

# TARGETING ISOLATION ASSESSMENT TOOLS: A GUIDE



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## **ABOUT TARGETING ISOLATION**

Targeting Isolation is led by Drs. Verena Menec and Nancy Newall as part of the **Aging Well Together** coalition of organizations working together to facilitate the social engagement of adults aged 55+ in Winnipeg, Manitoba. The coalition, which includes A & O: Support Services for Older Adults Inc., Active Aging in Manitoba, Manitoba Association of Senior Communities, and Transportation Option Network for Seniors, is funded by the Government of Canada's New Horizons for Seniors Program. Targeting Isolation seeks to:

- Help people identify and better understand social isolation
- Train Community Connectors to connect socially isolated older individuals to community resources; and
- Work with organizations that help reduce older people's social isolation

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TARGETING  
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# TARGETING ISOLATION TOOLS: A GUIDE

## ABOUT THIS GUIDE

This guide provides information about key tools developed by Targeting Isolation. The guide is organized into three sections:

1. **HELPS Risk factors of social isolation and loneliness:** This section focuses on the tools related to identifying the risk factors an older person may have that could lead them to becoming socially isolated or lonely.
2. **CARED signs of social isolation and loneliness:** This section describes the CARED tools that can be used to determine if a person should be referred to community resources.
3. **Making a referral to community resources:** In this section we provide information about where a person could be referred to in Manitoba and what the referral process is.

The guide supplements other information provided on the Targeting Isolation website ([www.targetingisolation.com](http://www.targetingisolation.com)). A companion report “Measuring Social Connection and Social Isolation” defines social connection and social isolation and provides information on 3 assessment tools, including the CARED Assessment Tool.

## WHO THIS GUIDE IS FOR

The guide was developed for Community Connectors, that is, people who come in contact with older adults in their day-to-day work and who want to know more about how to identify risk factors for social isolation and loneliness, and how to assess whether a person should be referred to appropriate community resources.

The guide may also be useful for other people who come in regular contact with older persons, such as family members and volunteers, who want to learn more about social isolation and loneliness.

## DEFINITIONS

**Loneliness** refers to how people FEEL about their social network, communications and contact with network, and social participation. It is a feeling of dissatisfaction and disconnection. It is possible to feel lonely even when there are people around. People can also be satisfied and not lonely with a small network.

**Social isolation**, in contrast, is an objective state. It is defined as having a small (or no) social network, limited communication or contact with social network, and little or no social participation.

# KNOWING RISK FACTORS HELPS

## OVERVIEW

A large body of research documents the factors that *increase the risk* of older adults becoming socially isolated or lonely, such as losing a spouse, having low income or financial strains, or having health problems (e.g., Cohen-Mansfield & Parpura-Gill, 2007; Goodman et al., 2015; Lim et al., 2020; Shovestul et al., 2020).

We have summarized these risk factors into larger categories using the mnemonic **HELPS**, as a way to help remember them:

- Health-related factors
- Environmental factors
- Life events and transitions
- Personality/psychological responses
- Social groups and demographic factors

## RISK FACTORS AS SOLUTIONS

Knowing about risk factors can point to solutions to address and prevent social isolation and loneliness. As an example, a person who does not have access to transportation is at risk for social isolation and loneliness: a solution to this problem becomes finding out different transportation options for that person. Similarly, for someone who does not have access to communication technologies (cell phone; internet; smart phone), this risk factor points to ensuring that person can access these types of resources.

## TOOLS

We have developed several tools to help with knowing whether a person might be at risk of becoming socially isolated or lonely:

- Knowing Risk Factors HELPS information sheet
- Knowing Risk Factors HELPS video
- Knowing Risk Factors HELPS Assessment Tool

### Knowing Risk Factors HELPS information sheet

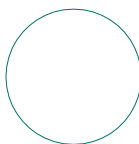
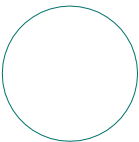
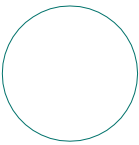
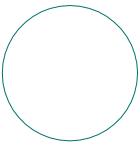
This one-pager lists the HELPS risk factor categories and provides examples for each category (see Exhibit 1). For each risk factor category, we have provided specific examples. They are not meant as a complete list of all risk factors, but represent some of the most common ones.

The information sheet can be used as a reminder of the risk factors and could be posted in an office or on bulletin, for example. Copies can be downloaded from [www.targetingisolation.com](http://www.targetingisolation.com).

**Exhibit 1: HELPS Risk Factors with Examples**

## KNOWING RISK FACTORS HELPS

Risk factors increase the likelihood that somebody is socially isolated or lonely. Risk factors are warning signals to start a conversation; not everybody who has a risk factor is socially isolated or lonely. Use the **HELPS** tool to identify the risk factors, but also the assets, an older adults may have.



<b>H</b> Health-related factors	Chronic conditions; Mobility or sensory impairment; Mental health problems
<b>E</b> Environmental factors	Unsafe and/or inaccessible neighbourhood; Transportation access challenges; Lack of access to technology
<b>L</b> Life events and transitions	Loss of spouse, family, friends; Becoming a caregiver; Loss of driver's license
<b>P</b> ersonality/ <b>P</b> sychological responses	Low self-esteem; Negative thinking in relationships; Fear of falling
<b>S</b> ocial groups and <b>d</b> emographic factors	Low income or limited financial resources; Newcomer to Canada, Language barriers; Sexual orientation/gender identity; Older age (80+)

### Knowing Risk Factors HELPS video

This short animated video is part of a series of five videos on social isolation and loneliness. It provides a brief overview of what is meant by social isolation and loneliness and then describes the HELPS risk factors. The video can be used to reinforce information provided in the one-pager, or can be used to train staff or volunteers who work with older adults. It is available at [www.targetingisolation.com/all-videos](http://www.targetingisolation.com/all-videos).



### Knowing Risk Factors HELPS Assessment Tool

This tool provides a more structured way to assess if a person has any of the risk factors that may lead to social isolation or loneliness (see Exhibit 2). It can also help highlight a person's assets. For example, a person who has lost a spouse, which is one of the 'life events/transitions' risk factors is at increased risk of social isolation or loneliness and could benefit from attending activities at a 55+ Active Living Centre. If the person has access to transportation they may be able to continue to have social contact, such as getting together with family or friends. But if the person does not have easy access to transportation (for example if the spouse was the driver in the family), then identifying how they would attend programs becomes important (for example, is there a volunteer driving program).

Exhibit 2: HELP Risk Factors Assessment Tool

# KNOWING RISK FACTORS HELPS ASSESSMENT TOOL

Risk factors increase the likelihood that somebody is socially isolated or lonely. Risk factors are warning signals to start a conversation; not everybody who has a risk factor is socially isolated or lonely. Use the **HELPS** tool to identify the risk factors an older adult may have, as well as their assets that can help prevent social isolation or loneliness.

HELPS Risk Factors <input checked="" type="checkbox"/>		Risk factors <input checked="" type="checkbox"/>	Assets <input checked="" type="checkbox"/>
<b>Health-related factors</b>	Chronic health problems ____ Mobility problems ____ Vision or hearing problems ____ Mental health problems ____ Other health problems ____	One or more health problems that limit activities <input type="radio"/>	No major health problems or health problems do not limit activities <input type="radio"/>
<b>Environmental factors</b>	Feeling unsafe in neighbourhood ____ Lack of access to transportation ____ Lack of access to technology ____ Other environmental factors ____	One or more <input type="radio"/>	None <input type="radio"/>
<b>Life events and transitions</b>	Loss of spouse, close family member or friend ____ Became a caregiver ____ Loss of driver's license ____ Other major life events ____	One or more <input type="radio"/>	None <input type="radio"/>
<b>Personality / psychological responses</b>	Fear of falling ____ Low self-esteem ____ Negative thinking about relationships ____ Other psychological responses that may limit activity participation ____	One or more <input type="radio"/>	None <input type="radio"/>
<b>Social groups and demographic factors</b>	Low income or limited financial resources ____ Newcomer/language barriers ____ Other minority group that may limit activity participation ____	One or more <input type="radio"/>	None <input type="radio"/>

**How to use this tool:** Work through the checklist with the person, checking off any of the risk factors the person has in column 2. Next check off the overall risk factors / assets in column 3 and 4. Looking at columns 3 and 4 provides a general picture of risks/assets. Looking at specific responses in column 2 can help identify specific risks/assets and can be useful in identifying community resources that may be helpful. For example, a person with mobility problems living on low income, but who has access to technology may benefit from programming that is provided online.



# SHOW SOMEBODY YOU CARED

## OVERVIEW

The risk factors described in the previous section tell us if an older person might become socially isolated or lonely – they are warning signs to watch out for, but do not tell us if somebody is actually socially isolated or lonely and could benefit from being connected to community resources. Drawing on measures used in research on social isolation and loneliness (Menec et al., 2019, 2020; Newall & Menec, 2020; UK Campaign to End Loneliness, 2015), we developed the CARED tool, which taps into five criteria that can help decide whether a person should be referred to community resources:

- **Connections** - Does the person want more social contacts? Are they lonely?
- **Activities** - Does the person lack meaningful activities to participate in?
- **Relationships** - Does the person have little contact with family or friends?
- **Emergency contact** - Does the person lack someone to call in a crisis?
- **Dwelling** - Does the person live alone? Is their environment unsafe?

## TOOLS

Several resources have developed on the CARED criteria:

- Show Somebody You CARED information sheet
- Show Somebody You CARED conversation starters
- Show Somebody You CARED video
- Show Somebody You CARED Assessment Tool

### **Show Somebody You CARED information sheet**

This information sheets provides a description of the CARED criteria and questions that can be asked to find out if somebody is socially isolated or lonely and should be referred to community resources (see Exhibit 3). Information on how to interpret responses is also provided: individuals who meet 3 to 5 of the criteria should be referred.

The summary is intended as a reference sheet for Community Connector that could be posted in an office or work place as a reminder of the kinds of questions to ask a person to find out if they would benefit from referral. Copies of the information sheet can be downloaded from [www.targetingisolation.com](http://www.targetingisolation.com).

### **Show Somebody You CARED conversation starters**

This one-pager provides a few examples of specific questions one might ask to address each of the five CARED criteria (see Exhibit 4). It is important to note that some of the questions would only be asked once rapport is established with a person. Moreover, the questions are not listed in the order that they should be asked; rather, the questions could be embedded within a conversation, as appropriate, or could be asked in a series of conversations as rapport is being built.

**Exhibit 3: Show Somebody You CARED Information Sheet**

# SHOW SOMEBODY YOU CARED

The **CARED referral criteria** help identify if somebody is socially isolated or lonely and should be referred to an appropriate community resources. Use the CARED prompt to help remember the referral criteria.



## Connections

Does the person want more social contacts? Are they lonely?



## Activities

Does the person lack meaningful activities to participate in?



## Relationships

Does the person have little contact with family or friends?



## Emergency Contact

Does the person lack someone to call in a crisis?



## Dwelling

Does the person live alone? Is their environment unsafe?



**3 - 5 criteria:** Refer

**1 - 2 criteria:** Maybe refer; keep the conversation open

**None of criteria:** Referral is not needed, but watch for possible changes

If the person meets 3-5 criteria, refer to appropriate community resources, such as a community organization, or active living program.

Before making a referral, consider the following:

- Does the group, organization or program have enough capacity for a new person, including somebody with health issues, such as mobility problems, or hearing impairment?
- Is transportation available, if needed?
- Are the programs or services offered inclusive and welcoming of diverse groups of people, such as newcomers to Canada, and individuals who identify as 2SLGBTQ+?

**Exhibit 4: Show Somebody You CARED Conversation Starters**

# Show somebody you **CARED** CONVERSATION STARTERS

Community members who come in contact with older adults through their work or their daily activities are in an ideal position to be on the alert for signs of isolation. It all starts with a conversation.

What kinds of questions could we ask and what might a response be? Here are some examples using the CARED prompts:

## **C**onnections

Does the person want more social contacts?  
Are they lonely?

### What you might say

Would you like to be around more people?  
Would you like to make new friends?

### What you might hear

It gets very lonely sometimes.

## **A**ctivities

Does the person lack meaningful activities to participate in?

What do you do for fun?  
Would you like to become more active?

I'd like to get out more.  
I wish I had something to occupy my time.

## **R**elationships

Does the person have little contact with family or friends?

Do you have family nearby?  
Do you see them often?

My children don't live here.  
I don't want to be a bother.

## **E**mergency contact

Does the person lack someone to call in a crisis?

Do you have someone to call in an emergency?

If I got sick, nobody would notice.

## **D**welling

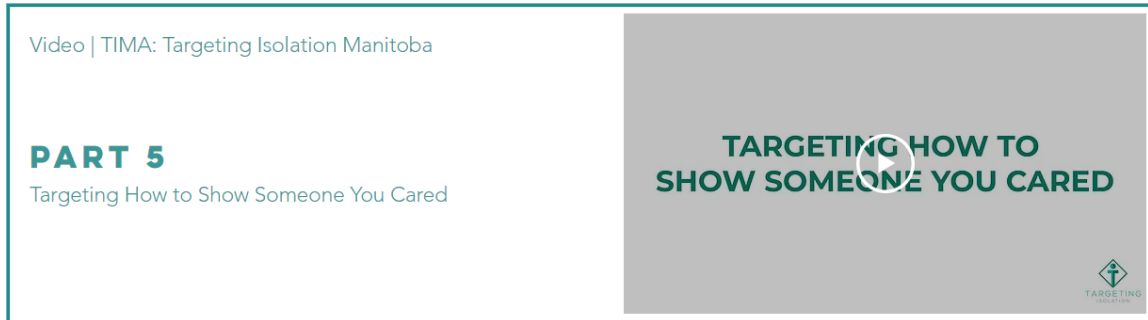
Does the person live alone? Is their environment unsafe?

Do you live alone?  
Do you feel safe where you live?

I live alone.  
I used to know the neighbours. Now I don't feel safe here anymore.

### Show Somebody You CARED video

This is another video in our 5-part video series, with a focus on describing the CARED criteria and highlight possible conversation starters. Like all the other videos, it can be used to learn about the CARED criteria and for training of staff or volunteers. It is available at [www.targetingisolation.com/all-videos](http://www.targetingisolation.com/all-videos).



### Show Somebody You CARED Assessment Tool

The **CARED Assessment Tool** provides a structured questionnaire to assess if somebody is socially isolated and lonely and should be referred to appropriate resources (see Exhibit 5). The questions come from surveys used in research on social isolation and loneliness (Menec et al., 2019, 2020; Newall & Menec, 2020; Newall et al., 2024; Radloff, 1977, UK Campaign to End Loneliness, 2015). By tallying up responses, a score ranging from 0-5 can be calculated.

- 3+ A score of 3-5 means that the person is at high risk and referral to community resources is advised.
- 1-2 A score of 1-2 means that referral is not needed at this point, but keeping the conversation open is useful as the person's circumstances can change.
- 0 A score of 0 indicates that the person is not socially isolated or lonely.

The majority of older adults in the general population will fall into this latter category of 0. But as the HELPS risk factors indicates, some people are at higher risk of becoming socially isolated or lonely, such as older people with health problems, those experiencing major life transitions like losing a spouse or close friend, and those living on low income.

**Exhibit 5: Show Somebody you CARED Assessment Tool**

# SHOW SOMEBODY YOU CARED ASSESSMENT TOOL

The **CARED Assessment Tool** can help Community Connectors identify the signs of social isolation and loneliness and decide if somebody should be referred to appropriate community resources. Ask the following CARED questions:

CARED criteria	Questions	Strengths	Limitations
<b>C</b> onnections	In the <u>past week</u> , how often did you feel lonely? Never or rarely (less than 1 day)___ Sometimes (1-2 days) __ Often (3-4 days) __ Almost Always (5-7 days)___	Never or rarely lonely 0	Lonely sometimes+ 1
<b>A</b> ctivities	Do you participate in 2 or more social activities <u>per month</u> ? AND/OR Do you work? Yes ___ No ___	Yes 0	No 1
<b>R</b> elationships	In <u>past month</u> , have you gotten together with any one of the following, at least once? Friends ___ Neighbours ___ Children ___ Relatives ___	Yes 0	No 1
<b>E</b> mergency contact	Do you have someone that you could <u>ask for help</u> (e.g., if you were sick)? AND/OR Do you have an emergency contact? Yes/Most of the time ___ No ___	Yes 0	No 1
<b>D</b> welling	Do you live with other people? AND/OR Do you feel safe in your dwelling? Yes ___ No ___	Yes 0	No 1
Total ___/5			(3+=disconnected)

**Scoring:** Add up the number in the far right column, giving one point for each the five criteria. The total score ranges from 0-5. A score of 3-5 means the person is socially isolated or socially disconnected (i.e., lacks social contact, support, and/or is lonely) and should be referred to appropriate community resources. A score of 1 or 2 means the person is at risk; referral may still be useful – keep the conversation going. A score of 0 means the person is not socially isolated or socially disconnected, but watch for possible changes.

# MAKING A REFERRAL TO COMMUNITY RESOURCES

## Where Should I Refer A Person To?

The community resources that are available vary from community to community and knowing what is available can be difficult. It is therefore useful to refer the person to one place.

In Manitoba, there are a variety of **system navigators** who provide free individualized referrals to programs and services. The following system navigators are ideal for referrals (and see 1-pager listing p. 14):

### **A & O: Support Services for Older Adults Inc. (Manitobans ages 55+)**

A & O is a not-for-profit organization that provides specialized services for Manitobans aged 55+. The goal of these programs is to empower and support older adults in the community. A & O's core programs and services are organized under three foundational pillars: Safety & Security, Social Engagement, and Counselling.

- **Safety & Security:** The agency provides innovative safety and security programs and services. Programs included are Elder Abuse Prevention Services, Safe Suite Program, Older Victim Services, SafetyAid Fall Prevention and This Full House.
- **Social Engagement:** This pillar enables older Manitobans to be engaged in their communities. Programs included in this pillar include Senior Centre Without Walls, Connect Program and Senior Immigrant Settlement Services (SISS).
- **Counselling Services:** The agency provides information about a wide range of counselling, support and community referral materials for older Manitobans. Services in this pillar include Counselling, Information & Referral, Intake, Housing, and Legal Services.

Referrals can be made to the **A & O Intake line:**

Tel: 204-956-6440

Toll-free: 1-888-333-3121

Email: [intake@aosupportservices.ca](mailto:intake@aosupportservices.ca)

Website: <https://www.aosupportservices.ca/>

### **Manitoba 211 (Manitobans all ages)**

Provides free telephone and web-based system navigation that link Manitobans of all ages to health and social services across Manitoba. The service is available 24 hours a day, seven days a week in 150+ languages, including 4 Indigenous languages.

Tel: 211

Website: <https://mb.211.ca/>

### Senior Resource Coordinators (Manitobans ages 55+)

The role of Senior Resource Coordinators (SRCs) is to link and refer adults age 55+ to community supports, programs and services. They also coordinate some services in their community area or community. For example, SRCs may coordinate a congregate meal program, offer transportation through volunteer driver programs, or coordinate presentations, events, and outings. The SRC can identify a person's needs and connect them with appropriate community resources.

There are SRCs in all areas of Manitoba. Pages 10-26 of the Manitoba Seniors Guide lists contact information: [https://www.gov.mb.ca/asset\\_library/en/seniors/seniors-guide-manitoba.pdf](https://www.gov.mb.ca/asset_library/en/seniors/seniors-guide-manitoba.pdf)

### Referral Process

What are the steps once you have identified an older adult who is socially isolated? First and foremost, you need to ask them **if you have their permission** to refer them to support services.

If they agree, your role of as a Community Connector is simply to **refer people** to one of the services described or a trusted service in your community.

As a Community Connector you are not being asked to provide counselling or ongoing support. However, you may be the only person that older adults interact with regularly. As such, you are in a unique and important position to **determine** if the older adults you interact with are at risk of social isolation and **refer** them to services in the region you live.

As a Community Connector you can also encourage the person to contact the service themselves, as appropriate.

To recap, the general referral process is as follows:

1. Start the conversation
2. Determine if the person is at risk (using the HELPS tool) or meets the referral criteria (using the CARED tool)
3. Have contact information for resources at hand (see listing of resources p. 14)
4. Ask the person for permission to refer
5. Refer the person to an appropriate community resource such as A & O, if the person gives permission

### If you don't start the conversation, who will?



# TARGETING ISOLATION MANITOBA RESOURCE LISTING

The following is a list of Manitoba-wide System Navigators. System Navigators are people who can help find programs, resources, and services.

## **Manitoba-wide System Navigators to help find Social Connection Resources**

### **A&O: Support Services for Older Adults (ages 55+)**

Provides services and programs across Manitoba, including the Senior Centre Without Walls free telephone programming.

**Tel:** 1-204-956-6440

**Toll free:** 1-888-333-3121

**Website:** <https://www.aosupportservices.ca/>

**Email:** [intake@aosupportservices.ca](mailto:intake@aosupportservices.ca)

### **Manitoba 211 (all ages)**

Provides information on health and social services across Manitoba. Available in 150+ languages.

**Tel:** 211

**Website:** <https://mb.211.ca/>

### **Senior Resource Coordinators (ages 55+)**

Provide information, programming, and services to adults ages 55+ in various Manitoba regions.

**Full listing of contact numbers**, by region, in Manitoba Seniors Guide: p. 10-26

[https://www.gov.mb.ca/asset\\_library/en/seniors/seniors-guide-manitoba.pdf](https://www.gov.mb.ca/asset_library/en/seniors/seniors-guide-manitoba.pdf)



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