

Summary Document

Environmental Scan of Social Isolation Programs



Background

The environmental scan was conducted to capture an overview of the current landscape of social isolation programs. The scan consisted of two focuses: social isolation programs in British Columbia (BC) and a sub-scan of social isolation programs for people living with HIV (PLHIV) across Canada. Any active program whose explicit focus was to reduce social isolation, reduce loneliness, and/or increase social connection was included in the scan. This purpose of this exercise is to inform a knowledge translation tool for the TIE study, where programs identified in the scan would form a guidebook to be used in focus groups. The environmental scan captures the various strategies used by programs to reduce social isolation, quantifies the focus demographics, and highlights the various approaches and frameworks used by the programs.

Methods

To gather information, province-specific "211" resource directories and CATIE's "Programming Connection" tool were used as primary databases. Google searches were also conducted to capture programs outside these sources. Lastly, programs identified through community input, via PAN members and partners, were also included in the environmental scan results. The programs identified do not make up a comprehensive list of services offered but are instead meant to provide a detailed overview of the current program landscape.

Social Isolation Program Activities across British Columbia

In BC, 74 programs that aimed to reduce social isolation and promote social connection were identified. Of the programs in BC, 49% were aimed at senior demographics. The majority of programs were concentrated to major metropolitan areas, like Vancouver or Victoria, and their surrounding areas. Most programs were centred around discussion-based activities, while other primary activities were centred around food, physical activity, art, and education. In nearly all cases, the programs offered a wide range of opportunities to participants to engage with peers in an effort to reduce social isolation. Nearly all the programs were group-oriented, though some offered one-on-one programming in the form of phone calls or prescribed companionship.

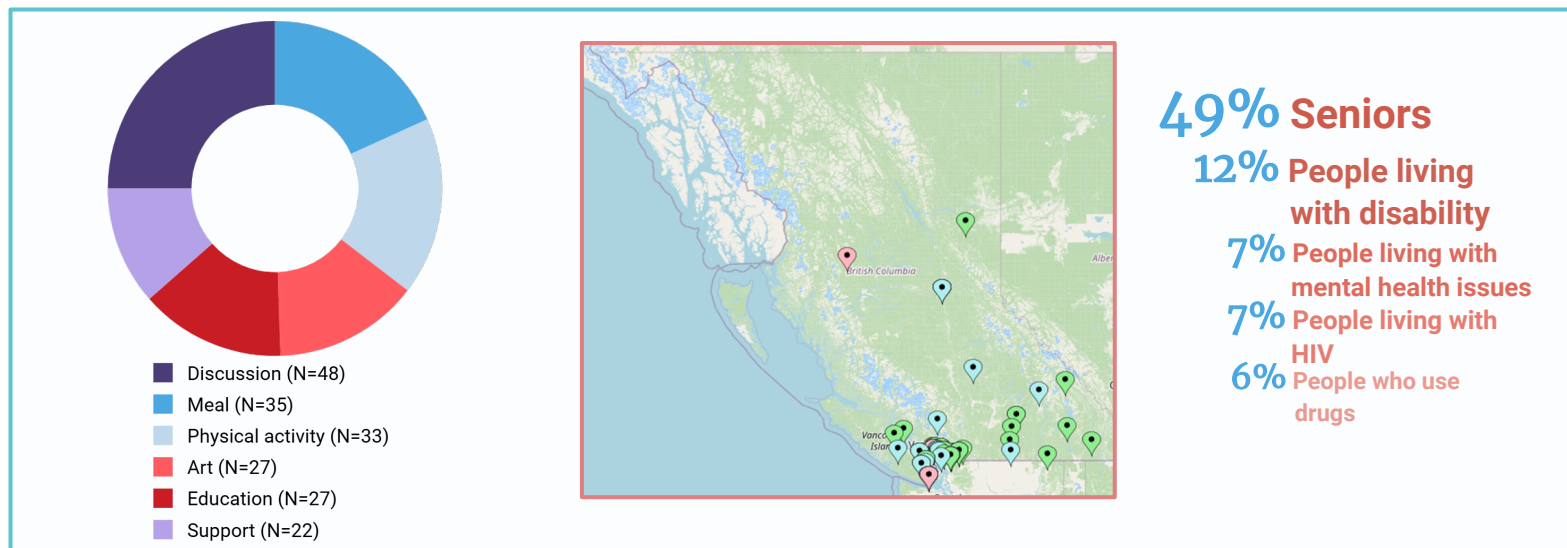


Figure 1. The distribution of the top 6 activities used by social isolation programs identified in the scan to facilitate connection between participants.

Figure 2. The geographical distribution of social isolation programs throughout BC and their focus demographic. Green dots: seniors; pink dots: PLHIV; blue dots: other.

Figure 3. The top 5 demographics of interest within the programs identified in the scan.

Social Isolation Program Activities Across Canada for PLHIV

The sub-scan yielded 26 programs for PLHIV experiencing social isolation across the country. The identified programs for PLHIV across the country were nearly exclusive to major metropolitan areas, with the exception of programs located in Smithers and Prince George. Similar to the social isolation programs identified across BC, discussion-based and meal-centred activities were the most common kinds of programming. The programs overwhelmingly used group-based and multidisciplinary approaches to reduce social isolation for PLHIV. The flexibility and client-centred approach of the programs for PLHIV is illustrated by the shift in the most common activities between the scans. For example, programming that involved physical activity much less common in the sub-scan and programming related to cultural activities was much more prevalent.

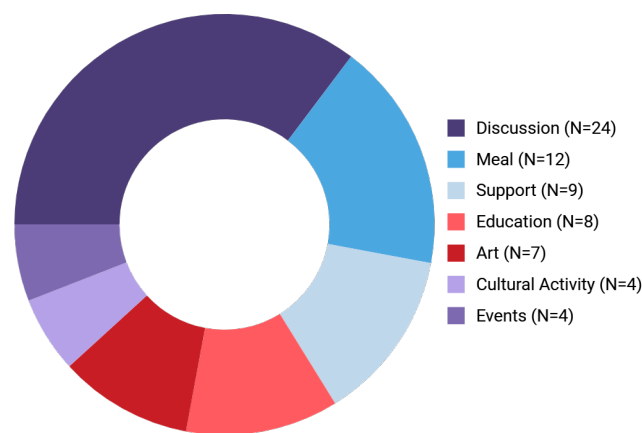


Figure 4. Depicts the distribution of the top 7 activities used by social isolation programs identified in the scan for PLHIV.

Common Approaches

Capacity building to reduce social isolation

Many programs identified in the scan used a multi-pronged approach to reducing social isolation by integrating capacity building educational or workshop opportunities. By using this approach, the programs are both actively contributing to reducing social isolation by engaging participants in group settings and are also empowering people to reduce their own social isolation by providing them with the tools to integrate into society in different ways. Examples include language learning, healthcare navigation guidance, financial planning, and computer skill training.

Low-barrier and client-centred principles

Most programs were designed to be as low-barrier as possible. Nearly all programs in the scan were offered free or at a very low cost to participants, did not have an extensive intake process, and generally did not require referrals. Programs also offered various forms of support to its participants to minimize any obstacles preventing them from accessing the program. Examples include giving rides, facilitating carpooling, providing meals, and offering flexible programming to meet specific needs.

Peer engagement

Another common strategy used by some of the programs to encourage participation and reduce social isolation was providing opportunities for peer engagement. In many cases, peers are offered leadership, mentor, or support positions in the program. This is likely an effort by many programs to improve equity and the effectiveness of the program through shared decision making, ensuring that programming is relevant and important to participants,¹ and to promote comfort.

Evidence-based approaches driving program philosophies and frameworks

Many programs identified in the scan aimed to reduce social isolation as an evidence-informed approach to address a secondary public health issue. Some examples of this occurring include:

- The HYPE program is directed towards youth living with HIV and is based on the philosophy of "connection = retention". The program aims to reduce social isolation in this population to improve healthcare retention as youth transition from pediatric to adult care systems.
- The Kettle Society is predicated on the principle that drawing a sense of self from membership in social groups can help people to achieve their goals in their substance use recovery journeys.
- 7% of programs in the scan were supported by the Canadian Mental Health Association. These programs were motivated to reduce social isolation to mitigate its negative effects on mental health.

Discussion

Common approaches

Most programs followed a similar structure and offered a variety of activities to its participants, were centred around group activities, and offered peer engagement opportunities, like volunteering and leadership roles, to its participants. In most cases, the programs followed low-barrier principles and offered flexible, client-centred options. This becomes evident between the scans as general programming shifts to accommodate the specific needs of PLHIV populations. For many programs, capacity building was a key component in its effort to reduce social isolation for its participants in broader context by building their personal skillset. Generally, the approaches taken by many of the programs follow the evidence-based recommendations outlined by the Canadian Coalition for Seniors' Mental Health, including capacity building, social, physical, and psychological activities, and were applied to both senior groups and other population groups of interest.¹ In some cases, programs employed efforts to reduce social isolation as a means of achieving a secondary public health goal, like healthcare system retention for youth living with HIV or substance use recovery for people who use drugs.

Urban bias

There was a clear bias in the landscape of social isolation programs observed in both scans towards larger, metropolitan areas. This trend is not entirely unexpected; health programs and strategies are generally urban-focused, making rural location an important determinant of health.² However, there are several reasons for this trend that highlight the limitations of this environmental scan. It is possible that there are many programs that implicitly reduce social isolation and loneliness, through the way they support their participants or gather groups of people. Unless efforts to reduce social isolation are explicitly outlined a key initiative of the program it will be excluded or suppressed in the results, despite still doing the work. Efforts to reduce social isolation in rural areas might also rely on informal gatherings and information may be spread through word of mouth.³ Given that the environmental scan is not meant to be an exhaustive list of social isolation programs, it is likely that websites and program information in urban areas have a higher number of website visits, favouring these programs as "top hits" in the search results.⁴

Conclusion

Both environmental scans revealed a wide variety of approaches used by programs to reduce social isolation and loneliness and improve social connection. The results of this scan will be used to inform decision-making and policy and program recommendations in the TIE Study focus groups.



Figure 5. Examples of the results revealed in the environmental scan that can be used for knowledge translation with the TIE Study.

Program Showcase

The programs included in the showcase on the subsequent pages are meant to highlight the wide variety of approaches the programs identified in the environmental scans use to reduce social isolation. Each program uses a unique format, exists within different social and cultural contexts, and works with a different population group.

2. Leimbigner, B., Li, E. P. H., Rush, K. L., & Seaton, C. L. (2022). Social, political, commercial, and corporate determinants of rural health equity in Canada: An integrated framework. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, 113(5), 749–754. <https://doi.org/10.17269/s41997-022-00630-y>

3. Ablah, E., Long, N., Pacheco, C. M., Sutter, M., Bohnert, S., Wolff, S. F., & Finocchiaro-Kesster, S. (2025). Community case study: Community-driven strategies to build a socially inclusive rural county. *Frontiers in Public Health*, 13, 1644090. <https://doi.org/10.3389/fpubh.2025.1644090>

4. Bardach, N. S., Hibbard, J. H., Greaves, F., & Dudley, R. A. (2015). Sources of Traffic and Visitors' Preferences Regarding Online Public Reports of Quality: Web Analytics and Online Survey Results. *Journal of Medical Internet Research*, 17(5), e102. <https://doi.org/10.2196/jmir.3637>

Program Showcase

HYPE: HIV-Positive Youth Peer Engagement

The HYPE program seeks to build capacity among youth with HIV, reduce social isolation by building a network of peers, and facilitate cooperation between different levels of care systems in the Durham region. Peer leaders within the organisation organise meetups in their communities, manage online tools for communication, and facilitate a matching program for youth struggling with their transition in efforts to reduce social isolation. The social groups, or "Pozy" meet-ups, is both an online messaging group and in-community session.

For more info: <https://www.catie.ca/programming-connection/hiv-positive-youth-peer-engagement-hype>



The Women's Support Group

The Women's Support Program was developed to address the challenges, shaped by gender, relationships, and culture, that women living with HIV face in Toronto. Groups sessions, "Women's Zone", and coffee nights are held with a focus on socialising, learning, and connecting. Capacity building is offered through trainings and mentorships. Some specific activities include yoga, art therapy, coffee, cooking, and meals. Women are encouraged to showcase their cultural background through meal nights once a month. One-on-one support is also offered through the program for those who do not feel comfortable in a group setting or disclosing their HIV status to others.

For more info: <https://www.catie.ca/programming-connection/womens-support-a-program-for-women-living-with-hiv>



Humjoli

A program for socially isolated South-Asian Women in Surrey to provide connection to community and resources. Activities are organised by participants and dedicated volunteers and include music, meditation, exercises, peer sharing, educational talks, and special events. Barriers: an \$8000 yearly budget! This is mitigated by a \$2 drop-in fee for participants and is supported by a larger organisation for staff and space. A lack of reliable public transit is also an issue for many participants, so volunteers provide about 20 rides a week to facilitate participation.

For more info: <https://bc.healthvagingcore.ca/featured-programs-and-initiatives/humjoli-progressive-intercultural-community-services-society>



Recovery Café with the Kettle Society

The program aims to build stability, strong relationships, and a sense of belonging for people who are recovering from addiction, unhoused, or experiencing mental health problems in Vancouver. Its programming fills gaps in recovery journeys from substance use, mental illness, and being unhoused. Core commitments include creating substance free community spaces, encouraging group contribution, ensuring responsible stewardship, and working to end systemic racism and socioeconomic inequality. The program offers extremely diverse programming, some of which includes talk circles, music lessons, educational workshops, meditation, and puppets.

For more info: <https://www.thekettle.ca/recoverycafe>



SURR Programs Showcase

Penticton's Senior Drop-in Centre

This program is a community-funded, non-profit, run by volunteers in Penticton. The program aims to "reduce isolation, cultivate connections, and increase capacity and purpose" in the lives of the seniors in their community. The program is offered to anyone over the age of 50. The centre offers a wide variety of activities, including dinners, yoga, games, music, events, and computer skills training. The program is membership and seniors can join by paying a low annual fee.

For more info: <https://www.pentictonseniors.ca>



St. Ann's Garden Club

This program, located in Duncan, seeks to reduce isolation, improve physical strength, and assist in developing relationship for older adults with age-related dementia, or older adults living with mental and/or who use drugs. The central idea of the program is based on horticultural therapy. The program also offers, arts and craft, woodworking, board and card games, and music. Through these secondary programs, the group creates garden paraphernalia, like trestles and bee houses, to support the horticulture program.

For more info: <https://www.providence.bc.ca/our-programs>



Moving Forward Program

The Moving Forward Program with the Revelstoke Women's Shelter connects women in the community who are transitioning from abusive or isolated environments. The program centres trauma-informed yoga, art, and creativity as spaces to socialise, connect, and build confidence. A month-long stay is typically offered to people staying in the shelter. Support is also offered 24/7 through phone lines and staffing.

For more info: <https://www.providence.bc.ca/our-programs>



Soup Social

The Soup Social is run through the food security programs with the organisation "People for a Healthy Community" on Gabriola Island. It is a weekly drop-in event open to anyone in the community. The program provides nutritious meals free or by-donation. The idea is to foster social connection and strengthen relationships within the community in a casual setting.

For more info: <https://www.providence.bc.ca/our-programs>

