

National Seniors Strategy Evidence Informed Policy Brief

Make Addressing Ageism, Elder Abuse and Social Isolation a National Priority

Setting the Context:

Older Canadians are valuable members of our communities, yet many are vulnerable to various forms of ageism, abuse, mistreatment and isolation from the same communities that also value them. Ageism is commonly understood to be, “the stereotyping of, and discrimination against, individuals or groups because of their age”.¹ While this can include those who are young or old, ageism appears to be a more significant issue for older members of our society. Indeed, many have come to remark how this form of discrimination still appears to be the last acceptable ‘ism’ in our society.

Ageism is multi-faceted and manifests itself in multiple ways, such as prejudicial attitudes towards older people, old age, and the aging process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people.^{2,3} While there has been work undertaken in Canada and internationally to address ageism, it still remains a significant problem. In a recent Canadian survey on ageism, **63%** of respondents 66 years of age and older indicated that, “they have been treated unfairly or differently because of their age”.⁴ Comparatively, **80%** of Canadians agree with the statement, “older adults 75 and older are seen as less important and are more often ignored than younger generations”; while **51%** agree that, “ageism is the most tolerated social prejudice when compared to gender or race-based discrimination”.⁵ That the vast majority of participants expressed these views on ageing should be a cause for concern.

Negative attitudes regarding older Canadians can have a significant impact on their health, well-being, and involvement within our communities. Indeed, ageism can influence the way we make decisions about others based on age-related biases. We see ageism play out all the time within areas such as health care when we let a person’s age, rather than their overall status, influence our decisions to conduct a test or provide a treatment, or even in the workforce where we may let a person’s age, rather than their experience and abilities, influence a hiring decision. Mandatory retirement was only ended in Canada in December 2006 when the federal government officially repealed the section of the Canadian Human Rights Act that permitted mandatory retirement. Nevertheless, according to a recent poll, 74 % of Canadians still consider age discrimination to be a problem in the workplace.⁶ Finally, when we fail to recognize that older persons may have special needs that we should accommodate accordingly, it raises concerns that we may not value this population in our society as much as we should.

Below we provide an overview of two specific consequences often linked to ageism: elder abuse and social isolation.

Elder Abuse

The World Health Organization defines the abuse of older adults as “a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that causes harm or distress to an older person.”⁷ Elder abuse can destroy an older person’s quality of life, and significantly increase their overall risk of death. Elder abuse can take several forms, including physical abuse, psychological or emotional abuse, financial abuse, sexual abuse, and neglect. Table 1 provides a description of the different forms of elder abuse.

Table 10.1 Understanding the Several Forms of Elder Abuse⁸

Financial Abuse	The most common form of elder abuse, financial abuse, often refers to the theft or misuse of money or property like household goods, clothes or jewelry. It can also include withholding funds and/or fraud
Psychological (Emotional) Abuse	The wilful infliction of mental anguish or the provocation of fear of violence or isolation is known as psychological or emotional abuse. This kind of abuse diminishes the identity, dignity and self-worth of the senior. Forms of psychological abuse include a number of behaviours, for example: name-calling, yelling, ignoring the person, scolding, shouting, insults, threats, provoking fear, intimidation or humiliation, infantilization, emotional deprivation, isolation or the removal of decision-making power.
Physical Abuse	Any physical pain or injury that is wilfully inflicted upon a person or unreasonable confinement or punishment, resulting in physical harm, is abuse. Physical abuse includes: hitting, slapping, pinching, pushing, burning, pulling hair, shaking, physical restraint, physical coercion, forced feeding or withholding physical necessities.
Sexual Abuse	Sexual abuse is understood as contact resulting from threats or force or the inability of a person to give consent. It includes, but is not limited to: assault, rape, sexual harassment, intercourse without consent, fondling a confused older adult, intimately touching an older adult during bathing, exposing oneself to others, inappropriate sexual comments or any sexual activity that occurs when one or both parties cannot, or do not, consent.
Neglect	Neglect can be intentional (active) or unintentional (passive) and occurs when a person who has care or custody of a dependent senior fails to meet his/her needs. Forms of neglect include: withholding or inadequate provision of physical requirements, such as food, housing, medicine, clothing or physical aids; inadequate hygiene; inadequate supervision/safety precautions; withholding medical services, including medication; overmedicating; allowing a senior to live in unsanitary or poorly heated conditions; denying access to necessary services (e.g., homemaking, nursing, social work, etc.) or denial of a older adult’s basic rights. For a variety of reasons, older adults themselves may fail to provide adequate care for their own needs and this form of abuse is called self-neglect.
Systemic Abuse	Our society, and the systems that develop within it, can generate, permit or perpetuate elder abuse. Most prevalent is discrimination against older adults, due to their age and often combined with any of these additional factors: gender, race, colour, language, ethnic background, religion, sexual orientation, ability, economic status or geographic location.

Understanding the prevalence and severity of elder abuse is difficult to ascertain since, in many instances, abuses are often underreported or go unnoticed. This is due largely in part to many older persons not willing to report elder abuse because of the social stigma attached to it or because of their concern regarding the consequences of reporting a loved one or caregiver. For instance, reporting abuse could mean the withdrawal of care or the loss of their caregiver, making their decision to report that much more difficult. As a result, while it is estimated that up to **10% of older Canadians experience a form of abuse**⁹, it's estimated that "only **one in five** incidents of elder abuse are reported".¹⁰

In 2013, while up to 500,000 older Canadians may have experienced a form of abuse, Statistics Canada also estimated that approximately **8,900 older Canadians were also the victims of a violent crime**.¹¹ While older adults are the least likely demographic to suffer violent crime, they are the population most at risk of suffering violence at the hand of a family member or relative¹², and police-reported violence against older adults appears to be on the rise. Other and more hidden and common forms of elder abuse are also on the rise. For example, likely related to the recent economic downturn, large Canadian law firms report seeing a striking increase in the number of challenges to Power of Attorney and other abuse related claims – but most commonly those related to financial abuse.¹³ Health Canada notes that financial abuse of older adults tends to be the most common form of abuse (62.5 %), followed by verbal (35 %) and physical abuse (12.5 %), along with neglect (10 %).¹⁴ Primary caregiver stress has also been shown to significantly contribute to the incidence of elder abuse, highlighting the need to provide unpaid caregivers with increased supports.

Elder abuse is also more complicated than abuse in other age categories – such as child abuse – since older adults tend to be capable of addressing issues themselves. However, the power imbalances that can occur in relationships between older adults and their families or caregivers, especially if the former is dependent on the latter for having one's living or care needs met, further complicates these situations. The increasing prevalence of older Canadians living with dementia, functional impairments, or poverty due to the recent economic downturn, is placing older adults in vulnerable positions that could allow them to become victims of abuse or neglect. Furthermore, determining when health, social and community care, and public safety professionals have a duty to report elder abuse and neglect (as we do with child abuse and neglect) is another aspect that will need to be revisited. Older adults may neglect to take care of their personal health and well-being, often due to declining mental awareness or capability. Some older adults may also choose to deny themselves health or safety benefits, which may not be self-neglect, but a reflection of their personal choice. While difficult, caregivers and other responsible parties must honour an older person's choice to live at risk, especially if the older adult is capable of making such a choice. There is a need to keep in mind our own biases that often conflict with a person's right to make decisions, particularly when those decisions do not comply with conventional recommendations.

As Canada's population ages, the potential exists that elder abuse will increase unless it is more comprehensively recognized and addressed. At a minimum, we will need to do better as a nation at raising awareness among older Canadians and members of the public about elder abuse and neglect so they can better understand when and how they should provide help.

Social Isolation

Older Canadians are particularly at risk of becoming socially isolated. We have become a society less likely to live in intergenerational households and communities, and less likely to participate regularly in traditional faith-based or social groups. Furthermore, the growing presence of physical and cognitive limitations as we age, along with the fact that older adults also tend to outlive their decision to stop driving by up to a decade, may all contribute to further limiting one's ability and or willingness to interact with others.

Therefore, the increased social frailty that can develop with time as a result can put older Canadians at particular risk of becoming socially isolated, especially if they outlive their spouses or partners, family members, or friends. A report focusing on aging in rural and remote areas of Canada noted that social isolation can be caused by having a lack of transportation options, amongst other factors.¹⁵ The latest Canadian Healthy Aging Survey noted that 27% of its older Ontarian respondents, for example, reported they were not socially connected with others, while 17% reported feeling isolated.¹⁶ We know that social isolation can have a significant effect on a person's overall health and well-being, and therefore finding ways to minimize this in our communities should remain a priority.

A National Seniors Council Report on the Social Isolation of Seniors (2014)¹⁷ determined that older Canadians are at increased risk for social isolation when:

- Living alone;
- Being age 80 or older;
- Having compromised health status, including having multiple chronic health problems;
- Having no children or contact with family;
- Lacking access to transportation;
- Living with low income;
- Changing family structures, younger people migrating for work and leaving seniors behind, and location of residence (e.g. urban, rural and remote); and
- Critical life transitions (e.g. retirement).



Social isolation is considered both a risk factor for as well as a result of elder abuse, representing the complexity and importance of the social network around the health and well-being of older Canadians.¹⁸ Though rates of social isolation are not widely available, reasonable estimates report that up to **20% of older adults currently experiencing some degree of social isolation**¹⁹ – a phenomenon likely to increase significantly with our evolving demographics and changing social community norms toward independent living. While the negative effects of isolation are primarily borne by older adults themselves, our communities are at risk of suffering from the lack of involvement of our valued older community members as well. Indeed, missing the contributions of older adults can lead to, “a lack of social cohesion, higher social costs, and the loss of an unquantifiable wealth of experience that older adults bring to our families, neighbourhoods and communities”.²⁰

Finally, concerted efforts on behalf of the Canadian government have been made to raise awareness around and address issues of elder abuse and social isolation in our country. Some key initiatives have included:

- Launching of the Elder Abuse - It's Time to Face the Reality Awareness Campaign on television, print and online in 2009 followed by a public opinion survey that showed 91% of Canadians have a basic awareness of elder abuse.²¹
- Passage of the Protecting Canada's Seniors Act in 2013 which amended the Criminal Code of Canada so that age is considered an aggravating factor for criminal sentencing purposes.
- Adoption of the Canadian Victims Bill of Rights in 2014 that gives statutory rights to victims of crime.
- Launching of the Government of Canada's www.seniors.gc.ca website in 2015 as online awareness and resource centre that includes specific sections on elder abuse and social isolation.

What Are the Issues?

1. Age-Related Social Issues such as Ageism, Elder Abuse, and Social Isolation Pose Significant Negative Health Risks for Older Canadians

Ageism, Elder Abuse, and Social Isolation in all of its forms, negatively impacts the health of older adults. While some forms of elder abuse, including physical or sexual abuse, in particular have more obvious negative health implications²², other forms of elder abuse such as financial abuse have the potential to deprive older adults of basic necessities for health and wellbeing. Additionally, ageist stereotypes based on perpetuated myths regarding the abilities and competencies of older adults affect their ability to remain active and valued members of society. Similarly, social isolation – whether it is self-imposed or imposed upon by others – is also known to have tangible and significant effects on the health status of older Canadians.

In a meta-analysis of 148 studies, authors demonstrated that social isolation is a significant predictor of death.²³ Further, as a predictor of early mortality, social isolation was as strong a predictor as smoking over 15 cigarettes a day or excessively consuming alcohol.²⁴ Social isolation has been proven to lead to engagement in adverse health behaviours such as: smoking, drinking and maintaining an unhealthy diet.²⁵ This may help explain why isolated older adults are more likely to experience a fall, coronary heart disease, stroke, suicide and depression.^{26,27} Evidence further suggests that social isolation is a correlate of specific illnesses such as dementia. Specifically, “the lack of supportive social networks has been linked to a **60% increase in the risk of dementia and cognitive decline.**”²⁸ Importantly, social inclusion is a significantly protective factor against death and dementia.^{29,30}



2. Elder Abuse and Social Isolation have Systemic Cost Implications

The impact of social isolation and elder abuse on the individual health status of older Canadians also directly results in broader health and social system costs. For example, social isolation has been shown to be a significant risk factor for hospitalization³¹ and hospital re-admission³² amongst older adults. In fact, socially isolated older adults are four to five times more likely to be admitted to hospital than older adults in general.³³ Disease specific costs known to be correlated to social isolation, such as heart disease, stroke, dementia and depression as well as falls are themselves significant. Finally, social isolation has been identified as one of the top four predictors for placement into most costly long-term care settings.³⁴

3. Certain Populations are More Vulnerable to Experiencing Social Isolation and Elder Abuse

Current evidence suggests that there are specific older populations of Canadians that are particularly at risk of experiencing social isolation and elder abuse. The National Seniors Council Report on the Social Isolation of Seniors (2014)³⁵ highlighted the following specific populations as being at greatest risk:

- Older adults with physical, mental health issues (including older adults with Alzheimer's disease or other related dementia, or multiple chronic illnesses)
- Low income older adults
- Older adults who are caregivers
- Aboriginal older adults
- Older adults who are newcomers to Canada or Immigrants (language proficiency issues, separation from family, financial dependence on children, low levels of interethnic contacts, discrimination); and,
- Lesbian, gay, bisexual or transgendered older adults

Older immigrants arriving in Canada under the family class category were highlighted by the Special Senate Committee on Aging as a particularly vulnerable group³⁶ mainly because they are subjected to a ten-year sponsorship period. As a result, sponsored parents or grandparents are not entitled to any form of social assistance even if they become citizens during this time. This means that these older adults will remain ineligible for the Old Age Security (OAS) and Guaranteed Income Supplement (GIS) benefits that other income-taxpaying older Canadians would receive.³⁷ In addition, many vulnerable older immigrants would not have had any employment history in Canada, thus making them ineligible for the Canada Pension Plan (CPP) unless they come from a country with a reciprocal pension agreement. This also leads to sponsored older adults having limited or no access to more economic forms of home and community care, or even long-term care, until after being resident for ten years. With many of these older adults having no independent sources of income, as a result they live in a vulnerable state due to their limited options. In being largely dependent on their families, this sometimes places them at increased risk of abuse, exploitation or neglect.

In 1997, the Government of Canada made the decision to reduce the period of sponsorship for spouses and partners from ten to three years in recognition of the potential for abuse in sponsorship arrangements³⁸ and in line with the time it takes to become a Canadian citizen. Therefore, many argue that a similar reduction of the immigration sponsorship period for parents and grandparents could significantly improve the settlement of sponsored older adults in Canada and alleviate the distress they may experience in the process of integration.

4. Some Forms of Isolation and Elder Abuse Seem to be Regionally Contingent

Available data on family violence demonstrates that despite national awareness efforts previously mentioned, rates of elder abuse can vary significantly by province and territory but with a tendency to occur mostly in rural settings.³⁹ Police-reported family violence against an older adult, for example, is significantly higher in Canada's territories compared with all other jurisdictions while New Brunswick, Alberta and Saskatchewan were the three provinces with the highest reported rates of family violence (See Table 2).⁴⁰ Taken together, these findings help point to complex social, geographic and economic factors underlying higher prevalence of this form of elder abuse in certain regions.

Table 2. Senior Victims of Police-reported Family Violence, by Sex of Victim, Province and Territory⁴¹

Senior victims of police-reported family violence, by sex of victim, province and territory, 2013

Province and territory	Female victims		Male victims		Total	
	number	rate ¹	number	rate ¹	number	rate ¹
Newfoundland and Labrador	29	63.0	32	78.4	61	70.2
Prince Edward Island	5	39.8	5	46.7	10	43.0
Nova Scotia	68	79.1	40	55.0	108	68.0
New Brunswick	52	76.3	45	76.8	97	76.5
Quebec	476	67.1	260	44.4	736	56.9
Ontario	530	49.7	284	32.1	814	41.7
Manitoba	54	59.2	56	73.4	110	65.7
Saskatchewan	54	66.8	55	80.3	109	73.0
Alberta	182	79.1	143	71.7	325	75.7
British Columbia	255	67.8	216	63.6	471	65.8
Yukon	3	181.8	7	369.4	10	282.1
Northwest Territories	15	1,193.3	10	757.6	25	970.1
Nunavut	15	2,564.1	11	1,708.1	26	2,115.5
Canada	1,738	62.7	1,164	49.7	2,902	56.8

¹ Rates are calculated on the basis of 100,000 seniors (65 to 89 years). Populations based upon July 1st estimates from Statistics Canada, Demography Division.

Note: Senior victims refer to those aged 65 to 89 years. Family violence refers to violence committed by spouses (legally married, separated, divorced and common-law partners), parents (biological, adopted, step, foster), children (biological, adopted, step, foster), siblings (biological, adopted, step, half, foster), and extended family. Excludes incidents where the victim's sex and/or age was unknown. Victims aged 90 years and older are excluded from analyses due to instances of miscoding of unknown age within this age category.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Incident-based Uniform Crime Reporting Survey.

Evidence Based Policy Options to Consider

1. Improving Awareness around Social Isolation and Elder Abuse:

The federal government has thus far supported general awareness campaigns around issues of elder abuse. While a general awareness exists around the issue of elder abuse amongst Canadians, specific forms of elder abuse, such as financial abuse, are on the rise and require a better public understanding of how to identify and effectively deal with these issues.

The federal government has also funded work that has further identified older populations that are most at risk of social isolation and elder abuse as well.⁴² In particular, rural and aboriginal populations have been identified as being at particular risk of experiencing social isolation as well as violent crimes. Understanding and addressing the complex cultural and societal issues related to social isolation and elder abuse, will require a multi-faceted approach. The federal government is in a position to lead the development and dissemination of more general and specifically targeted approaches to raising awareness and preventing social isolation and elder abuse in partnership with provinces and territories.

2. Addressing the Higher Rates of Elder Abuse in Rural, Aboriginal and Immigrant Populations

Identifying the factors that drive some forms of elder abuse is highly important for designing targeted elder abuse interventions. The evidence is clear that social, cultural, geographical and economic factors likely play a significant role in regional patterns and presentations of elder abuse that exist. Furthermore, rural dwelling older adults are also increasingly prone to social isolation, neglect and other forms of abuse by virtue of living rurally – that is to say, that in many rural communities where access to transportation and/or services are sparse or nonexistent. As a result, when older adults in these settings are forced to outlive their decision to stop driving, their ability to stay connected and access supports and services is immediately challenged. The federal government could therefore provide leadership to prioritize work that helps to understand and address issues of social isolation, abuse and violent crimes in these communities.

In 1997, the Government of Canada made the decision to reduce the period of sponsorship for spouses and partners from ten to three years in recognition of the potential for abuse in sponsorship arrangements⁴³ and in line with the time it takes to become a Canadian citizen. Older immigrants were highlighted by the Special Senate Committee on Aging as a particularly vulnerable group and the only remaining group to be required to endure a 10 year sponsorship period.⁴⁴ In line with the recommendation of the Special Senate Committee on Aging, the Government of Canada should reduce the immigration sponsorship period for older relatives and the residency requirement for entitlement to a monthly pension under the Old Age Security Act be reduced from ten to three years as well in order to significantly improve the settlement of sponsored older adults in Canada and alleviate the risk of abuse they may experience in the process of integration.

Supporting Documents

- ¹ WHO. (2012). Fighting stereotypes. Available at: http://www.who.int/ageing/about/fighting_stereotypes/en/
- ² Wilkinson, J and Ferraro, K. Thirty Years of Ageism Research. In Nelson T (ed). (2002). Ageism: Stereotyping and Prejudice Against Older Persons. Cambridge, Massachusetts: Massachusetts Institute of Technology Press.
- ³ Nelson, T, ed. (2002). Ageism: Stereotyping and Prejudice Against Older Persons. Cambridge, Massachusetts: Massachusetts Institute of Technology Press.
- ⁴ Revera. (2012). Revera report on ageism. Available at: [http://www.reveraliving.com/about-revera/news/publications/report-on-ageism-\(1\)/report_ageism](http://www.reveraliving.com/about-revera/news/publications/report-on-ageism-(1)/report_ageism)
- ⁵ Revera. (2012). Revera report on ageism. Available at: [http://www.reveraliving.com/about-revera/news/publications/report-on-ageism-\(1\)/report_ageism](http://www.reveraliving.com/about-revera/news/publications/report-on-ageism-(1)/report_ageism)
- ⁶ Lewis, S. (2012). Canadians Believe Employers Discriminate Against Older Workers. Age Discrimination Info. Available at: <http://www.agediscrimination.info/News/Pages/ItemPage.aspx?Item=657>
- ⁷ World Health Organization. (2008). A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide. Geneva, Switzerland.
- ⁸ Ontario Network for the Prevention of Elder Abuse (ONPEA). (2012). Forms of Elder Abuse. Available at: <http://www.onpea.org/english/elderabuse/formsofelderabuse.html>.
- ⁹ Bain, P and Spencer, C. - Government of Canada. (2009). Federal/Provincial/Territorial Ministers Responsible for Seniors in Canada - What is Abuse of Older Adults? Ottawa, Ontario.
- ¹⁰ <http://www.elderabuseontario.com/wp-content/uploads/2014/03/Government-of-Canada-Action-for-Seniors-Report-ENG.pdf>
- ¹¹ <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.pdf>
- ¹² <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.pdf>
- ¹³ Popovic-Montag & Hull (2013). Financial abuse of seniors is on the rise in Canada. Available at: http://www.huffingtonpost.ca/suzana-popovicmontag/financial-abuse-of-seniors_b_3749125.html
- ¹⁴ Government of Canada. Health Canada. Elder Abuse. Available at: <http://www.hc-sc.gc.ca/hppb/familyviolence/html/eldereng.html>
- ¹⁵ Government of Canada. (2011). Public Health Agency of Canada - Age Friendly Rural and Remote Communities: A Guide. Ottawa, Ontario.
- ¹⁶ Government of Ontario. Ministry of Health and Long-Term Care, Health System Information Management and Investment Division, Health Analytics Branch. 2012. In Focus: Seniors in Ontario – Staying Healthy, Staying at Home – An Analysis based on Statistics. Canada’s 2008/2009 Healthy Aging Survey. The Quarterly Report. Fall/Winter, Pre-release Version.
- ¹⁷ http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml
- ¹⁸ http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml

- ¹⁹ http://www.imfcanada.org/sites/default/files/Growing_Old_Alone_April_2014.pdf
- ²⁰ http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page05.shtml#base_7
- ²¹ Action Plan (2014): <http://www.elderabuseontario.com/wp-content/uploads/2014/03/Government-of-Canada-Action-for-Seniors-Report-ENG.pdf>
- ²² Royal Canadian Mounted Police (RCMP). (2012). RCMP Info Sheet. Available at: <http://www.rcmp-grc.gc.ca/ccaps-spcca/elder-aie-eng.htm>
- ²³ http://www.imfcanada.org/sites/default/files/Growing_Old_Alone_April_2014.pdf
- ²⁴ http://www.imfcanada.org/sites/default/files/Growing_Old_Alone_April_2014.pdf
- ²⁵ Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2-3), 137-152.
- ²⁶ Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2-3), 137-152.
- ²⁷ http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page05.shtml#base_14
- ²⁸ Fratiglioni, L., Wang, H.X., Ericsson, K., Maytan, M. & Windblad, B. (2000). Influence of Social Network on Occurrence of Dementia: A Community-based Longitudinal Study. *Lancet*. 355(9212): 1315-9.
- ²⁹ http://www.imfcanada.org/sites/default/files/Growing_Old_Alone_April_2014.pdf
- ³⁰ Fratiglioni, L., Wang, H.X., Ericsson, K., Maytan, M. & Windblad, B. (2000). Influence of Social Network on Occurrence of Dementia: A Community-based Longitudinal Study. *Lancet*. 355(9212): 1315-9.
- ³¹ Greysen, S. et al. (2013). Does social isolation predict hospitalization and mortality among HIV+ and uninfected older veterans?. *Journal of the American Geriatrics Society*. 61(9), pp. 1456-63.
- ³² Mistry R. et al. (2001). Social isolation predicts re-hospitalization in a group of American veterans enrolled in the UPBEAT program. *International Journal of Geriatric Psychiatry*. 16(10), pp. 950-9.
- ³³ Nicholson, N.R. (2012). A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *Journal of Primary Prevention*. 33 (2-3), 137-152.
- ³⁴ <http://www.hqontario.ca/evidence/publications-and-ohtac-recommendations/ontario-health-technology-assessment-series/aging-in-the-community-social-isolation-in-commun>
- ³⁵ http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml
- ³⁶ Government of Canada. Special Senate Committee on Aging. (2009). *Canada's Aging Population: Seizing the Opportunity*. Ottawa, Ontario.
- ³⁷ Metropolis Centre. (2010). *Speaking with Senior Immigrant Women and Sponsoring Families: A First-Language Investigation of the Needs for Holistic Approaches to Service*. Toronto, Canada.
- ³⁸ Deshaw, R. (2006). *The History of Family Reunification in Canada and Current Policy*. Canadian Issues. Spring: 9-14.
- ³⁹ <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.pdf>
- ⁴⁰ <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.pdf>

⁴¹ <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.pdf>

⁴² http://www.seniorscouncil.gc.ca/eng/research_publications/social_isolation/page00.shtml

⁴³ Deshaw, R. 2006. The History of Family Reunification in Canada and Current Policy. Canadian Issues. Spring: 9-14.

⁴⁴ Government of Canada. Special Senate Committee on Aging. (2009). Canada's Aging Population: Seizing the Opportunity. Ottawa, Ontario.