



## SENIORS: LONELINESS AND SOCIAL ISOLATION

*In 2016, Sheridan College's Centre for Elder Research was awarded a Social Sciences and Humanities Research Council grant. The Centre, along with Community Development Halton and other community partners across the Halton and Peel regions, are collaborating to create policies and programs that will not only interrupt the deteriorating effects of loneliness and social isolation for those over 65 years of age, but also will promote more inclusive, age-friendly communities.*

*This Community Dispatch reviews recent understandings of loneliness and social isolation among older adults, while at the same time outlining distinguishing characteristics. It also explores the prevalence of social isolation and loneliness in older adults and some potential risk factors that may increase an individual's loneliness and/or social isolation.*

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### Introduction

Ageing is the gradual process of growing old. In Canada, the term 'old age' and senior is defined as an individual who is over the age of 65. Old age is described as a transitional period where older adults encounter changes in either their physical health or social roles.

According to Statistics Canada, the senior age group experienced a population increase of 29.1%, indicating that older adults are the fastest growing population in the country. Canada's senior population will continue to increase in the upcoming years. In fact, according to Statistic Canada's annual

demographic estimates, the country's senior population has outnumbered children between the ages 0 to 14 for the first time in history. By 2036, it is estimated that the proportion of seniors in the overall population will range somewhere between 23 to 25 per cent. This strongly accentuates the need to grasp an understanding of the ageing population's precise needs, as well as the need to increase and improve services in the ageing field.

On average, Canada's ageing population is found to live a more active, healthy and financially stable life than those from previous generations. However, seniors today are at an increased risk of being diagnosed with a chronic condition, disability and/or mental health illness. Seniors are also at a greater risk of becoming lonely and/or socially isolated. Lack of social relationships, discontent with the quality of such relationships, or low levels of social engagement and participation, have damaging effects on the quality of life for Canadian seniors. According to a 2012 International Federation of Aging report commissioned by the Employment and Social Development Canada, the most prominent emerging issue seniors are facing is finding means to become, or remain, socially included and connected to their community.

### Defining Loneliness and Social Isolation

While there is some commonality between loneliness and social isolation, it is crucial to note that not all intersections between these two concepts are entirely clear, and therefore, these terms should not be used

interchangeably. Loneliness and social isolation can be defined and viewed in multiple ways.

“Loneliness is a dynamic state that varies across the life course and is influenced by the resources available to individuals and their socio-environmental context as well as individual personality traits.”<sup>1</sup> Loneliness “reflects an individual’s subjective evaluation of his or her social participation or social isolation and is the outcome of the cognitive evaluation of having a mismatch between the quantity and quality of existing relationships on the one hand and relationship standards on the other.”<sup>2</sup> Loneliness is an inevitable condition of life, and therefore, it is crucial to recognize that the feeling of loneliness is not something that can be entirely solved or cured.

Unlike loneliness, social isolation is an objective state that can be defined as a lack of social belongingness, the perception of missing relationships, or a lack of lasting interpersonal relationships. Similar to loneliness, “social isolation is multidimensional. It encompasses physical dimensions, mental health and psychological dimensions, and social dimensions. It can be more or less severe, and has a temporal dimension; that is, it could be permanent, periodic, or episodic if related to life cycles or life transition phases.”<sup>3</sup>

Social isolation is also defined as “a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a

minimal number of social contacts and they are deficient in fulfilling quality relationships.”<sup>4</sup>

## Prevalence of Loneliness and Social Isolation in Seniors

While loneliness and social isolation can occur at any point in life, research finds that loneliness is most common among older seniors and adolescents. Canada lacks statistics on the prevalence of loneliness in its ageing population. For example, in Winnipeg, Manitoba, the prevalence of loneliness ranges anywhere from 10 to 90% depending on what definition is used and who the participants are.

The literature explains that Aboriginal seniors, visible minorities, newcomers, immigrants, caregivers, lesbian, gay, bisexual, and transgendered seniors, are all at an increased risk of becoming lonely and/or socially isolated. Older immigrants, minority ethnic groups, and lower income seniors are also at a higher risk of becoming lonely as they experience fewer social interactions due to factors such as language barriers, literacy, and discrimination. These individuals are also more likely to lack a sense of belongingness to their community.

## Risk Factors

There are four sets of factors that are shown to be linked to loneliness and social isolation: socio-demographic attributes, the socio-environment, health status and health resources, and life transitions.

### 1. Socio-Demographics and Social Contexts

Living arrangements influences socialization patterns. Rates of severe loneliness for older people residing in care homes is estimated to be double of those who live in a community-dwelling. It is found that a change in residence or living alone may also increase one’s risk of becoming socially isolated. According to

1 Victor, Christina R. "Loneliness in Care Homes: A Neglected Area of Research?" *Aging Health* (2012): 638.

2 de Jong Gierveld, J., Tineke Fokkema, and Theo Van Tilburg. "Alleviating Loneliness among Older Adults: Possibilities and Constraints of Interventions." *Safeguarding the Convoy: A Call to Action from the Campaign to End Loneliness* 9 (2011): 41-42.

3 Keefe, Kanice, Melissa Andrew, Pamela Fancey, and Madelyn Hall. "Final Report: A Profile of Social Isolation in Canada." 2006, 1.

4 Nicholson, Jr, Nicholas R. "Social isolation in older adults: An evolutionary concept analysis." *Journal of Advanced Nursing* 65 (2009): 1342-52.

Canada's National Seniors Council, lack of publicly funded long-term care facilities for seniors imposes additional risks that may increase an individual's chance at experiencing social isolation.

The way in which a family is structured is also thought to be a risk factor for social isolation and/or loneliness in seniors. This includes younger family members migrating for work, having no children, having children who live far distances away, acting as a caregiver for family members, and the loss of siblings or other social networks.

Poverty is also believed to be a potential risk factor for loneliness and social isolation in seniors. Living in poverty is found to influence perceptions and experiences of prejudice and stigma, which seems to increase the likelihood of an individual becoming socially isolated as they are less likely to become involved in community activities, and instead, are more likely to distance themselves through self-isolating behaviours.

## 2. Socio-Environment

The built environment – whether there is an absence of affordable and suitable housing or lack of accessible and affordable transportation – will impact the prevalence of loneliness and social isolation in older adults. Another factor that may increase the likelihood of an older adult becoming lonely and/or socially isolated is the physical safety of their community.

Accessibility of services or access to information for services also increases the likelihood of seniors becoming lonely or socially isolated. Lack of affordable or suitable housing is also thought to be a possible risk factor. In fact, the prevalence of social isolation in older adults living in community-dwellings is estimated to range anywhere from 10% to as high as 43%.

## 3. Health Status and Health Resources

Living with a compromised health status has been identified as a risk factor for increased social isolation. Age-related conditions such as incontinence, weakness, fear of falling when going to and from places, or loss of independence have also been recognized as risk factors for social isolation. Loneliness and social isolation also tends to be a frequent companion of older adults living with chronic illnesses and other negative health outcomes. Lastly, limited access or inadequate primary health care services are recognized as a risk factor for increased loneliness and/or social isolation.

## 4. Life Transitions

Life transitions are unavoidable and can vary anywhere from the death of a spouse or partner, adult child, grandchild, or friends, to the experience of a traumatic or negative life event, decreased functional competence or increased incapacity in one's partner, divorce, moving and retirement.

### Canada's National Seniors Council's 2014 Report on the Social Isolation of Seniors suggests four specific measures to interrupt social isolation:

1. Raise public awareness of social isolation of seniors;
2. Promote improved access to information, services, and programs for seniors;
3. Build the capacity of organizations to address isolation of seniors through social innovation;
4. Support research to better understand the issue of social isolation.

Current approaches to social isolation and loneliness in seniors are not specific activities or interventions, but rather services designed to address one or more of the key challenges faced in working with seniors who are lonely. There is a high need for the government to collaborate with the ageing population to create and implement these programs.

In order to create new interventions that are effective, commissioners and funders of services that work with the ageing population must be able to identify areas in the community that are in need. We also need to see an increase in support service providers who deliver these interventions. Additional research needs to be done so a more comprehensive understanding of loneliness and social isolation in Canada can be developed.

#### **Some examples of new interventions to interrupt social isolation and loneliness:**

- Use data and target action to identify services for specific populations at risk
- Community engagement and collaboration
- Link loneliness and social isolation interventions with health care services
- Reconnect seniors with their social networks and communities
- Design strategies to create meaningful social contacts and connections
- Neighbourhood approaches
- Promote opportunities for volunteerism

#### **Conclusion**

For future research, the British Columbia Ministry of Health suggests that we begin to explore how different ethnicities experience loneliness and social isolation, examine the

relationship between loneliness and poverty, review transportation infrastructures and the effects it has on seniors, explore the experiences of caregivers whose partners live with a disability, examine the connections between social isolation and service usage, and look into what features of social support can enhance health.

More and more older Canadians are at risk of becoming socially isolated and/or lonely because of factors such as unsuitable living arrangements, a compromised health status, changing family structures, death of family members, and more. The risk factors for loneliness and social isolation in seniors is wide-ranging and immensely complex. Loneliness and social isolation is not a phenomenon that can be ignored any longer as its impact on Canada's ageing population is too severe. This literature review has identified that, while there appears to be an extensive amount of knowledge referring to the causes, risks factors, consequences and interventions that seek to address loneliness and social isolation in seniors, numerous gaps still remain.

The full document *Seniors: Loneliness and Social Isolation* is available on Community Development Halton's website.



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