<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About this toolkit</td>
<td>3</td>
</tr>
<tr>
<td>Understanding loneliness and social engagement</td>
<td>4</td>
</tr>
<tr>
<td>The potential impact of loneliness and social isolation</td>
<td>5</td>
</tr>
<tr>
<td>Assessing loneliness</td>
<td>6</td>
</tr>
<tr>
<td>Social engagement for older adults + family</td>
<td>7</td>
</tr>
<tr>
<td>Social engagement in home and community care</td>
<td>8</td>
</tr>
<tr>
<td>Social engagement in primary care</td>
<td>9</td>
</tr>
<tr>
<td>Social engagement in hospital</td>
<td>10</td>
</tr>
<tr>
<td>Social engagement in long-term care</td>
<td>11</td>
</tr>
<tr>
<td>References</td>
<td>12</td>
</tr>
</tbody>
</table>
About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers. Senior Friendly 7 focuses on seven clinical areas that support resilience, independence, and quality of life.

The toolkit is available by individual topic, or bundled together. All SF7 toolkit options are available on our website: https://www.rgptoronto.ca/resources/

Use of this toolkit

The content for older adults and their family or caregivers is not intended to replace the advice of a physician or other qualified healthcare providers.

The toolkit provides a common practice framework that complements the unique skills and practices of the various care providers helping older adults. The content is provided for guidance, and is not intended to be exhaustive.

Reproduction of these materials is permitted in whole without restriction. If adapting this content, or using in part, RGP must be credited as the author with the following citation: “Source: RGP of Toronto. (2018). SF7 Toolkit. Retrieved from https://www.rgptoronto.ca/resources/”

Acknowledgments

The toolkit was created by the RGP of Toronto, and was informed by over 200 people, including clinical subject matter experts, older adults and their caregivers, and frontline healthcare providers who participated in co-creation events.

The RGP gratefully acknowledges the clinical review of this toolkit by Dr. Nasreen Khatri, Clinical Psychologist, Gerontologist and Researcher at The Rotman Research Institute, Baycrest.
Loneliness
A disconnect between a person’s desired and actual social relationships, which results in a complex emotional and physical response.\(^7\)

We have all felt lonely at times, but it becomes a problem when it occurs frequently or even chronically, negatively impacting health and functioning.

Social Isolation
Results from situations where a person has few people to interact with.

Although closely related, loneliness and social isolation are not the same. A person can be socially isolated but not feel lonely, whereas an individual with a seemingly large social network can still experience loneliness. Individuals may be lonely in a crowd or socially contented while alone.

One in five Canadians, mainly older adults, experience some degree of loneliness. In those over 85 years, the rate of loneliness is as high as 25%.\(^8\)

How often do older adults have contact with family, friends, or neighbours?\(^2\)

11% Less than monthly
17% Less than weekly

Social engagement
Involvement in meaningful activities with others and maintaining close, fulfilling relationships.\(^7\)

Social engagement can lessen loneliness.
The potential impact of loneliness and social isolation

Can affect physical health
- Early mortality
- Stroke
- Elevated blood pressure
- Malnutrition

Can affect mental health
- Depression
- Risk of suicide
- Substance misuse

Can cause functional decline
- Physical and/or cognitive deterioration

Risk factors for social isolation

Psychological
Personality or mental health issues

Living alone
Widowhood, divorce or never married

Health status
Health problems, physical challenges or disability

Sensory impairment
Chronic or recent changes

No children

Major life events
Loss and bereavement, change in living arrangements

Social isolation has a similar impact on mortality as smoking and alcohol misuse. It exceeds the risk associated with obesity and inactivity.\(^{[6]}\)
Here are questions you can ask to explore loneliness. The Three-Item Loneliness Scale is a simple, validated assessment for loneliness. It can be used by any care provider.

**The Three-Item Loneliness Scale**

<table>
<thead>
<tr>
<th>Question</th>
<th>Hardly Ever</th>
<th>Some of the Time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you feel that you lack companionship?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How often do you feel left out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How often do you feel isolated from others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*The Score: the sum of all items.*

*Score range: 3-9. Higher scores indicate greater loneliness.*

Think inside and outside of the home - how can you increase your social engagement?

There are different types of social opportunities. It is important to find out what works best for YOU based on your interests and preferences. Options may include:

- When social engagement opportunities are regularly scheduled and controlled by the older adult, it offers reassuring predictability.
- Do not be hurt if your loved one prefers reminiscing with someone other than yourself.
- If desired, help your family member find ways to connect with friends.
- Conversation can be enhanced by:
  - Listening actively
  - Responding positively
  - Following-up actively
  - Allowing time for silence and reflection

If you or your loved one have expressed the wish for more company, feel left out or isolated from life – share this information with a member of your circle of care (healthcare team).

To find activities in your community, visit: [www.ontario.ca/page/seniors-connect-your-community](http://www.ontario.ca/page/seniors-connect-your-community)
Social engagement in home and community care

- Be alert to statements suggesting that the older adult wants more company, feels left out or feels isolated from life.
- Having an understanding of the older adult’s social network, culture, and personality style can be helpful.
- If you suspect that an older adult is suffering from loneliness, consider using the Three-item Loneliness Scale (page 6 of this toolkit). A score of more than 6 suggests that the person is very socially isolated and needs more care and attention.

- Consider all visits a social engagement opportunity.
- Control and predictability improve the positive impact of visits on social engagement.
- Conversation can be enhanced by:
  - Starting with open-ended questions such as: ”How are you doing today?”
  - Listening actively
  - Responding positively
  - Following-up actively
  - Allowing time for silence and reflection
- Reminiscence can be a healthy part of conversation. There are different types and functions of reminiscence.
- Identify opportunities for the older person to connect with friends or family, or join social groups in the community, and offer assistance with these connections.

- Communicate concerns of loneliness within the circle of care (healthcare team).
- Consider the older adult’s relationships and preferences before discussing with family members, and if appropriate, share information on ways to promote social engagement. See helpful tips in Ways of Preventing Social Isolation Among Seniors (Caring People Inc., 2017).
### Social engagement in primary care

**Assess**
- Be alert to statements suggesting that the older adult wants more company, feels left out or feels isolated from life.
- Having an understanding of the older adult’s social network, culture, and personality style can be helpful.
- If you suspect that an older adult is suffering from loneliness, consider using the Three-item Loneliness Scale (page 6 of this toolkit). A score of more than 6 suggests that the person is very socially isolated and needs more care and attention.

**Manage**
- Consider writing a social prescription which may include things like:
  - Seniors active living centres
  - Community recreation centres
  - Libraries
  - Volunteering and community engagement
  - See [www.ontario.ca/page/seniors-connect-your-community](http://www.ontario.ca/page/seniors-connect-your-community) for more options
- Ensure that the older adult collaborates on the social prescription.
- For some older adults, medical appointments may be their main form of social engagement.
- Sometimes just talking and listening can offer therapeutic benefit.
- Persistent loneliness despite access to social opportunities may indicate the need for more specialized assessment and intervention.

**Communicate**
- Communicate concerns about loneliness and recommendations within the circle of care (healthcare team).
- Consider the older adult’s relationships and preferences before discussing with family members, and if appropriate, share information on ways to promote social engagement. See helpful tips in *Ways of Preventing Social Isolation Among Seniors* (Caring People Inc., 2017).
### Social engagement in hospital

- Consider whether social isolation was a risk factor that contributed to seeking hospital care.
- Having an understanding of the older adult’s social network, culture, and personality style is important in making this assessment.
- If you suspect that an older adult is suffering from loneliness, consider using the Three-Item Loneliness Scale (page 6 of this toolkit). A score of more than 6 suggests that the person is very socially isolated and needs more care and attention.

- Consider writing a social prescription which may include things like:
  - Seniors active living centres
  - Community recreation centres
  - Libraries
  - Volunteering and community engagement
  - See [www.ontario.ca/page/seniors-connect-your-community](http://www.ontario.ca/page/seniors-connect-your-community) for more options

- Ensure that the older adult collaborates on the social prescription.
- Conversation can be enhanced by:
  - Starting with open-ended questions such as: “How are you doing today?”
  - Listening actively
  - Responding positively
  - Following-up actively
  - Allowing time for silence and reflection

- Reminiscence can be a healthy part of conversation. There are different types and [functions of reminiscence](#).

- Include concerns and recommendations related to loneliness in discharge plans.
- Consider the older adult’s relationships and preferences before discussing with family members, and if appropriate, share information on ways to promote social engagement. See helpful tips in [Ways of Preventing Social Isolation Among Seniors](#) (Caring People Inc., 2017).
Assess

- Be alert to statements suggesting that the older adult wants more company, feels left out or feels isolated from life.
- Having an understanding of the older adult’s social network, culture, and personality style is important in making this assessment.
- Assess whether physical or mental health issues such as incontinence, vision, hearing, or mobility are having an impact on the older adult’s level of social engagement.
- If you suspect that an older adult is suffering from loneliness, consider using the Three-Item Loneliness Scale (page 6 of this toolkit). A score of more than 6 suggests that the person is very socially isolated and needs more care and attention.

Manage

- Consider writing a social prescription which may include things like:
  - Seniors active living centres
  - Community recreation centres
  - Libraries
  - Volunteering and community engagement
  - See [www.ontario.ca/page/seniors-connect-your-community](http://www.ontario.ca/page/seniors-connect-your-community) for more options.
- Ensure that the older adult collaborates on the social prescription.
- Conversation can be enhanced by:
  - Starting with open-ended questions such as: ”How are you doing today?”
  - Listening actively
  - Responding positively
  - Following-up actively
  - Allowing time for silence and reflection
- Reminiscence can be a healthy part of conversation. There are different types and [functions of reminiscence](#).

Communicate

- Communicate concerns and recommendations related to loneliness within the circle of care (healthcare team).
- Consider the older adult’s relationships and preferences before discussing with family members, and if appropriate, share information on ways to promote social engagement. See helpful tips in [Ways of Preventing Social Isolation Among Seniors](#) (Caring People Inc., 2017).


Driving system change to advance the quality of care for older adults living with frailty. Innovating bold solutions to complex care problems.

REGIONAL GERIATRIC PROGRAM OF TORONTO
Better health outcomes for frail older adults

www.rgptoronto.ca

Supported by: