type: none"> <li>• <i>Service 211</i></li> </ul> </li> </ul> <p><a href="http://www.211quebecregions.ca">http://www.211quebecregions.ca</a></p> <p><b>Portail du réseau de la santé et des services sociaux de la région de la Capitale-Nationale</b> <a href="http://santecapitalenationale.gouv.qc.ca">http://santecapitalenationale.gouv.qc.ca</a></p> <p>Search services by theme, service, name, as well as by list of resources (according to category):</p> <ul style="list-style-type: none"> <li>• Family, children, parents</li> <li>• Teenagers, young adults</li> <li>• Adults, seniors</li> </ul>	<p><b>ELDER MISTREATMENT Helpline</b> 1-888-489-2287 Territory: Québec clientele: Seniors experiencing abuse, people concerned, relatives, or witnesses of a situation of senior abuse, workers. <a href="https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/">https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/mistreatment-of-older-adults/</a></p> <p><b>Senior-Aware program</b> 1-800-544-9058 Programme d'information destiné aux aînés (Sûreté du Québec et Réseau FADOQ) Territory: Québec <a href="http://aineavise.fadoq.ca/fr/Accueil/">http://aineavise.fadoq.ca/fr/Accueil/</a></p> <p><b>Directory of health and social services resources</b> <a href="http://www.msss.gouv.qc.ca/repertoires">http://www.msss.gouv.qc.ca/repertoires</a></p> <p>Search by type of resources (community organizations, etc.)</p>

Continued from table on page 3.24 →



LOCAL	REGIONAL	PROVINCIAL
	<p><b>Regroupement des organismes communautaires de la région 03 (ROC-03)</b>                      1577 3<sup>rd</sup> Avenue,                      Québec, QC G1L 2Y4                      Tel.: 418-524-7111                      Fax: 418-524-8838  <a href="mailto:info@roc03.com">info@roc03.com</a>  <a href="http://www.roc03.com">www.roc03.com</a>  <i>Option to find community partners and ROC-03 members</i></p> <p><b>Regroupement d'éducation populaire en action communautaire of the Quebec and Chaudière-Appalaches regions (RÉPAC 03-12)</b>  <a href="http://repac.org/">http://repac.org/</a>  <i>Under "Présentation" (membres)</i>                      &gt; <i>Liste d'organismes</i></p>	<p>Website  <a href="http://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/references/Pages/index.aspx">http://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/references/Pages/index.aspx</a> :</p> <ul style="list-style-type: none"> <li>• Help resources</li> <li>• Publications, program, and tools</li> <li>• Partners and useful links</li> <li>• Advertising campaign</li> </ul> <p><b>Portail santé mieux-être Gouvernement du Québec</b>  <a href="http://sante.gouv.qc.ca/repertoire-e-ressources/">http://sante.gouv.qc.ca/repertoire-e-ressources/</a></p> <p><i>Search resources related to health and social services.</i></p>

(Last updated: July 2015)

**Others:**

- Directory of resources of isolated seniors in the neighbourhood Duberger-Les Saules, *Chantier Bien-Vieillir dans Duberger-Les Saules*, the Table de concertation des aînés of Duberger-Les Saules, *Loisir Duberger-Les Saules*, CIUSSS de la Capitale-Nationale, October 2015, 96 p.
- Simplified directory of community and adapted transportation services in the Portneuf region (promotional card), Association des personnes handicapées de Portneuf (APHP), April 12, 2016\_ <http://www.courrierdeportneuf.com/2016/04/un-repertoire-des-transports-communautaires-et-adaptes/>
- Collection of resources – Help close at hand, St-Roch-St-Sauveur sector – *Aînés-nous à vous aider!*, Centre d'aide et d'action bénévole de Charlesbourg, (CAABC), April 2016 [http://cabducontrefort.quebec/prog/services\\_aux\\_individus/ainesnous.html](http://cabducontrefort.quebec/prog/services_aux_individus/ainesnous.html)



Régions de Québec et Chaudière-Appalaches





REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 4

# Identifying Individuals



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ- RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale Population and Public Health Branch (PPHB)), the Québec Research Centre on Aging (QRCA) of the Direction du programme de soutien à l'autonomie des personnes âgées (DSAPA) and Centre de recherche sur les soins et les services de première ligne de l'Université Laval (CERSSPL-UL), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference to use quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

This document is available in PDF version at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided that the source is mentioned.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVES OF THE TOOL

### IDENTIFYING INDIVIDUALS

1. Proposing strategies for identifying socially isolated seniors.
2. Providing indicators for identifying seniors who may be socially isolated.



#### REFERENCE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 4 – Identifying Individuals*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

# 1. MAIN STRATEGIES FOR IDENTIFYING SOCIALLY ISOLATED SENIORS

This tool outlines various strategies for reaching out to isolated seniors. In light of the various experiences recorded in the literature (Essoh, 2015) and the results of the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017), two main strategies stand out:



## “REACHING OUT”

Contacting people deemed at risk of being socially isolated, without waiting for them to express that they need help;



## “BEING AVAILABLE”

Allowing people to contact organizations whose activities are aimed at helping socially isolated seniors.

TABLES 1 and 2 broadly illustrate these two categories. They contain a definition for each category, its means of implementation, and the difficulties often encountered. In addition, the tables provide some recommendations to overcome obstacles and help to identify isolated seniors as effectively as possible.

Workers and volunteers often use both types of strategies simultaneously. For example, they may contact seniors in the cafés where they spend time, or leave leaflets to inform seniors of their organization’s contact information in a community pharmacy.



# TABLE 1

## REACHING OUT: MEANS OF IMPLEMENTATION, DIFFICULTIES ENCOUNTERED, AND TIPS

**Definition:**

“Reaching out” means being proactive, maintaining a significant and continuous presence in the environments and living spaces of seniors and initiating contacts with those who are likely to be socially isolated.

### Implementation means

- **Door-to-door:** A worker or volunteer goes to people’s home;
- **Consultation with key informants in the field:** those responsible for places of worship, people working in post offices or financial institutions, convenience store clerks, people delivering groceries or medication, night watch volunteers, meals-on-wheels volunteers, firefighters, community police officers, people working in community organizations, community organizers, etc.;
- **Presence of local workers:** Workers go to public places frequented by seniors, where they establish informal contacts and make themselves known. They also establish trust relationships. They identify potentially socially isolated seniors and gradually establish a connection with them before offering some form of service.

### Difficulties encountered

- **Fear of asking:** The people that are approached by workers tend to avoid asking for help, thus expressing their ability or desire to fend for themselves;
- **Shyness among recruiters:** Recruiters may fear that they will cause embarrassment to seniors. This difficulty is frequently observed when using the door-to-door strategy;
- **Fears of seniors:** Seniors may feel apprehensive about a “stranger” coming to their home or approaching them. They may also fear the opinion of their immediate social circle;
- **Senior unaware of their isolation:** Seniors may not necessarily be aware that they are isolated and might be unable to express what they need to improve their situation. An initial contact may spark their awareness;
- **Increase in number of interlocutors:** Every new person introduced into the process is another stranger in the eyes of seniors, which may cause them to withdraw.

### RECOMMENDATIONS

- Show interest in the positive aspects of people. Begin by asking about their interests and recreational activities.
- Learn about the most important needs of isolated seniors (e.g. security, budget assistance, food, transportation).
- Humour is also a winning strategy. The objective is to alleviate the situation or initiate dialogue with people, again on a positive note.
- Make small talk with people. You must first establish trust with people before going deeper and offering support.
- Be transparent about the support you can provide so as not to create false expectations.
- Spark the curiosity of seniors and encourage them in their interests.



## TABLE 2

### BEING AVAILABLE: MEANS OF IMPLEMENTATION, DIFFICULTIES ENCOUNTERED, AND TIPS

#### Definition:

Being available means being known throughout community so that seniors can, on their own initiative, contact the worker or volunteer (or organization) working on identifying and supporting isolated seniors. A third party may direct the seniors' attention toward the available information.

#### Means of Implementation

- **Disseminating and advertising the organization's services:** Provide information about the organization's activities, for example by distributing advertising cards or by using any other means to spread the word in the living environment of people at risk of being socially isolated (e.g. mini directories with the organization's logo, fridge magnets, advertising in church bulletins, use of social media, small posters with detachable coupons, etc.).
- **Ensuring a presence in the environment:** Attending events or activities organized for seniors or going to places they congregate to spread the word about the services they could benefit from.

#### Difficulties encountered

- **Timing:** Strategies based on providing information (e.g. advertising) may be cheaper but can also result in a longer period before seniors show interest.
- **Selection of environments and activities for advertising:** Some activities are less conducive to intervention. Seniors partaking in these activities may be less willing to listen.
- **Access to socially isolated people:** The most vulnerable seniors are not necessarily found in places where information is offered or where there is advertising.
- **Collaboration:** Business and property owners are not always aware of the problem of isolation and do not necessarily understand how it relates to them.
- **The senior is unaware of their own isolation:** "Being available" also implies that seniors are aware of their social isolation and are proactive in taking action to contact an organization.

### RECOMMENDATIONS

- Favourable places to promote services: local restaurants or cafés, hair salons, small shopping malls, seniors' groups, pharmacies, medical clinics, emergency departments, churches, community centres, convenience stores, grocery stores, credit unions;
- Appropriate locations to set up an information booth about the initiative: events for seniors (e.g. Salon FADOQ, seminars), shopping malls, pharmacies, community centres, exhibitions;
- Use a range of different strategies to disseminate information;
- Raise the awareness of potential partners about the reality of socially isolated seniors to enable them to transmit information.



*"It takes a long time to establish meaningful contact with someone who needs our services; I spend a lot of time just being present, slowly carving my place in a group to get them to tell me about another person who could be isolated." (a worker)*

*"People are nosy here... neighbours are always looking out the window when someone comes to the building." (a senior)*

*"I still go to church, and sometimes the names of organizations are advertised at the entrance, like some form of publicity. I don't always take a close look, but I know there are resources in the neighbourhood." (a senior)*

*"I don't participate in the activities held here anymore. The first time I came here, people stared at me like... like I was an alien or something. You know, there are little cliques everywhere!" (a senior)*

*"Specifically for rural environments: Limit and focus the organization's visibility activities in a targeted area or community." (a worker)*

*"Being funny works wonders! It's easier to approach them this way. It prevents diving into problems right away." (a worker)*



### Other aspects to consider when identifying isolated individuals:

Other elements may facilitate or hinder efforts to identify socially isolated seniors, depending on the context. These elements are covered elsewhere in this toolkit:

- Organizing worker's or volunteer's work and links with their associated organizations (Tool 9);
- Opportunities for contact with seniors and the possibilities for partnerships (Tool 3);
- Characteristics pertaining to the seniors themselves, their way of socializing, and their perceptions of old age and their situation (Tools 5, 6, and 7).





## 2. SOME INDICATORS OF SOCIAL ISOLATION AMONG SENIORS

Identification consists of, among other things, using indicators to identify seniors who are likely to be socially isolated. These indicators are observable characteristics or situations experienced by seniors that suggest they might be isolated. The presence of these indicators is not enough to determine whether a person is isolated, but it increases its likelihood. Conversely, the absence of these indicators does not mean that the person is not isolated. Verifying the true experience with the person is essential.

Here are some examples of indicators that have been recorded in the literature review in preparation for the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017):

- The person's social circle no longer sees them in the community
- The person's living environment begins to deteriorate (maintenance of the house and yard)
- The person completely stops participating in their activities or withdraws to some extent
- Their mailbox is full
- They are a victim of financial abuse (or any other form of abuse)
- The person suffers from a mental health issue or cognitive impairment, or there are reasons to think they do (memory impairment, confusion)
- The person has lost their driver's license (reduced mobility)
- The person has recently lost their spouse or a loved one
- The person is neglecting their appearance or has poor personal hygiene



## SOURCES

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieu rural et urbain – Rapport synthèse d’une recherche-action*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Centre d’action bénévole du Contrefort (CABC) (2017). *Aînés-nous à vous aider!* Online [http://cabducontrefort.quebec/prog/services\\_aux\\_individus/ainesnous.html](http://cabducontrefort.quebec/prog/services_aux_individus/ainesnous.html), accessed September 12, 2017.

Essoh, P. (2015). *Stratégies et outils de repérage des aînés isolés socialement*. Intervention Project, Université Laval, Quebec.



Régions de Québec et  
Chaudière-Appalaches



REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 5

# Establishing the Relationship



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec 



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ- RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale Population and Public Health Branch (PPHB)), the Québec Research Centre on Aging (QRCA) of the Direction du programme de soutien à l'autonomie des personnes âgées (DSAPA) and Centre de recherche sur les soins et les services de première ligne de l'Université Laval (CERSSPL-UL)), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélie Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference to use quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

This document is available in PDF version at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided that the source is mentioned.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVES OF THE TOOL

### ESTABLISHING THE RELATIONSHIP

1. Advising workers or volunteers on how to make contact with seniors.
2. Developing a trust-based relationship with seniors.



#### REFERENCE TO USE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 5 – Establishing the Relationship*. Quebec: FADOQ – Québec et Chaudière-Appalaches regions (FADOQ – RQCA).

# 1. THE IMPORTANCE OF FIRST CONTACT

To make contact and develop a helping relationship with potentially isolated seniors, some methods should be prioritized from first contact to throughout the relationship. The first contact and the quality of the relationship established will facilitate subsequent exchanges and assistance.

The basis for a positive relationship between two individuals is trust. This is true of all human relationships, but especially those being attempted in this type of initiative, due to obstacles such as:

- The individuals concerned don't know each other
- The relationships will only be temporary
- The relationships are based on identifying a problem or vulnerability, which quickly categorizes seniors as being in need of help
- The seniors might be isolated because they are wary and fearful after experiencing difficult or disappointing relationships, whether with relatives or through services received from organizations or other resources

It is important to keep in mind that the relationship is created for the sole purpose of support. Thus, the worker or volunteer will want to:

- Help the person identify and express their problems
- Help the person identify and voice their fears and apprehensions about the situation experienced
- Provide support and explanations as well as accurate and appropriate information
- Help the person identify and leverage their own strengths and resources
- Act as a liaison with the resources and services that meet the needs identified

Tool 5 aims to provide the worker or volunteer with benchmarks on the required knowledge to establish and maintain for the period required a positive relationship that can eventually produce results.



## 2. DEVELOPING A TRUST-BASED RELATIONSHIP

Regardless of the approach used to identify isolated seniors (reaching out to seniors or being available to them – see Tool 4), the first contact is crucial and requires perseverance, openness, patience, and continuity in the relationship with the senior. The bond of trust is often dependant on first impressions and will be reinforced with each meeting. Discussions will become more and more natural, and eventually lead to trust.

The first meetings should be held in a public place or in the premises of an organization. It must be understood that seniors may be reluctant to allow a stranger into their home to talk about themselves. As anyone else would be. After initiating contact, you must develop and maintain a relationship of trust with the senior.

Social isolation is associated with a higher risk of abuse or mistreatment, a heightened sense of insecurity and worthlessness, a lack of self-esteem, and so on, which may make it difficult for seniors to trust others, especially in the case of complete strangers.

In general, the more isolated they are, the more the senior feels like there is a limited range of resources in their living environment. Over time, people may find themselves increasingly excluded from any possibility of support, which reinforces their isolation. Highly isolated people may completely stop using services, going to public places, or participating in groups and associations of any kind. These effects of isolation alienate them from people of their generation as well as those of other generations, leading to a vicious circle that must be broken. The challenge of creating bridges may seem great, if not insurmountable to the senior, and they may perceive isolation as an inevitability.

Finally, any offer for support can be perceived as useless or intrusive. It can result in insecurity and further withdrawal. Therefore, such a situation cannot simply be changed overnight: it requires a lot of trust. This trust must be gained with each senior.

*“Do not reach out too quickly to individuals you suspect might be isolated; take your time and do not seek to get an immediate answer.”  
(a worker)*

*“...or at least, it takes time, you have to take the time...”  
(a worker)*

*“Isolated seniors find it difficult to talk about themselves.”  
(a worker)*

*“Older people may be afraid of being intruded upon; they may feel hesitant to let a stranger into their home.”  
(a worker)*



# TABLE 1

## RECOMMENDATIONS FOR DEVELOPING A TRUST RELATIONSHIP WITH SOCIALLY ISOLATED SENIORS

- Take the time to respect the pace of the senior
- Be attentive and observe the senior to properly understand his or her situation and needs
- Make small talk on common ground (about the weather, political news, local municipal construction work, etc.) before addressing the senior’s personal situation – a few interactions may be needed to accomplish this
- Be consistent, avoid intermediaries as much as possible and be present when new workers become involved, or at the very least introduce them to the senior
- Follow up as necessary and have regular discussions with the senior (in person, by telephone, by e-mail, etc.)
- Adapt your language, vocabulary, and behaviours to the limitations of the senior, which may vary in nature (hearing impairment, vision or speech disorders, locomotor problems, cognitive impairment, etc.)
- Ensure the senior understands the situation without treating them like a child
- Avoid any physical contact that could make the senior uncomfortable
- Clarify your role with the senior, if necessary, to restate the boundaries of the intervention, avoid undue expectations, and limit the invasion of the senior’s privacy
- Be diligent, persistent, and patient – getting to know someone takes time

(Adapted from Dubé, 2016)

*“Avoid introducing a third party between the senior and the person carrying out the recruitment process, otherwise you risk weakening the bond of trust.”  
(a worker)*

*“It takes trust to begin with, and you can’t transfer it from one person to another.” (a worker)*

*“With you, I clicked right away, I felt comfortable talking about my experience... Usually, I am more reserved. You are easy to approach, not intimidating.” (a senior)*





### 3. NECESSARY SKILLS

The skills required to establish a positive relationship with an isolated senior are presented in three broad categories: **Knowledge**, **know-how**, and **interpersonal skills** (TABLE 2). It is important to remember that the worker or volunteer taking action to reach out to, understand, and support isolated seniors is not necessarily an expert in the field of helping relationships. When providing support, they are not acting as an expert on providing assistance, nor as a substitute for the professional aid that seniors may need. Thus, the skills required are those that are more relevant to kindness, attentiveness toward others, and a natural predisposition for helping. It will be of critical importance to specify whether other skills are expected, depending on if the person is a paid worker or a volunteer, while specifying the roles and responsibilities that they will be entrusted.

*“Knowledge dictates know-how,  
but its quality depends on interpersonal skills.”  
(Levant, 1997)*



#### KNOWLEDGE

This first category of skills refers to the **knowledge** of the worker or volunteer. It is advantageous to have some knowledge of aging, of the senior population in the sector or region and their living conditions, of the phenomenon of social isolation and its consequences, and of the resources available in the area. Being as knowledgeable as possible about the available resources and services will enable you to gain the trust of the senior, to be realistic about the available support options, and to find alternatives should a first attempt fail to produce the desired results (Essoh, 2015).

Knowledge also refers to understanding some of the most prevalent myths and prejudices associated with aging. Everyone, including those with the best of intentions, is influenced to varying degrees by the negative stereotypes portrayed against seniors. By definition, stereotypes are preconceived ideas, “common assumptions” (e.g. *seniors are weak, useless, incapable, sick; they are reluctant to change, they are not worth the effort given their old age; it seems to be “normal” for some seniors to withdraw from society, to not ask for help as they age*) that act as shortcuts to various social realities (such as age, race, sexual orientation, etc.). They stem from various personal and cultural norms and beliefs. It is important to be aware of the existence of these prejudices and to be able to recognize them in yourself as well as in others. Acknowledging them will enable correcting one’s approach, narrative, and behaviour so that these stereotypes are conveyed as little as possible. TABLE 3 presents examples of ageism in different environments.

Finally, getting to know the senior more thoroughly will allow you to identify their most important needs and determine the best solutions (see Tool 6).





## KNOW-HOW

This second category is related to **the skills and abilities** that workers or volunteers need to perform their duties. This means being able to make contact with a stranger to create a relationship conducive to constructive exchanges. Beyond the interview technique, you must learn to introduce yourself, to approach seniors discreetly and carefully, and to adapt your behaviour to the reactions and realities of individuals. Basic knowledge and understanding of the main disabilities experienced among seniors (e.g. visual, hearing, or motor impairment), as well as the ways to manage them can make a difference (see APPENDIX 5A for examples).

In the first few interactions, smiling, being highly responsive, and proceeding slowly to avoid making the senior feel rushed, or even threatened, are recommended. Discussion topics should be light at the very beginning (e.g. weather, news, the city or village where they live).

They might repeat themselves, and there may be silences and hesitations; they should not be mentioned. It is necessary to be open and to take the time to listen to the senior without being judgmental. Over the course of the relationship, you must listen attentively to the person, let them express themselves freely while showing interest by nodding, making eye contact, and avoiding “multitasking” (e.g. turn off your cellphone and laptop). Often, the information you share must be simplified to help the senior understand.

*“...from the outset, a link of trust must be established, and the fact that the woman said: ‘I was born here...’ Right there, the bond of trust is made.”  
(a worker)*

You must be able to identify a problematic situation and solutions that will answer these questions: *What would help you here and now? What could make a difference for you today?* The worker or volunteer must demonstrate a strong capacity for listening and tolerance to uncertainty about understanding the situation. Life stories are sometimes complex with problems intermingled that can be difficult to untangle. The senior’s feelings can be tainted by ambiguities and ambivalence. Some know-how related to the ability to motivate the senior to take action and improve their situation can also be an asset.

Another example of highly valuable know-how is the ability to “navigate” the identification of the best service or resource that the senior can benefit from and guide them toward using it.



## INTERPERSONAL SKILLS

This third component refers to **the attitudes** required to make contact with seniors and to establish a satisfactory relationship for the time needed. Interpersonal skills mean “the ability of an individual to use knowledge in the given work situation” (Blog Ressources Humaines, 2012). Listening, respect, and patience are important assets for interacting with seniors. You must use finesse when interacting with seniors. For many people, isolation has a stigmatizing, demeaning, and humiliating nature. It is important to avoid continually reminding the person of their isolation or that this is really not a normal situation, as if to imply they must have done something to cause it. In addition, the person may be less isolated than they seem to be, or they may not consider themselves as such.



# TABLE 2

## RECAP OF THE KNOWLEDGE REQUIRED TO ESTABLISH CONTACT AND A POSITIVE RELATIONSHIP WITH SOCIALLY ISOLATED SENIORS

KNOW	KNOW-HOW	INTERPERS
<ul style="list-style-type: none"> <li>• Understanding the phenomenon of aging and its associated prejudices</li> <li>• Understanding the problem of social isolation, its risk factors, and its possible consequences on seniors</li> <li>• Understanding the senior in need of help (personal story, experienced situation, previous attempts to resolve the problem)</li> <li>• Knowing about the services and resources in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Listening</li> <li>• Being comfortable making contact, establish a positive relationship, and discuss with seniors</li> <li>• Setting the limits of the relationship and clarifying your roles and responsibilities</li> <li>• Being accessible, showing interest in the senior and what they have to say</li> <li>• Respecting the confidentiality of the information received</li> <li>• Agreeing to proceed by trial and error</li> <li>• Being able to motivate a person to take action to improve their situation</li> <li>• Recognizing the disabilities most frequently encountered among seniors and knowing how to act accordingly (See APPENDIX 5A)</li> </ul>	<ul style="list-style-type: none"> <li>• Showing empathy, openness, compassion</li> <li>• Demonstrating kindness, courtesy, politeness</li> <li>• Demonstrating patience and perseverance</li> <li>• Respecting the senior’s autonomy to make decisions</li> <li>• Respecting cultural and religious differences, sexual orientations, and gender identities</li> <li>• Respecting the limits set by the senior in terms of the following:               <ul style="list-style-type: none"> <li>– depth of the relationship</li> <li>– location, time, and duration of meetings</li> <li>– what may be asked of them</li> </ul> </li> </ul>

(Adapted from Essoh, 2015)

*“You must be open to what is different.”  
(a worker)*

*“Take the time to allow the person to open up about their feeling of social isolation. The person must be aware of their situation.”*



## 4. A WORD ON AGEISM

Ageism is a prejudice against a person or group based on age. Ageism encompasses all forms of discrimination, segregation, and contempt related to age. It can lead to abuse or neglect. Ageism can be explicit (e.g. offensive words) or more implicit or subtle (e.g. talking to someone else about a senior while in their presence.)

Here are some indicators to recognize ageism:

-  **INFANTILIZATION**
-  **CONTEMPT**
-  **NON-RECOGNITION OF RIGHTS**
-  **IMPOSITION OF SOCIAL RESTRICTIONS OR STANDARDS DUE TO AGE**

In March 2011, the Association québécoise de gérontologie (AQQ) established a campaign to raise awareness on and fight ageism, entitled: *L'âgisme, parlons-en! (Let's talk ageism!)* To further study this topic, the AQQ website has a host of information and publications:

<http://www.aqq-quebec.org/grands-dossiers/agisme>.

It is recommended to complete the self-assessment questionnaire "Faites-vous de l'âgisme? (Are you ageist?)" designed by the AGQ. It is available at:

<http://www.aqq-quebec.org/grands-dossiers/agisme/je-m-informe-1/faites-vous-de-l-agisme>.

The PDF VERSION of the questionnaire can be downloaded using this link:

[http://www.aqq-quebec.org/pixms/uploads/serve/ckeditor/quiz\\_agisme\\_final.pdf](http://www.aqq-quebec.org/pixms/uploads/serve/ckeditor/quiz_agisme_final.pdf).

*"We must not treat people like children."  
(a worker)*

# TABLE 3

## AN EXPLANATION OF AGEIST ATTITUDES AND BEHAVIOURS IN VARIOUS ENVIRONMENTS

SPECIFIC TO LIVING	SPECIFIC TO WORKPLACES	SPECIFIC TO THE MEDIA
Considering seniors as unappealing because of their physical appearance (e.g. loose skin, wrinkles, grey hair).	Assuming that senior workers are taking up the space of younger people.	Presenting a catastrophic picture of the demographic reality of an aging society (the grey tsunami, a burden on society, the grey peril, jeopardizing the future, etc.).
Tending to talk to seniors using demeaning nicknames such as “young lady” or “little old man.”	Believing that senior workers are sick more often.	Making fun of the aging people for advertising purposes (e.g. suggesting a certain brand of vehicle is not designed for “old people”).
Assuming that seniors drive slowly.	Believing that seniors work more slowly and are more likely to be forgetful.	Giving little visibility to people who are aging well (the vast majority), or to the promotion of aging gracefully.
Believing that seniors are all “old people” who are eager to withdraw from social life.	Believing that younger people aren’t interested in the experiences of their elders.	Portraying a dichotomous image in newspapers and on TV: youth is good and desirable while old age is bad and must be avoided.
Speaking louder to a senior, assuming that they must have a hearing impairment.	Expressing impatience when senior workers delay their retirement.	Portraying an idealized vision of retirees as financially well off, travelling to sunny destinations, and always having a good time.

(AQG, 2017)



## SOURCES

Association québécoise de gérontologie (AQG) (2017). *Grands dossiers : Âgisme*. Online <http://www.aqq-quebec.org/grands-dossiers/agisme>, accessed September 13, 2017.

Blog Ressources Humaines (2012). *Les rapports entre SAVOIR, SAVOIR-FAIRE et SAVOIR-ÊTRE*. Online <http://blogressourceshumaines.blogspot.ca/2012/05/les-rapports-entre-savoir-savoir-faire.html>, accessed September 13, 2017.

Boudreault, H. (2015). *De l'âge du faire à l'âge de l'être*. Lachute: Centre de recherche appliquée en instrumentation de l'enseignement (CRAIE).

Boudreault, H. (2017). *Compétence professionnelle*. Online <https://didapro.me/videos/competence-professionnelle/>, accessed September 13, 2017.

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieu rural et urbain – Rapport synthèse d'une recherche-action*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Centre d'action bénévole du Contrefort (CABC) (2017). *Aînés-nous à vous aider!* Online [http://cabducontrefort.quebec/prog/services\\_aux\\_individus/ainesnous.html](http://cabducontrefort.quebec/prog/services_aux_individus/ainesnous.html), accessed September 12, 2017.

Dittmann, J.-A. (2012). *Le savoir-être*. Online <http://pedagoghy.profweb.ca/?p=1348>, accessed September 13, 2017.

Dubé, V. (2016). *Carnet d'aide pour les travailleurs de milieu. Aînés-nous à vous aider!* : Centre d'aide et d'action bénévole de Charlesbourg (CAABC).

Essoh, P. (2015). *Stratégies et outils de repérage des aînés isolés socialement*. Intervention Project, Université Laval, Québec.

Levant, V. (1997). Knowledge, Know-how and Being in Psychotherapy Online [http://www.gestalttherapy.net/writers/know\\_eng.pdf](http://www.gestalttherapy.net/writers/know_eng.pdf), accessed September 13, 2017.

Réseau FADOQ (2017). *Aîné-Avisé*. Online <http://aineavise.fadoq.ca/fr/Accueil/>, accessed September 13, 2017.

Riendeau, A., & Beaulieu, M. (2013). Intervenir pour contrer la maltraitance envers les aînés vivant à domicile : Glossaire des 15 principaux enjeux identifiés au Québec. *Vie et vieillissement*, Vol. 11, No. 2, pp. 36-41.



Régions de Québec et  
Chaudière-Appalaches



# REACHING OUT TO, UNDERSTANDING, AND SUPPORTING SOCIALLY ISOLATED SENIORS

## Tool 5

# APPENDIX







## INFORMATION AND ADVICE TO HELP SENIORS WITH A DISABILITY

The following links contain relevant information and advice on specific disabilities that may be encountered among seniors:

Source: OPHQ (online training)

‘How can everyone be welcomed and served?’

<http://www.formation.ophq.gouv.qc.ca/comment.html>

Cognitive impairment

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_DI\\_VF\\_2013\\_04\\_22.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_DI_VF_2013_04_22.pdf)

Hearing impairment

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_IA\\_VF\\_2013\\_05\\_21.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_IA_VF_2013_05_21.pdf)

Motor disability

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_IM\\_VF\\_2013\\_04\\_22.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_IM_VF_2013_04_22.pdf)

Speech and language disability – Aphasia

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_IPL-A\\_VF\\_2013\\_04\\_22.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_IPL-A_VF_2013_04_22.pdf)

Speech and language disability – Dysphasia

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_IPL-D\\_VF\\_2013\\_07\\_03.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_IPL-D_VF_2013_07_03.pdf)

Visual impairment

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_IV\\_2013\\_04\\_25.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_IV_2013_04_25.pdf)

Pervasive development disorder (autism spectrum disorder)

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_TED\\_VF\\_2013\\_07\\_02.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_TED_VF_2013_07_02.pdf)

Severe mental health disorder

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_TGSM\\_VF\\_2013\\_04\\_24.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_TGSM_VF_2013_04_24.pdf)

Alzheimer’s disease

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_MA\\_VF\\_2013\\_05\\_06.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_MA_VF_2013_05_06.pdf)

Traumatic brain injury (TBI)

[http://www.formation.ophq.gouv.qc.ca/fileadmin/documents\\_formation/Fiche\\_imprimable\\_TCC.pdf](http://www.formation.ophq.gouv.qc.ca/fileadmin/documents_formation/Fiche_imprimable_TCC.pdf)



Régions de Québec et  
Chaudière-Appalaches





REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 6

# Understanding the Situation of Individuals



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélié Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

This document is available in PDF version at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVE OF THE TOOL

### UNDERSTANDING THE SITUATION OF INDIVIDUALS

---

**Guiding workers and volunteers in interviewing seniors to better understand their situation.**



#### REFERENCE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 6 – Understanding the Situation of Individuals*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

## 1. RELATIONSHIPS THE INDIVIDUAL HAS WITH OTHERS

This tool proposes themes to be explored with the senior to gain a better understanding of their relationships with their family, neighbours, surrounding community, and stakeholders. Exploring these themes provides an overview of their situation and a better understanding of their social network, the people on whom they can rely, and the needs they are able to meet as well as those which remain unfulfilled. It strongly emphasizes their health condition and how it affects their social isolation.

Knowledge about their social network makes it possible to first determine its boundaries and to better identify the individual's unfulfilled needs. It also helps to identify the people with whom the senior is still in contact and who could be requested to become involved in the action to reduce their isolation. Highlighting the individual's existing ties with others also helps make them feel valued, showing them that they are not completely bereft, nor incapable of creating and maintaining relationships.

The objective is not to create a complete picture of their social network, which would be neither useful nor realistic, but rather to get an overview of their situation and most pressing needs.

It is not always possible, nor always appropriate, to address all of the issues with the senior. The interview must be adapted to their situation and to the context in which the interview takes place.

TABLE 1 covers the main elements that can be useful for structuring a discussion with the individual.



# TABLE 1

## GUIDE FOR INTERVIEWING SENIORS

### PART ONE: RELATIONSHIPS WITH FAMILY

- Family composition (number of siblings, children, and grandchildren).
- Significant relatives (family members with whom the person has a particular relationship, to whom they feel closest, for example, in terms of sharing emotions).
- Frequency of interactions (use the past month as a benchmark).
- Means used to maintain relationships (phone, social networks, e-mail addresses; whichever means seem to be used most often).
- Family members the senior may call for help and the reasons for doing so (nature of the support received or requested).
- Changes in family relationships and the reasons for these developments.
- Their appreciation of relationships (e.g. if the senior's relationships with their family members are consistent with their expectations).

### PART TWO: RELATIONSHIPS WITH FRIENDS

- Same aspects as in part one, but applied to relationships with friends.

### PART THREE: RELATIONSHIPS WITH NEIGHBOURS

- Same aspects as in part one, but applied to relationships with neighbours.

Table continued on page 6.6 →



## **PART FOUR: RELATIONSHIPS WITH THE COMMUNITY**

- The main places frequented by the person (restaurant, shopping mall, recreation centre, etc.).
- The reasons why they prefer these places to others.
- The places the person avoids and their reasons for doing so.
- Changes in frequency of visiting the identified sites and the reasons for these developments.
- Membership to an association or a group for seniors.
- Participation in social, recreational, or volunteer activities.

## **PART FIVE: HEALTH CONDITION & RELATIONSHIP WITH HEALTH SERVICES**

- Self-assessment of their health, particularly their perceived limitations.
- The care and services that the person receives.
- The impact of health problems on their ability to travel, participate in activities, or maintain relationships.
- Their appreciation of the services received and the quality of their relationship with health institutions.
- Difficulty in receiving services for one or more health problems (unfulfilled needs).





## 2. OBSTACLES TO MEETING NEEDS AND RELUCTANCE TO USE SERVICES

After exploring the individual's network of relationships, it is important to know more about the obstacles they face in meeting their needs. The person may also be reluctant to use the necessary services or assistance; this reluctance will inhibit the expression of their needs and lessen their desire to undertake steps towards a solution.

These obstacles, and seniors' accompanying reluctance to address them, may be grouped into four categories:





-  **ATTITUDES AND BELIEFS OF THE SENIOR**
-  **ACCESS TO RESOURCES AND SERVICES**
-  **RELATIONSHIPS THE SENIOR HAS WITH THEIR SOCIAL CIRCLE**
-  **FINANCIAL SITUATION OF THE SENIOR**

TABLE 2 outlines these different categories of obstacles. Always keep in mind that the senior may have chosen to maintain relatively few contacts and live in solitude. Seniors assess their own needs and their degree of satisfaction, and decide which needs they would like to take action on.

## TABLE 2

### OBSTACLES TO MEETING NEEDS AND RELUCTANCE TO USE SERVICES OR ASK FOR HELP

#### ATTITUDES AND BELIEFS OF THE SENIOR

- Difficulty in clearly identifying their needs.
- Perception that requiring help may be seen as a sign of weakness, a lack of autonomy.
- Adoption of a “passive” position, waiting for services to reach them.
- Fear of entering a new environment with people they don’t know.
- Fear of being unwelcome in an organization, the fear of rejection.
- Feeling that others have a greater need for these services and not wanting to deprive them of these services.
- Reluctance to seek help because of pride or a desire to remain self-sufficient.
- Desire to preserve their privacy. Unwillingness to let “strangers” into their home. Unwillingness to describe their situation or tell their story to a worker or volunteer.
- Fear of having to move out of their home if others learn about their situation (loss of autonomy).
- Fear that receiving care and help may suggest their family is absent, or indicate that they have been abandoned by their relatives.
- Fear of disturbing others.
- Fear of being judged or stigmatized by their social circle.

Table continued on page 6.9 



## ACCESS TO RESOURCES AND SERVICES

- General lack of knowledge about resources.
- Difficulty accessing activities as facilities are not adapted to the person's disabilities (difficulty moving or climbing stairs, vision or hearing impairment, etc.).
- Waiting lists of organizations.
- Services that are poorly adapted to the reality of seniors.
- Dissatisfaction with services received in the past.
- Presence of cognitive impairment or a mental health problem making it difficult to interact or understand information.
- Cost of services, which forces seniors to abandon certain services such as meals-on-wheels, housekeeping, or paratransit.
- Presence of physical disabilities that result in reduced mobility.

## RELATIONSHIPS THE SENIOR HAS WITH THEIR SOCIAL CIRCLE

- Family conflicts, separations, and quarrels that affect relationships with others.
- Geographical distance from relatives (children, siblings, friends).
- Few or no friends to confide in or share emotions.
- Little contact with neighbours to rely on in case of need.

## FINANCIAL SITUATION OF THE SENIOR

- Limited access to services for financial reasons.
- Financial exploitation by relatives.
- Early retirement reducing financial resources.

*“Given my condition, I depend on paratransit to go to my appointments. Not only that, but once I get there, I still have to fend for myself.” (a senior)*

*“There are people who, even if everything was arranged for them to play bingo or some other activity, would still not want or be able to anyway. They would say that they are going to be too tired, that it’s asking too much of them.” (a worker)*

*“When I was younger, work was our entire life, we didn’t take time for fun, it was seen as sinful, and asking for help was a sign of weakness.” (a senior)*



## SOURCE

---

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieu rural et urbain – Rapport synthèse d’une recherche-action*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).





REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 7

# Providing Guidance Based on the Isolated Senior's Needs



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélien Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)



## OBJECTIVE OF THE TOOL

### PROVIDING GUIDANCE BASED ON THE SENIOR'S NEEDS

Counselling workers to ensure optimal and adequate guidance.



#### REFERENCE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 7 – Providing Guidance Based on the Isolated Senior's Needs*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

## 1. WHAT IS GUIDANCE?

In the type of initiative described in this toolkit, guidance differs from clinical or therapeutic intervention in that the worker or volunteer acts as a liaison and a bridge to the most appropriate resources and services, while respecting the capacities and preferences of the senior. The purpose of guidance is to make it easier for the senior to ask for assistance and to access the necessary resources and services. To the extent possible, the worker or volunteer empowers the senior to take action and contact the resources and services of the community on their own.

*“...acting as a ‘bridge’  
between the person  
and the resources of  
their community.”  
(a worker)*



## 2. THE GUIDANCE PROCESS

This tool outlines the steps to follow in guiding socially isolated seniors. It aims to foster guidance that is satisfactory for both parties, i.e. the person providing assistance, and the assisted person. This tool provides guidance to the worker or volunteer to give seniors useful information in a timely manner, and to provide guidance in the most personalized way possible.

The five steps of the proposed guidance process will be rolled out differently depending on the seniors, as they will be subject to the characteristics specific to each situation. The steps are as follows:

- 1) Identifying needs
- 2) Establishing a guidance plan
- 3) Sharing tasks and implementing the guidance plan
- 4) Following up on the guidance plan
- 5) Closing the guidance process

Given the differences and varying degrees of complexity of situations experienced by isolated seniors, guidance must be personalized and individualized. The proposed steps will depend on the information collected over the course of meetings with the senior. Guidance must be adapted and changed to take into account the observed needs, possible changes, and the evolution of the senior's situation.

During the first meeting, initial contact (see Tool 5) is established with the senior. It may take the form of an informal exchange in a public place, or perhaps a formal visit at their home. The senior may refuse any offer of help, in which case the process ends right at the first meeting. Or the senior may have already identified needs and even be able to formulate solutions, and may therefore be open to receive help to implement them. In this case, the process can begin quickly and will be of short duration. However, several meetings may be necessary to understand what is happening, to identify the person's needs, and to agree on the steps that will follow. The pace and decisions of the senior must be respectfully welcomed. Depending on the situation, steps 1 to 5 may be somewhat condensed or intertwined. At any time, the person may refuse the assistance offered and decide to stop the process undertaken.

*"The guidance process usually unfolds relatively quickly... to motivate individuals to take action themselves."  
(a worker)*



### 3. DESCRIPTION OF THE FIVE STEPS

#### STEP 1: Identifying needs

To ensure proper guidance, the first step is to clearly identify the senior's situation after establishing the relationship (see Tool 5).

After specifying the purpose of the suggested guidance process (limits of the worker's or volunteer's role, limit to the period of guidance), it is necessary to:

- 1.1 Identify the needs of the senior (security, housekeeping assistance, ideas for outings, assistance for medical appointments, transportation assistance, financial and physical accessibility, advocacy, etc.).
- 1.2 With the senior, review the identified needs and ask which are to be prioritized and addressed in the short term (see Tool 6).
- 1.3 Make an inventory of the resources and services available in the area that meet the senior's needs and are as close as possible to their place of residence (see Tool 3).
- 1.4 Draft an intervention support document to plan the meeting with the senior and record any relevant information (see APPENDIX 7A).
- 1.5 Create a "fact sheet" listing the various resources to be offered (service offering, contact information, business hours, etc.). In step 2, a copy of this fact sheet is given to the senior and read with them (see APPENDIX 7B).
- 1.6 If possible, collect leaflets or brochures from the resources that are going to be suggested.
- 1.7 Ask the senior whether or not they want to continue with the process.
- 1.8 Reassure the senior about the confidentiality of information throughout the guidance process (see Tool 8).

---

Several factors of a permanent (e.g. fatigue, frail health) or temporary (e.g. hospital examinations, medical clinic appointments, hospitalization) nature may prevent isolated seniors from being willing or comfortable to receive a visit from the worker or volunteer as previously agreed upon. It is recommended to call the senior the day before or the day of the meeting to confirm the appointment and ensure that they are still willing to proceed. You must show tolerance for frequently postponed meetings.



## STEP 2: Establishing a guidance plan

This second step may take place in person or over the phone, depending on the senior's wishes. It consists of:

- 2.1 Quickly reviewing the first meeting with the senior to revise the situation, asking if there have been changes since, and re-evaluating the identified needs;
- 2.2 Individually presenting the possible resources and services;
  - 2.2.1 Broadly explaining what each organization offers;
  - 2.2.2 Explaining the assistance that the organization or service could provide the senior by clearly connecting it to the identified need.
- 2.3 Establishing a game plan with the senior: determining together what will be done and a time frame for the guidance process;
- 2.4 Selecting the resources and services to contact;
- 2.5 If necessary, sharing contacts with resources while encouraging the senior to initiate contact themselves. Fostering the senior's self-sufficiency while taking into account their physical and intellectual abilities as well as how comfortable they feel;
- 2.6 Determining the appropriate time to follow up on the senior and check the progress of the actions they have undertaken. Agree on a reasonable time frame with the senior. It will vary depending on the situation and tasks of each person, and will be agreed upon after discussion with the senior.

---

Socially isolated seniors may have had previous disappointing experiences with resources or services, which resulted in an unwillingness to access them anymore. In addition, the resources and services available are often unknown among seniors: They are not aware of the types of services offered in their communities, nor which could best meet their needs, and they do not know if they are eligible, or believe they are not. It is recommended to take the time to explain the useful resources and services to the senior, based on their identified needs and previous experience.

*"I am here to inform you and support you in your process..."  
(a worker)*

*"You are not bothering me at all, call me anytime."  
(a worker)*



### STEP 3: Implementing the guidance plan

**The third step is to carry out the activities outlined in the guidance plan.**

This step not only aims to reaffirm that there are resources and services that will be useful to the senior, but above all to convince them of the legitimacy of using them. It is then a matter of encouraging and motivating the senior to take the first steps agreed upon in the guidance plan in accordance with their abilities. It may be necessary to explore from the outset the reluctance and fears of the senior, which may constitute obstacles to beginning the implementation of the guidance plan. In some circumstances, it may be a good idea to help them get started to simply break the ice and give them some confidence. Depending on the tasks to be carried out and their scope, they could be scrutinized and broken down into smaller tasks, rather than presented as a whole (which may discourage the senior).

---

The senior must be given enough time to carry out the tasks they agreed to. You must respect the agreed-upon timeline before asking the senior about their progress, and welcome their answer with openness while reassuring them and withholding judgment on any progress they have made, as little as it may be.



## STEP 4: Following up on the guidance plan

This fourth step aims to:

- **Be informed of the steps undertaken by the senior**
  - **Check with them whether the situation has progressed**
  - **Confirm whether they still need help or not, ask if they wish to continue and if they experienced difficulties in carrying out the steps**
- 4.1** According to the timeline set, call the senior to check what steps have been taken and how everything unfolded (ask them about how the resource facility welcomed them, the answer they received, their level of satisfaction, etc.). The worker or volunteer must also share the results of their own actions, if any;
  - 4.2** Review the identified needs with the senior and ask them to confirm which they want to prioritize, based on the current situation;
  - 4.3** Take note of the actions undertaken by the senior since the previous contact;
  - 4.4** If necessary, offer other options to the senior or tell them about changes or new resources in their area;
  - 4.5** If the senior has not taken any action, enquire as to their reasons, find solutions, and offer to help them with the process or suggest how they may do it for themselves.

---

It is possible that the worker's or volunteer's involvement may result in the senior believing all of their needs will be met through this support. It is recommended to remind the senior that they agreed to take part in the process.

Remain cautious to avoid giving them false expectations which may not be fulfilled. Remain realistic and do not promise the senior that you will fix all of their problems.

Depending on the situation and the senior's profile, follow-up may vary in type, intensity, and duration. This follow-up may not be necessary, and may also be relatively long. To this end, you must examine whether continuing the guidance process is still necessary and feasible. Methods vary from one situation to another and from one organization to another. It is recommended that you consider the following elements:

### CAPACITY OF THE ORGANIZATION

The leaders of the organization overseeing the initiative, the workers, and the volunteers must agree on the guidance offered to the senior (type, intensity, duration). Follow-up will strictly depend on the number of people to whom guidance can be provided, which depends in particular on the means (financial and human resources) available from the organization to do so. It is essential to discuss the possible constraints of the organizations in order to define the type of guidance to be offered (see Tool 9).





## COMMITMENT OF WORKERS OR VOLUNTEERS

The worker or volunteer must take into account their role and responsibilities, as well as their limitations and commitments to the senior. Ideally, the guidance plan and the tasks shared should be written down, along with notes on the progress made. These notes are used for systematic feedback on this commitment, to better measure achievements, and to assess possible adjustments. Each party's commitment at the beginning of implementation of the guidance plan is not immutable, and may be reassessed if necessary.



## CAPACITY AND WILL OF THE SENIOR

The senior is encouraged to continue in their process, despite any difficulties encountered along the way. Asking the senior about their progress, without insisting, is an additional incentive that encourages them to act. As long as the worker or volunteer believes the senior is participating to some degree, regardless of the pace of their progress, the senior must feel supported. Sometimes, the worker or volunteer may have to call several times due to the senior's inability to complete all the tasks they agreed to within the set time frame. Sometimes, they may no longer want to take action, despite the attempts made by the worker or volunteer to encourage them to persevere. Despite all their efforts and the means used, the worker or volunteer may be confronted with the senior's refusal to continue the process. Therefore, they must know how to let it go. This is not about abandoning the senior, but rather about respecting their decision (see Tool 8). Depending on the circumstances, it is not always clear whether the worker or volunteer is abandoning the senior or if they are legitimately terminating the guidance process, and the line between both is blurred. Such ambiguity may cause the worker or volunteer to feel discomfort or guilt. If so, they must be able to talk to someone about it (see Tool 9).

*"There isn't really any systematic follow-up structure in the organization; it happens on a case-by-case basis."  
(a worker)*

*"Limits must be established, and it is important to avoid creating precedents... The nature of the services provided must be properly understood. Additionally, the limits are not the same for everyone."  
(a worker)*





## STEP 5: Closing the guidance process

**This fifth step is important in the guidance process. It consists of ending the support provided to the senior.** This step must take into account the senior's preference, and may take various forms. Depending on the requests made and the resources available, the worker or volunteer is also responsible for explaining to the senior that they will respect their pace, but that ultimately, the decision to take action rests in the senior's hands. Thus, the approach to end the guidance process will vary from one senior to another and take into account the various aspects of the situation.

**5.1** The senior may end it for the following reasons:

- They do not want to go further
- They do not want to get involved with the suggested resource providers
- They believe that the situation has evolved and their needs have changed, or they have been adequately met

**5.2** The worker or volunteer may end the process for the following reasons:

- After several attempts with the senior, there has been no progress (lack of motivation or difficult to motivate)
- The objectives have been achieved

**5.3** Ending the guidance process means:

- Informing the senior that the process is ending and reviewing the agreed-upon plan
- Carefully but clearly telling the senior that the process is ending. In this regard, it is worthwhile to take a positive look back on what the senior has accomplished by enumerating the actions undertaken
- Clarifying or explaining your role once again
- Reassuring the senior by reminding them that the various resources offered may still be helpful to them and that they should not hesitate to contact their providers
- Telling them you are still available should they need anything else

---

TABLE 1 presents a summary of the main challenges experienced by the worker or volunteer during the guidance process and some recommendations for overcoming them.

*"We did part of the way together, and offered you a number of resources and services that may help you. I think you have all the information you need to continue the process on your own."  
(a worker)*

# TABLE 1

## MAIN DIFFICULTIES EXPERIENCED DURING GUIDANCE AND RECOMMENDATIONS FOR OVERCOMING THEM

MAIN DIFFICULTIES	RECOMMENDATIONS
<p><b>Factors related to services:</b></p> <ul style="list-style-type: none"> <li>• Wait times</li> <li>• Lack of service</li> <li>• Difficult processes for obtaining service</li> <li>• Eligibility criteria</li> <li>• Accessibility</li> </ul> <p><b>Factors related to the condition and motivation of the senior:</b></p> <ul style="list-style-type: none"> <li>• Hearing or vision impairment</li> <li>• Temporary or permanent disability</li> <li>• Discomfort in asking for support</li> <li>• Lack of knowledge of local resources and services available</li> <li>• Disinterest</li> <li>• Lack of time</li> <li>• Special circumstances preventing them from contacting the resource providers</li> </ul>	<ul style="list-style-type: none"> <li>• Have an up-to-date profile of all the resources and services available in the given territory and maintain regular contact with them to be aware of changes.</li> <li>• Act as a liaison with resource providers.</li> <li>• Advocate to organizations to improve the accessibility or availability of a service.</li> <li>• Act as a liaison with resource providers.</li> <li>• Take the time to explain the mandate of the resource and the type of service that would be useful to the senior.</li> <li>• Be patient, persistent, and start over if need be.</li> <li>• Encourage the senior to continue doing whatever they can do.</li> <li>• Take into account the senior’s abilities and respect their pace.</li> <li>• Explore the reasons for their disinterest, ask for appropriate assistance, and refer them as necessary.</li> </ul>
<p><b>Factors related to time:</b></p> <ul style="list-style-type: none"> <li>• Several weeks may be necessary before the process yields changes in the senior</li> <li>• Possible long lead times before a response from a given resource provider</li> <li>• Time off or vacation periods at both the resource provider and worker level; service may be slower due to a lack of workers or volunteers</li> </ul> <p><b>Factors related to the comfort or safety of the worker or volunteer, as well as the safety of the senior</b></p>	<ul style="list-style-type: none"> <li>• Clarify the type, intensity, and duration of possible follow-ups with the organization leading the initiative.</li> <li>• Be patient and persistent.</li> <li>• Follow up.</li> <li>• Plan ahead for holidays or vacations by notifying the senior and determining who within the organization will cover their file.</li> <li>• Support from the organization to obtain help if needed via training, guidance, or team meetings, etc. (see Tool 9).</li> </ul>



## SOURCES

Association québécoise des centres communautaires pour aînés (AQCCA) (2017). *Publications*. Online [http://www.aqcca.org/index.php?option=com\\_content&view=article&id=69&Itemid=57](http://www.aqcca.org/index.php?option=com_content&view=article&id=69&Itemid=57), accessed September 14, 2017.

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieu rural et urbain – Rapport synthèse d’une recherche-action*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Centre d’action bénévole du Contrefort (CABC) (2017). *Aînés-nous à vous aider!* Online [http://cabducontrefort.quebec/prog/services\\_aux\\_individus/ainesnous.html](http://cabducontrefort.quebec/prog/services_aux_individus/ainesnous.html), accessed September 12, 2017.

Truchon, M. (2011). *Cadre théorique des initiatives de travail de milieu auprès des aînés vulnérables*. Montreal: AQCCA.



Régions de Québec et  
Chaudière-Appalaches





# REACHING OUT TO, UNDERSTANDING, AND SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 7

## APPENDIX 7



# INTERVENTION SUPPORT DOCUMENT TEMPLATE

## PART ONE: PROFILE OF THE SENIOR

THEME	EXAMPLE
<b>Characteristics of the individual</b>	<i>Overall picture of their health, brief description of their current social network.</i>
Gender, age	
Residence, living environment	<i>Apartment, private seniors' residence, low-cost housing, co-ops, etc. Are there services on site? Does the person live alone or with a partner, and how long have they been living there?</i>
Name of worker at the CLSC	
<b>Reaching out</b>	
How was the individual identified? Where? By whom?	<i>Through the organization, at a business, by the pharmacist, by the hairdresser, at a restaurant, etc.</i>
How were they approached?	<i>Shared a magazine or a coffee, invited to an activity local organization, etc. Responses of participants to offers of guidance.</i>
Did they accept the help? Reservations, fears, expectations?	<i>Resistance due to pride, a feeling of intrusion, fears related to a lack of knowledge about services, change in the person's living situation (e.g. recovering health).</i>
<b>Guidance</b>	
Identified needs	<i>Mobility, health, housekeeping, meal preparation, or sociability.</i>
Requests made by the person	<i>Obstacles to a successful guidance process: The nature of certain needs for which resources can't provide solutions (absence of friends, resolution of family conflicts).</i>
	<i>Limitations associated with certain characteristics of individuals (mental health, severe disability, hygiene).</i>
Services or help offered	<i>Obstacles to successful guidance: Limited resources, absence of resources in the area.</i>
What happened: Contact, service received, etc.	<i>Description of positive responses (i.e. accepted offer) Description of negative responses (i.e. refused offer).</i>

General observations:

---



## GUIDANCE COMPONENT

Name of person: \_\_\_\_\_

Date of 2<sup>nd</sup> meeting: \_\_\_\_\_

CATEGORIES OF SERVICES	SERVICES OR RESOURCES OFFERED	ACCEPTED OR REFUSED
<b>Food</b>	Food aid, collective kitchens, food baskets, meals-on-wheels, etc.	
<b>Social relations</b>	Social groups, community centres, friendly visits, listening, etc.	
<b>Material Help</b>	Clothing counter, low-cost furniture, etc.	
<b>Transportation</b>	Taxi, public transportation, paratransit, etc.	

Telephone follow-up date: \_\_\_\_\_

Notes / Comments: \_\_\_\_\_

### Plan for 2<sup>nd</sup> meeting:

Presenting the resources and services to be offered to the senior.

**Verifying their satisfaction with social relationships (family, friends, neighbours, etc.).** \_\_\_\_\_

1) Reviewing the previous interview, naming the needs identified: phone calls and friendly visits, safety, other resources or services, etc.

\_\_\_\_\_

2) Going over remaining needs to establish an order of priority.

\_\_\_\_\_

3) Talking about the services available based on priority needs (Ref.: Resource sheet).

\_\_\_\_\_

4) Providing contact information of organizations when necessary (Ref.: Resource sheet).

\_\_\_\_\_

5) Agreeing on a game plan with the senior about when they plan to contact organizations or resources. Initiating the first contact, if necessary. Determining when to make a follow-up call to assess their progress.

\_\_\_\_\_

**Other elements:**

\_\_\_\_\_

\_\_\_\_\_



## SERVICES AND RESOURCES OFFERED

This sheet is a reference guide to prepare for the guidance meeting.

It serves as a benchmark for the worker during the guidance meeting with the senior. It contains the contact information of the resources to be offered, the name of the contact person, and a summary description of the services available that are likely to meet the needs of the senior.

The information provided on this sheet is used to present the resource and its specific characteristics to the senior in accordance with their identified needs.

### CATEGORIES OF SERVICES AND RESOURCES (food, social relations, material or food aid, transportation, advocacy, etc.)

Specify the name of the resource  
and their phone number

Name of person responsible for  
the service

Summary of services available

Schedule and rates





# FACT SHEET TEMPLATE FOR SENIORS RECEIVING GUIDANCE

## RESOURCE / SERVICES SHEET

Example of a sheet given to a senior containing names of resources and their telephone numbers. If deemed appropriate, this sheet may be included in an information kit containing various leaflets related to the proposed resources and services.

### SERVICES AND RESOURCES OFFERED

#### CATEGORIES OF SERVICES OR RESOURCES

*Indicate the name of the resource and their telephone number, the name of the person responsible for the service (if known), and a summary of the services available*

**Food** (food aid, collective kitchens, food baskets, meals-on-wheels, etc.)

**Social relations** (social groups, community centres, friendly visits, counselling, etc.)

**Material aid** (clothing counter, low-cost furniture, etc.)

**Transportation** (taxi, public transport, paratransit, etc.)

**Advocacy** (legal aid for obtaining annuities, termination of a lease, relocation to a seniors' residence, etc.)

**Others**



Régions de Québec et  
Chaudière-Appalaches



REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 8

# Ethical Values and Principles



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélié Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVE OF THE TOOL

### ETHICAL VALUES AND PRINCIPLES

**Explaining the ethical values and principles that should guide any worker or volunteer who wants to reach out to, understand, and support a socially isolated senior.**



#### **REFERENCE QUOTATIONS FROM THIS TOOLKIT:**

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 8 – Ethical Values and Principles*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

# 1. REFLECTION ON VALUES AND ETHICS

In interventions aimed at reaching out to, understanding, and supporting isolated seniors, there are numerous and significant underlying values and ethical issues. They are at the core of the intervention process, because they affect its very purpose and largely determine its success. They highlight difficulties and require more complex solutions than material and technical issues. They also affect the worker's or volunteer's sense of competence, comfort, and satisfaction, as well as their ability and desire to continue carrying out this type of intervention. Organizations and individuals who want to work with isolated seniors must be ready to confront these issues and respond accordingly, in order to avoid creating or amplifying existing problems, and to not put workers, volunteers, or seniors in an embarrassing or uncomfortable situation, or even compromise the intervention.

The interventions suggested in this toolkit are not suitable for developing strict rules of conduct or decision-making algorithms that can be used in any situation to make the best possible decision for the senior. These cannot be addressed by one-size-fits-all rules (Filiatrault, Déry & Leclerc, 2015).

In addition, this type of work requires not only knowledge and skills, but also intuition to determine the best intervention in a given situation. In this context, it is particularly fitting to clarify the values that drive the people who help seniors in the field and to establish overarching principles to guide actions. It is particularly important to have such a framework in the specific context of reaching out to, understanding, and supporting isolated seniors, given that the situations which workers and volunteers may face are not standard nor repetitive. Reflection is called for.

There are various reference frameworks whose ethical values and principles are not always consistent, and which are defined in different ways and in varying numbers. Moreover, what constitutes a value in one framework may be presented as a principle in another. The values and principles presented in this toolkit were those deemed most suitable for the interventions proposed in the toolkit. They are an excellent starting point for discussing the nature of interventions and ethics. They can be discussed and reassessed by the organizations leading such initiatives.



## 2. CORE VALUES AND PURPOSES

Fundamental values are those which inspire and guide decisions, and justify actions. They represent the purpose and underlying reasons to carry out the actions. They play a central role in justifying interventions (Filiatrault, Désy & Leclerc, 2015). The values chosen as the basis for the type of initiative described in this toolkit are: promoting the well-being of seniors, solidarity, and dignity.

### PROMOTING THE WELL-BEING OF SENIORS

There is no single definition of well-being. The definition proposed in this toolkit that best reflects the merits of initiatives for breaking the isolation of seniors is the achievement of the goals set by seniors themselves. This definition is associated with the full development of the senior's potential to play their desired roles in accordance with their preferences.

### SOLIDARITY

Solidarity is the social link of reciprocal dependence and commitment agreed upon between people to uphold the well-being of others, usually members of the same group or community (family, community, profession, business, nation, etc.). Solidarity is based on the awareness that each person's well-being depends on the well-being of others. Thus, it is impossible to imagine a community in which people live harmoniously if seniors are excluded from social relations, spaces for public participation, etc. Being committed to supporting seniors improves their well-being, and in turn, they can enrich the community in a variety of ways, e.g. by providing mutual assistance, supporting relatives, volunteering, contributing to the economy (as taxpayers and/or consumers) and the labour market, transmitting heritage, etc.

### DIGNITY

The concept of human dignity is complex, with multiple dimensions drawing from philosophy, morality, religions, the legal field, etc. In the specific context of the intervention described here, dignity refers to any consideration or respect a person deserves. Dignity of the human individual follows the principle that a person should never be treated as an object or as a means to an end, but as a sovereign entity with intrinsic value. The concept of respect, more clearly defined as a principle in this document, is often part of the definition of dignity.

### 3. SOME RELEVANT ETHICAL PRINCIPLES

Ethical principles formalize some of the values that should guide decisions and actions. They help distinguish right from wrong, determine how to act toward someone, and which actions to take or avoid. They are used to judge and assess a situation.

TABLE 1 below describes the principles relevant to the specific context of interventions aimed at reaching out to, understanding, and supporting isolated seniors. The principles deemed most relevant are beneficence (doing good), autonomy, non-maleficence (doing no harm), and respect.





# TABLE 1

## ETHICAL PRINCIPLES USEFUL FOR DEFINING THE WORK OF WORKERS AND VOLUNTEERS

<b>PRINCIPLE</b>	<b>Beneficence</b> <i>... doing good deeds or the desire to do good</i>
<p style="text-align: center;"><b>JUSTIFICATION</b></p> <p>Wanting to help an isolated senior is commendable, as we all know the negative consequences of isolation. Beneficence refers to what is good for the person. Wishing good upon others can be defined in several ways. Moreover, we must be aware of our own limitations and those of the proposed intervention. Even if we want to help someone, we cannot “save” them, nor promise to solve all of their problems. The desire to do good must remain within the limits of what is possible to ask of the worker or volunteer.</p> <p>You might be faced with people who seem at risk of suicidal ideation or display a lack of hygiene, a cluttered residence, a severe loss of autonomy, or an untreated illness. In such cases, swift action is necessary. It is your responsibility to help them while respecting the law, the senior’s autonomy, and the confidentiality of the information collected.</p>	<p style="text-align: center;"><b>EXAMPLES OF SITUATIONS TO PROMOTE OR PREVENT</b></p> <ul style="list-style-type: none"><li>• Have workers and volunteers focus on the senior’s definition of their situation, their level of satisfaction with it, their satisfaction with support previously received, their receptivity to the idea of receiving assistance, etc.</li><li>• For people at risk, helpful resources must be provided and, if necessary (for example, if their life is in danger), the person’s situation must be reported to the police or to social services (see Tool 9 for some practical advice for certain emergencies or specific situations).</li></ul>

Table continued on page 8.8 



**PRINCIPLE**

**Autonomy**

*... or the ability to make one's own choices*

**JUSTIFICATION**

The promotion of this principle is aimed in particular at developing people's capacity to assert themselves.

Anyone engaging with seniors in this type of initiative is dedicated to their well-being and to "bringing them out" of their isolation, but this should not be done at the expense of their autonomy.

The concept of autonomy refers to the person's ability to make judgments and their own decisions. It refers to the acknowledgement and development of one's abilities and the power to act in order to have more control over their life.

**EXAMPLES OF SITUATIONS TO PROMOTE OR PREVENT**

- Autonomy requires acknowledging the person's ability to express their understanding of the situation and to define their objectives as well as the measures to be implemented.
- Give seniors enough time to express their needs; avoid "putting words in their mouth," especially if they suffer from speech impairment, anxiety, or confusion.
- Proceed according to facts and what the senior says, rather than on your interpretation of what you would feel in their shoes; ignore or at least verify hearsay.
- Without treating them like a child, expect some level of accountability from the senior in solving problems based on their abilities, and avoid making them feel like they cannot think or decide for themselves.
- The senior may opt to refuse assistance, so ending their relationship with the worker or volunteer, even if the identified needs have not been met, may be the appropriate solution.

Table continued on page 8.9 →



**PRINCIPLE**

**Non-maleficence**

*... or not causing harm, problems, or adverse effects*

**JUSTIFICATION**

The intervention may cause the senior to become aware of their situation and of problems they were previously unaware of. The intervention may change their self-image. This may generate a sense of shame, guilt, reduced self-esteem, stress, or anxiety.

Their self-image may be harmed by being made aware that they are isolated, that others see them as such, and by reflecting on a long interview that tends to demonstrate this. For many people, isolation is demeaning, stigmatizing, or even humiliating.

Stigma can be associated with social isolation. Some approaches may amplify this stigma and make it even more difficult to ask for help.

The senior may become dependant on the worker. They may find comfort and safety in the intervention. Yet at the end of the process, the person may feel abandoned or neglected. The intervention might thus have aggravated the problems that it was intended to mitigate.

**EXAMPLES OF SITUATIONS TO PROMOTE OR PREVENT**

- Highlight the senior’s strengths and the efforts they have made in the past.
- Highlight the relationships and contacts they have rather than those they are lacking.
- Avoid looking for someone to blame, victimization, and inducing guilt; avoid making the person feel like they are responsible for the situation and haven’t done anything to fix it.
- Avoid portraying a negative image of their situation, as well as dramatizing or trivializing it.
- The person must know that the intervention has a limited duration; it must come to an end without hurting the person or making them feel abandoned, for example by pointing them toward existing resources for help.
- Ensuring the intervention is carried out by a single person may limit the potential for breach of confidentiality, as well as the heavy burden of telling their story to each of the new workers or volunteers.

Table continued on page 8.10 →



**PRINCIPLE**

**Respect**

*... or taking into account the integrity, beliefs, values, pace, lifestyle, and privacy of others*

**JUSTIFICATION**

Respect must be mutual. Sometimes, a senior may intrude in the personal life of the worker or volunteer, or attempt to monopolize them; such situations must not be tolerated. Similarly, interfering in the life of a senior without justifiable grounds is inappropriate.

Respect for confidentiality is a particularly important issue. This principle may be jeopardized in a context with a high level of worker or volunteer turnover. The issue of respect of confidentiality also arises when the worker, volunteer, or senior is in a setting or a living environment that is considered dangerous.

**EXAMPLES OF SITUATIONS TO PROMOTE OR PREVENT**

- Respect means listening to what people are saying and experiencing.
- It is necessary to establish a genuine dialogue rooted in the senior’s experience.
- The worker or volunteer may have a legitimate reason for refusing to continue the intervention.
- Careful and judgment-free exploration of discussions commonly held with seniors may reveal unexpected options:
  - Fear of disturbing (explain that we are there to help)
  - Help only coming from a single source (e.g. spouse or children)
- If confidentiality has been guaranteed, it must be respected. However, guaranteeing confidentiality may be a trap. Ensuring discretion may be a more sensible approach under certain circumstances, and this can be expressed at the outset (“I will have to report to my supervisor who is also bound by confidentiality, I promise not to tell anyone else, but I also need your permission.”)  
“Will you allow me to talk to someone who can help you, and who could answer our questions?”).



## 4. ETHICAL DILEMMAS

When two ethical principles conflict, a dilemma arises. For example, if a senior wants to remain alone and refuses help, respecting their will (on the principle of autonomy) conflicts with what the worker believes to be their duty, i.e. to help the senior and not leave them alone with their issues (on the principle of beneficence). The stakeholder may decide to respect the person's will and not intervene (or even withdraw), or, on the contrary, they may insist and try to convince the senior by suggesting interventions when they deem it necessary to intervene due to the seriousness of the situation. Confronted with an ethical dilemma, a balance must be established between the two principles, or one must be given precedence over the other.

In order to make an effective decision, the situation must be properly assessed. It is necessary to:

- Have a good knowledge and understanding of the person's situation
- Identify the values and principles in play, clearly define them, and share them with those responsible for the initiative
- Analyze and justify the choices made, and assess all their consequences, whether positive or negative (Filiatrault, Désy & Leclerc, 2015)

*"We don't force the person over the line. When they reach the other side, only then do we start to provide guidance." (a worker)*

*"It may be necessary to set boundaries for the relationship. The fear of being invaded that is felt by some seniors may also be experienced by the worker." (a worker)*



### EXAMPLE OF AN ETHICAL DILEMMA

An 84-year-old man recently lost his spouse. He now lives alone and gradually has given up on the activities he used to do with his wife. The person managing a senior's group he attended is worried, and shares their concerns with a worker they know personally. The worker visits the residence of the widowed man to enquire about the situation and offer assistance if necessary. The senior invites the worker into his home. The worker notices that the house is cluttered and the senior is letting himself go (e.g. dirty clothing and poor hygiene). The senior talks about this situation, explaining that it is temporary and he is getting better. He says he does not want help and would like to be left to mourn in peace. He is not confused, nor does he appear undernourished.

The conflicting ethical principles are beneficence (wanting to help the senior, fearing for his safety and psychological well-being in the medium term) and respect (the senior is aware of his situation, but refuses the help offered, he has the right to grieve as he deems fit).

The measures taken must be in proportion with the danger posed by the situation. It may be acceptable to avoid imposing at this time, but also to ask permission to return later to re-assess the situation. It may also be appropriate to ask about his relations with relatives and to suggest he call a family member, for example. The worker expresses concern, saying they would like to discuss the situation with their supervisor, and asks for permission to do so. The senior agrees.

The worker explains the situation to their immediate supervisor and they discuss the best approach to adopt.

## 5. THE IMPORTANCE OF DISCUSSION

Depending on the circumstances, finding a balance between ethical principles can be a complex process. It may be very difficult to establish the relative weight of each principle, hence the importance of the worker or volunteer to progress with identifying problems and solutions to be able, if necessary, to validate their interpretation of the situation with an experienced person. This is where all the necessary support must be provided so that the worker can play their role optimally, for their own comfort and safety, and for that of the senior they want to help. This issue will be discussed in more detail in Tool 9, which addresses the organization of work.

The values and principles proposed in this tool provide a basis for guiding interventions that aim to reach out to, understand, and support isolated seniors. They are considered particularly useful and relevant, but can be subject to review, reformulated, and even contested. It is worthwhile to discuss their interpretation and applicability in various fictitious or actual situations. Experience can enhance reflection on the ethical aspects of intervention. It is recommended that workers and volunteers be given the opportunity to discuss cases that highlight both the usefulness and limitations of ethical values and principles. This exercise should be encouraged for everyone: workers, volunteers, managers, and seniors alike.



## SOURCES

Association québécoise des centres communautaires pour aînés (AQCCA) (2017). *ITMAV*. Online [http://www.aqcca.org/index.php?option=com\\_content&view=article&id=325&Itemid=90](http://www.aqcca.org/index.php?option=com_content&view=article&id=325&Itemid=90), accessed September 15, 2017.

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieux rural et urbain – Rapport synthèse d’une recherche-action*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Fédération des centres d’action bénévole du Québec (FCABQ) (2017). *L’action bénévole*. Online <http://www.fcabq.org/action-benevole.php>, accessed September 15, 2017.

Filiatrault, F., Désy, M., & Leclerc, B. (2015). *Référentiel de valeurs pour soutenir l’analyse éthique des actions en santé publique*. Quebec: Institut national de santé publique du Québec.

Massé, R., & Saint-Arnaud, J. (2003). *Éthique et santé publique : Enjeux, valeurs et normativité*. Quebec: Presses de l’Université Laval.

Regroupement des organismes communautaires des Laurentides (ROCL). (2014). *Rôles, responsabilités et obligations des différentes instances d’un organisme communautaire*. Saint-Jérôme: ROCL.

Roc, M.-L. (2008). *Guide pour la pratique professionnelle des travailleuses sociales et des travailleurs sociaux en milieu communautaire*. Montreal: Ordre professionnel des travailleurs sociaux du Québec (OPTSQ).



Régions de Québec et  
Chaudière-Appalaches







REACHING OUT TO, UNDERSTANDING, AND  
SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 9

# Organizing the Work



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec 



Régions de Québec et  
Chaudière-Appalaches

This resource toolkit is a production of the FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ - RQCA), in collaboration with professionals and researchers from the Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale (the Direction de santé publique [Public Health Branch], the Centre d'excellence sur le vieillissement de Québec [CEVQ] of the Direction du programme de soutien à l'autonomie des personnes âgées [DSAPA], and the Centre de recherche sur les soins et les services de première ligne de l'Université Laval [CERSSPL-UL]), as well as the Institut national de santé publique du Québec (INSPQ). This project was made possible thanks to the support provided by the Secrétariat aux aînés du ministère de la Famille du Gouvernement du Québec, within the context of the *Québec ami des aînés* (QADA) program.

Authors:

Gabrielle Bureau  
Lise Cardinal  
Myriam Côté  
Éric Gagnon  
Aurélien Maurice  
Steve Paquet  
Judith Rose-Maltais  
André Tourigny

Editing:

Solange Proulx  
Laurie Cloutier  
Julie Castonguay

Reference quotations from this toolkit: Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit*. Québec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

A PDF version of this document is available at:

[www.fadoq-quebec.qc.ca](http://www.fadoq-quebec.qc.ca)

This document may be reproduced, in whole or in part, provided with a reference to the source material.

© FADOQ-RQCA

Legal Deposit 2017  
Bibliothèque et Archives nationales du  
Québec Library and Archives Canada

ISBN: 978-2-9809855-6-0 (PDF)

## OBJECTIVE OF THE TOOL

### ORGANIZING THE WORK

---

**Identifying the essential elements to organize the work of any worker or volunteer tasked to reach out to, understand, and support an isolated senior.**



#### REFERENCE QUOTATIONS FROM THIS TOOLKIT:

Bureau, G., Cardinal, L., Côté, M., Gagnon, É., Maurice, A., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors: Resource Toolkit. Tool 9 – Organizing the Work*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

## 1. WHY ADDRESS WORK ORGANIZATION?

Good conditions are essential when working with seniors. The roles and responsibilities of workers and volunteers must be clear. In addition, they must be able to receive training, support, and a minimum of material means. Finally, they must be able to perform their tasks safely. Some professional orders (e.g. Ordre des travailleurs sociaux du Québec) provide guides about the working conditions and structure of their members (Roc, 2008). They provide insightful instructions to support and guide their interventions. The same is true of volunteer action centres and their federation (Fédération des centres d'action bénévole du Québec [FCABQ], 2017). There is abundant literature on the subject which contains relevant information that may be applied.



## 2. ROLES AND RESPONSIBILITIES OF WORKERS OR VOLUNTEERS

The organization of the work of the volunteer or worker is determined in particular by the roles and responsibilities entrusted to them. It is also defined by the person overseeing the initiative within the organization. It is important to clarify the roles and responsibilities of those working with isolated seniors, and to define the intervention's boundaries: How much can be done? Where should the actions stop?

### ROLES AND RESPONSIBILITIES TOWARD SENIORS

The roles and responsibilities entrusted to either workers or volunteers working with seniors must be well defined. They will be related to the three components of the intervention – reaching out to, understanding, and supporting – but they will vary depending on the identification and support strategies selected. This exercise is an opportunity to set the limits of the actions of both types of stakeholders.

### ROLES AND RESPONSIBILITIES WITH RESPECT TO THE ORGANIZATION

In general, in addition to their specific roles and responsibilities toward seniors, workers or volunteers are asked to:

#### **Workers (paid)**

- Perform the mandates and tasks entrusted to them proficiently
- Embody the mission and values of the organization through concrete and constructive actions
- Provide assistance and support to team members and volunteers
- Ensure the organization's credibility is maintained
- Respect the rules, policies, and code of ethics (if applicable)

#### **Volunteers**

- Perform the tasks entrusted to them competently
- Ensure the organization's credibility is maintained
- Respect the rules, policies, and code of ethics (if applicable)

(Adapted from Regroupement des organismes communautaires des Laurentides, 2014)

All roles and responsibilities must be clear and preferably outlined in writing. However, in order to fulfil these roles and responsibilities, the organization that recruits the workers or volunteers must provide them with the necessary conditions.

### 3. SUPPORT FOR INTERVENTION

#### THE NEED FOR SUPPORT

Regardless of the context, the work performed by a paid worker or a volunteer to reach out to, understand, and support an isolated senior requires effective and timely support. Undertaking this type of initiative alone is not recommended. Various situations can arise where the person who wants to help needs advice, feels powerless, or experiences difficulties, if not anxieties, and feels as though they are isolated themselves! In any initiative such as the one explored in the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017), official support must be provided to those working in the field. This is the responsibility of the organization overseeing the intervention. There are several underlying reasons calling for such guidance and support, including:

- This may be a new experience for the worker or volunteer, and they might want to validate their actions.
- The situation of isolation they encounter may be complex and require the perspective of a person with experience in providing assistance or, at a minimum, a discussion to validate the worker's understanding of what is happening and the planned actions.
- The worker or volunteer may feel overwhelmed by the requirements of certain situations or by what they perceive is expected from them.
- The worker or volunteer may feel their safety is at risk.
- The documented situation requires an emergency response (as when the safety of the senior or others is compromised and they pose a risk to themselves or to others).
- Finally, the need to simply vent and talk regularly must be satisfied.

The quality of the support and guidance provided is key to retaining workers and volunteers, and thus to ensuring the sustainability of this type of initiative.





## TYPES OF SUPPORT

It is necessary to discuss the minimum conditions required for the worker or volunteer to perform their work while feeling at ease and safe at all times. Thus, the following aspects must be considered:

- The option for the worker or volunteer to contact a person who can assist them at any time of the day, every day. If the organization overseeing the intervention cannot ensure 24/7 support, the worker or volunteer must be provided with the contact information of other organizations they can reach out to for support in case of difficult situations or emergencies (e.g. a crisis centre, a suicide prevention centre, an agency that will take action in situations of violence). Ideally, these organizations should know about the initiative and be aware that they might be contacted by workers or volunteers.
- Statutory individual and group meetings must be scheduled on at least a monthly basis with a person dedicated to providing support and guidance. These are not optional and must be more frequent at the beginning, after which they can be spaced out over time. They specifically aim to:
  - Report on the progress of interventions
  - Review the difficulties encountered, whether related to the worker or the volunteer, to the seniors, or to the context of the interventions
  - Find solutions to identified problems
  - Recognize and highlight successes and give positive reinforcement
  - Restate the roles and responsibilities of the worker or volunteer as needed
  - Review the practices and tools implemented
- Peer-to-peer group meetings must take place at a frequency that meets the needs for discussions between the workers or volunteers, according to their availability.
- The needs of workers or volunteers must be verified regularly. These needs can guide managers in implementing training activities, communities of practice, or less formal exchanges (e.g. discussion forum, blog) that enable continuous improvement and consolidation of practices.
- Workers or volunteers from similar initiatives may be able to exchange and learn from each other.
- The heads or managers of organizations that carry out such initiatives can also learn from the experience of their peers and improve their skills in performing their roles and responsibilities.



## 4. SELECTING AND TRAINING WORKERS AND VOLUNTEERS



### HIRING CRITERIA

Individuals responsible for developing initiatives to reach out to, understand, and support isolated seniors must clearly explain what they expect from the workers and volunteers whom they will oversee, and must assess their ability to act appropriately. To do so, they may consult the literature on this topic. In this regard, the *Initiatives de travail de milieu auprès des aînés vulnérables* (ITMAV) (Ministère de la Famille, 2016), community group organizations (regroupements d'organismes communautaires – ROC), Association québécoise des centres communautaires pour aînés (AQCCA, 2017), centres d'Action Bénévole (CAB) (FCABQ, 2017), and several other community organizations may provide very useful information (e.g. definition of tasks, hiring criteria, job interview plan). The following are examples to be explored and considered when recruiting workers or volunteers:

- Previous experiences with helping relationships
- Interest in seniors
- Ability to express ideas clearly and simply
- Judicial record
- Possibility of a conflict of role (e.g. overstepping roles and responsibilities) or of interest (e.g. promoting products or services from which the worker or volunteer could benefit).



### TRAINING

Workers or volunteers are not necessarily professionals or experts on helping relationships. Depending on the context, it may not always be a prerequisite. In addition, they must be able to act appropriately to establish the required climate of trust and facilitate the isolated senior's requests for assistance, services, or resources. Depending on the initiative, they may play the role of liaison, watchman, guard, guide, etc. One of the most important elements of training is specifically defining roles, responsibilities, and boundaries. The knowledge required to reach out to, understand, and support isolated seniors in accordance with these roles and responsibilities is addressed in Tool 5.

Both basic training (this toolkit may be used for this purpose) and continuous training should be provided to workers and volunteers, and training needs should be assessed regularly. Training must address safety and behaviour in various situations where the safety of the worker, volunteer, or senior is jeopardized (refer to section 7 of this tool).





## 5. MATERIAL AND LOGISTICAL CONDITIONS

Depending on the requirements of the work, the following must be planned at minimum:

- A communication mechanism between the workers or volunteers and a manager (cellphone, pager, answering machine, etc.) must be established, and vary, if necessary, based on the time of day and day of the week;
- A small budget must be planned to cover the travel and courtesy costs of workers or volunteers (e.g. offering a coffee or a public transport ticket to a senior). In other words, it is preferable that the worker or volunteer does not have to spend their own money to perform their duties.
- A neutral location to hold confidential meetings with the senior. This location may be within the organization's premises or elsewhere, depending on the possible arrangements with other organizations, the parish, a health facility, a low-cost housing unit, or private residence, etc. If requested at any time, the senior must have the option to meet elsewhere than at home or in a public place. Many people are not comfortable inviting people into their home, and some situations may require a higher degree of discretion.
- Access to a computer, the Internet, and a secure storage area to store all information relevant to the smooth operation of the interventions is recommended.

## 6. RECORDING INFORMATION

It may be useful for all workers or volunteers to record certain information for follow-up and feedback purposes. This information may be recorded in different ways: Logbook, data collection sheet, folders with follow-up notes, etc. Ensuring the confidentiality of this information is essential. Documents that contain confidential information, whether in electronic or paper format, must be stored in a secure location. The data collection sheet used in the action research *Reaching Out to, Understanding, and Supporting Socially Isolated Seniors* (Cardinal et al., 2017), which is included in Tool 7, may be used as a template and adapted to create the necessary data collection tools.



## 7. SAFETY

Interventions may result in identifying situations that endanger the health or safety of the senior (e.g. suicidal ideation, abuse, confusion, unsafe residence). Similarly, the worker or volunteer may feel their safety is at risk. In either case, clear indications of how to proceed must be provided when training workers and volunteers, as well as in real time, when these situations are brought to the attention of qualified persons.

It is very important to specify, with the person in charge of the organization overseeing the initiative, situations to be avoided by workers or volunteers (e.g. going alone to the home of a senior to establish a first contact, entering the home of a possibly violent person, having no rapid means of communication when necessary, not reporting the planned schedule for a given day) and how to proceed should a possible or actual dangerous situation arise. However, it is impossible to plan for every situation, and thus highly exceptional situations may arise. In addition, specific situations that are more likely to occur must be examined by the organization leading the initiative, and the behaviour to adopt in such cases must be determined before carrying out interventions. These situations include:

- Suicidal ideation or suicide attempt
- Fear of violent behaviour from others or violence inflicted upon the senior
- Aggression and violence from the senior
- Physical safety threatened by an unsafe or unsanitary home environment
- Physical health threatened by lack of care and unmet basic needs
- Possibilities of cognitive impairment (e.g. confusion) and disorganized thinking

It is important to identify organizations capable of responding to situations where the safety and health of the seniors may be threatened. The same is true when the safety of the worker or volunteer is not ensured.



Such resources are found in all regions and territories. The organization must devise a list and specify the situations in which these resources may be called upon. Examples include:

## PROVINCIAL SERVICES

### GENERAL PROVINCIAL SERVICES AVAILABLE AT ALL TIMES

---

- Emergency telephone service: 911
- Non-urgent health or psychosocial issues telephone service: 811

These services are available 24 hours a day, 7 days a week.

### SERVICES AVAILABLE FROM ANYWHERE FOR SPECIFIC ISSUES

---

#### **Abuse (in all its forms):**

Elder Mistreatment Helpline (EMH): 1-888-489-2287

Any person concerned (senior, caregiver, family member, worker, volunteer, etc.) may contact the EMH from 8:00 a.m. to 8:00 p.m., 7 days a week. It facilitates access to social workers (or other skilled professionals) specialized in abuse who can provide:

- Listening and support
- Information
- Telephone assessment of the situation
- One-time or emergency intervention
- Telephone follow-up with the caller if necessary
- Where relevant, orientation or referral to the most appropriate organization
- Professional consultation service for workers

#### **Suicide:**

Suicide prevention helpline available 24 hours a day, 7 days a week: 1-866-APPELLE (1-866-277-3553)

This telephone assistance service is available for suicidal individuals, concerned relatives who need to be guided and supported, people bereaved by suicide, and professional or volunteer workers who need support in their interventions. An assessment of the level of emergency can be made as required by qualified personnel. If deemed necessary, an emergency meeting can be offered after the first telephone contact.

---



## REGIONAL OR TERRITORIAL SERVICES

### REGIONAL SERVICES AVAILABLE FROM ANYWHERE

---

For issues requiring psychosocial assessment: CISSS or CIUSSS (CLSC)

### SPECIALIZED REGIONAL OR TERRITORIAL SERVICES

---

#### Suicide prevention centre / Crisis centre

---


The organization overseeing the initiative to reach out to, understand, and support an isolated senior is responsible for planning for foreseeable needs. The organization must know the general and specialized resources that are useful at both the provincial and territorial levels. It must provide its workers and volunteers with relevant indications concerning these resources, particularly for emergencies. Its role is to minimize situations or grey areas that may cause workers to feel powerless, overwhelmed, or helpless. If a situation requires a referral to a general resource in the health and social services network (e.g. CLSC) or to a specialized organization, it is recommended that this referral be made by a professional (manager or worker from the organization) and not by a volunteer.

#### **A particular challenge: Assessing the level of risk or danger**

One particular safety challenge is assessing the risk or level of danger in a given situation when a worker or volunteer is lacking the necessary expertise. Some emergency situations are irrefutable, requiring no additional consideration before calling 911. On the other hand, it is safe to assume in some situations that the isolation experienced by the senior may not require immediate intervention. Situations of uncertainty are trickier and more difficult to handle for the worker or volunteer. It is thus essential to get confirmation from a professional within the organization overseeing the initiative or from another organization. It may be appropriate to create a simplified decision tree (an example is provided in APPENDIX 9A) to eliminate as much discomfort as possible for workers or volunteers. In other words, they must be able to pass the torch to qualified workers at any time when such an emergency or difficult issue arises. Different decision trees may be created for qualified workers and for volunteers.



It is strongly recommended to conduct simulations or case histories to outline the procedures in situations of high or moderate level emergencies and to continually update the decision tree, as necessary. Any situation that has raised doubts about the adequacy of the response must be reported to the immediate supervisor, analyzed, and then discussed with workers and volunteers. Different actions may result from these analyses:

-  **SPECIFYING A SERVICE PATH**
-  **CONTACTING ORGANIZATIONS OR RESOURCES LIKELY TO BE CALLED UPON**
-  **TRAINING WORKERS AND VOLUNTEERS TO IMPROVE THE RESPONSE TO VARIOUS SITUATIONS OR TO PROVIDE GREATER COMFORT TO WORKERS AND VOLUNTEERS, EVEN REASSURING THEM ABOUT THEIR WORK**

It is essential to hold regular debriefing sessions on events to continuously improve the developed practices and tools.



## SOURCES

Association québécoise des centres communautaires pour aînés (AQCCA) (2017). *ITMAV*. Online [http://www.aqcca.org/index.php?option=com\\_content&view=article&id=325&Itemid=90](http://www.aqcca.org/index.php?option=com_content&view=article&id=325&Itemid=90), accessed September 15, 2017.

Cardinal, L., Côté, M., Gagnon, É., Lépine, G., Paquet, S., Rose-Maltais, J., & Tourigny, A. (2017). *Rejoindre, comprendre et accompagner les personnes âgées isolées en milieux rural et urbain – Rapport synthèse d’une recherche-action*. Quebec: FADOQ – Régions de Québec et Chaudière-Appalaches (FADOQ – RQCA).

Fédération des centres d’action bénévole du Québec (FCABQ) (2017). *L’action bénévole*. Online <http://www.fcabq.org/action-benevole.php>, accessed September 15, 2017.

Ministère de la Famille (2016). *Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité (ITMAV)*. Online <https://www.mfa.gouv.qc.ca/fr/aines/itmav/Pages/index.aspx>, accessed September 15, 2017.

Regroupement des organismes communautaires des Laurentides (ROCL) (2014). *Rôles, responsabilités et obligations des différentes instances d’un organisme communautaire*. Saint-Jérôme: ROCL.

Roc, M.-L. (2008). *Guide pour la pratique professionnelle des travailleuses sociales et des travailleurs sociaux en milieu communautaire*. Montreal: Ordre professionnel des travailleurs sociaux du Québec (OPTSQ).



Régions de Québec et  
Chaudière-Appalaches



# REACHING OUT TO, UNDERSTANDING, AND SUPPORTING SOCIALLY ISOLATED SENIORS

Tool 9

## APPENDIX



Centre intégré  
universitaire de santé  
et de services sociaux  
de la Capitale-Nationale

Québec



Régions de Québec et  
Chaudière-Appalaches





## EXAMPLE OF A DECISION TREE BASED ON THE PERCEIVED LEVEL OF RISK

### APPENDIX

#### HIGH RISK

- 1) Any situation where the risk is high (e.g. suicidal threat, violent actions threatening the safety of the senior, neighbourhood, worker or volunteer, fall with injury, remarks suggesting abuse, or evidence of violence in the home or environment of the senior).
- 2) The situation is of great concern, the worker or volunteer cannot ascertain or determine the level of risk, but a high risk cannot be ruled out. In both of these situations:
  - **Call 911.**
  - **Notify the initiative's immediate supervisor.**
  - **Stay close to the senior until emergency services arrive, unless the safety of the worker or volunteer is at risk. When in doubt, remove yourself from the environment and wait for emergency services**

#### MODERATE RISK

The situation does not present a definite (e.g. presence of injuries) or imminent (e.g. suicidal remarks with planning of intent) risk, but intentions have been expressed or a problem is suspected. The worker or volunteer has good contact with the senior, but the senior's remarks are worrisome.

- **Ask the senior for permission to notify the immediate supervisor, or a regional or local organization that can help them quickly (a volunteer must always notify their immediate supervisor).**
- **Notify the immediate supervisor.**
- **If authorization is not given, tell the senior that the situation is concerning, that they need help, and that someone qualified must be informed (meaning the necessity to break confidentiality).**
- **Leave the senior after a qualified worker takes over by telephone or in person; the level of emergency or danger must be assessed by a qualified professional. Once the professional takes over, responsibility for the subsequent actions is under their responsibility.**

#### LOW RISK

**Support the senior in finding solutions and asking for help.**



Régions de Québec et  
Chaudière-Appalaches







