



SILVER CHAIN

EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

A Randomised Controlled Trial of Silver Chain's Social Enablement Program: Background and Methodology

Candice Patterson
Research Assistant
Silver Chain Research Department

ERA Conference
Tuesday, 18 November 2008

who cares...
we care

EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

Previous Silver Chain research:

- 42 – 62% new clients depressed
- 41% new clients lonely
- 3x more likely to be depressed if lonely
- 2.4x more likely if have unmet social/emotional needs



Other research - social isolation/ loneliness related to:

- Reduced ability to cope with frailty
- Reduced ability to remain independent
- Poor physical health
- Earlier admission to residential care

Reference: Lewin, G., and J. Calver. 2006. Older home-care clients who screen positive for depression. *Australasian Journal on Ageing*. 25(2): 84-88

who cares...
we care



- Model developed and implemented by Age Concern UK in five sites.
- Led by a Program Co-ordinator and utilises volunteers
- Uses Task Centred Practice approach
 - Assessment/Goal Setting
 - Time limited intervention that is focussed on practical tasks
 - Review
- Evaluated qualitatively and found to have positive outcomes for clients

Reference: Age Concern UK. 2003. "So much more than just walking!": An evaluation of a pilot programme of social rehabilitation projects provided by Age Concerns in five locations in England. University of Birmingham, UK.



- Funded by the Silver Chain Foundation for 18 months
- Objectives:
 - Develop and implement a Social Rehabilitation program in a defined geographical area
 - Conduct a formative evaluation of this process
 - Measure the effectiveness of the program in terms of client outcomes and as judged by all stakeholders
 - Make recommendations re. the future of social rehab
- 1 program co-ordinator, 40 - 50 clients, 10-20 volunteers
 - Absence of funding for client/volunteer roles
- Formative evaluation
 - Measures of depression, loneliness and wellbeing

The Good and The Bad



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

- **Individualised Approach**
 - “Get to know you” before setting goals and developing strategies
- **Goal setting**
 - Identify what goals are at beginning
- **Volunteer role**
 - Peer support
- **Task centred practice**
 - Baby steps but focus on goal achievement
- **Targeting of “Independent” clients**
 - More likely to complete program and have fewer complex issues that may delay goal achievement

- **Role combination**
 - Client co-ordinator
 - Volunteer co-ordinator
- **Volunteer recruitment**
 - Low numbers
- **Targeting clients with complex support needs**
- **Number of co-ordinator visits**
 - Client involved in 2 relationships
 - Expensive model
 - Co-ordinator doing things volunteer could
- **Strict 12 week time limit**
 - (Av LOS 20 wks)
- **Some referral processes**

who cares...
we care

Client Outcomes



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

n=21	Baseline	Program End		3 Month Follow-up	
	mean	mean	p	mean	p
Geriatric Depression Scale 15 item	5.67	4.24	.027*	3.90	.006*
UCLA Loneliness Scale Revised version	45.05	40.29	.033*	39.57	.014*
Personal Wellbeing Index	62.83	69.65	.097	72.86	.027*
n=40		fully	partially	fully	partially
Goals Achieved		67.5%	17.5%	67.5%	15.0%

*Indicates statistically significant using *t* test

No changes in Service utilisation

who cares...
we care



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

- **Implemented by Team Leader**
 - Team Leader has minimal contact with clients. Contact for referral and separation processes, and as a “back up” when volunteer not available
 - Team Leader role mainly to train, recruit and support volunteers
- **Increased volunteer autonomy**
- **Evaluation changed to a Randomised Controlled Trial with a waitlisted control group**
 - Measures of depression, loneliness, social support, and personal wellbeing
- **Targeted to specific group of clients**
 - Eligibility is objective: must be “Independent”, HACCC eligible, English speaking, no dementia, live in North catchment area, over 65.
 - Suitability more subjective: low needs, self caring.
- **More flexible time limit**
- **Clear referral processes**

who cares...
we care



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

- Do individuals participating in Silver Chain's Social Enablement program have improved outcomes in terms of loneliness, depression and wellbeing after completion compared to individuals who are waitlisted for the program?
- When this latter group of individuals take part in the program after the waitlist period, will they subsequently show similar levels of improvement in these outcomes compared to the original intervention group?
 - It is possible that 35% of clients in the study will have a spontaneous resolution of their depressive symptoms at post-test irrespective of their assigned intervention.

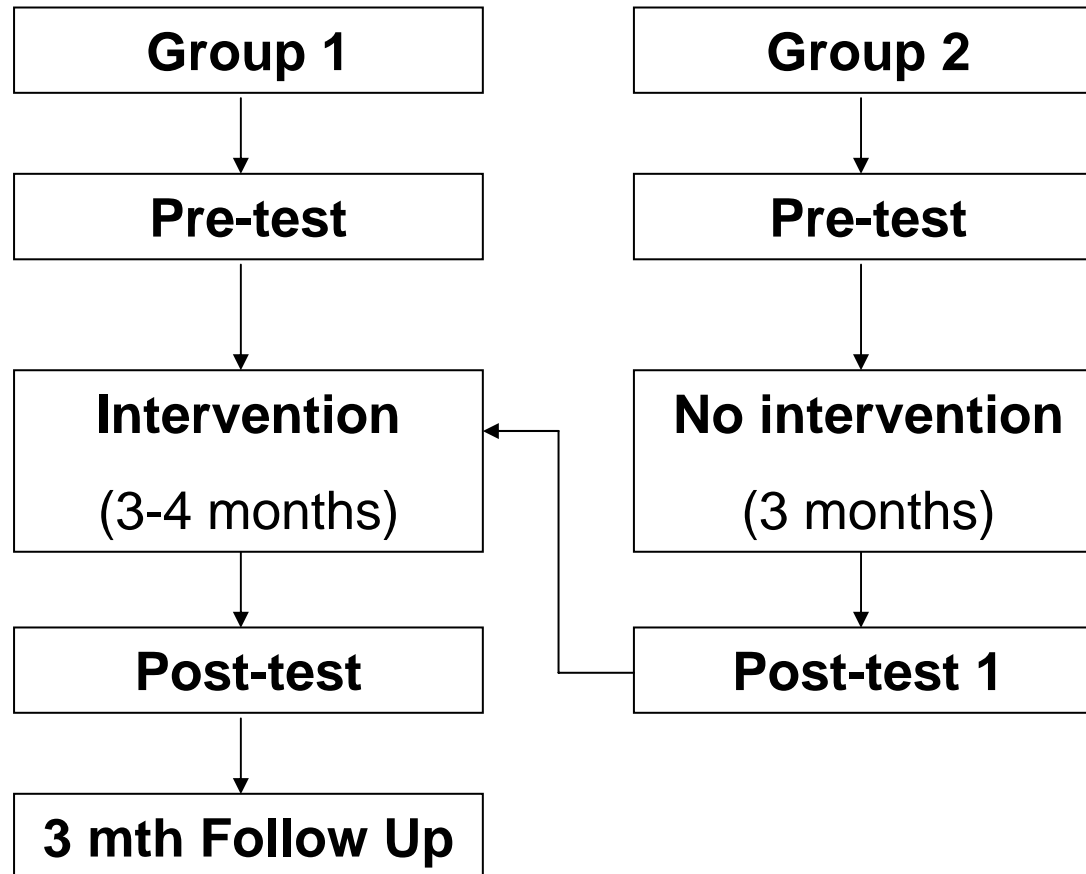
Reference: McCormack, B. 2006. Screening for depression and exploring the correlates of depressive symptoms in older home care recipients. Thesis (MSc), Curtin University.

who cares...
we care

RCT Evaluation Model



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.



Measures:

- 15 Item Geriatric Depression Scale
- Revised UCLA Loneliness Scale
- Personal Wellbeing Index
- 11 Item Dukes Social Support Index
- Life Events
- Goal Achievement

Sample size:

- 40 clients in each group
- Gives 82% power to detect .25 effect size for GDS-15

who cares...
we care

Progress So Far



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

- **6 ineligible referrals**
- **16 unsuitable referrals**
- **35 eligible/suitable clients**
 - 1 deceased prior to pre-test
 - 8 withdrew from program or after completing wait-period
 - 13 successfully completed
 - 7 currently linked to volunteers
 - 5 waiting (Group 2)
 - 1 not yet linked – no suitable volunteer
- **Pool of 20 volunteers**
 - Some have 2 clients at a time!

- **Challenges:**
 - Client initial perception of service – visiting/dating/taxi service
 - Group 2 clients forgetting about or declining the service at 3 months
 - Distance between clients and volunteer makes matching difficult, affects timelines
 - Life Happens! Volunteer/Client holidays, illness, family commitments can affect timelines
 - Clients not interested in writing down goals – hard to evaluate!
 - Team Leader resigned
 - 45 clients to recruit by May 09!

who cares...
we care

Questions?



EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

cpatterson@silverchain.org.au

The trial is funded by the
Silver Chain Foundation
with additional support from the
AAG's RM Gibson Research Grant

Thanks to:

- the clients and volunteers for their participation; and
- Silver Chain Home Support Management and Staff for their ongoing support of the trial

Ethics Approval from Silver Chain HREC

who cares...
we care