SILVER CHAIN

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The Implementation of a Model of Volunteer of Social Support for Older Home Care Clients

Candice Patterson

Research Assistant

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Silver Chain

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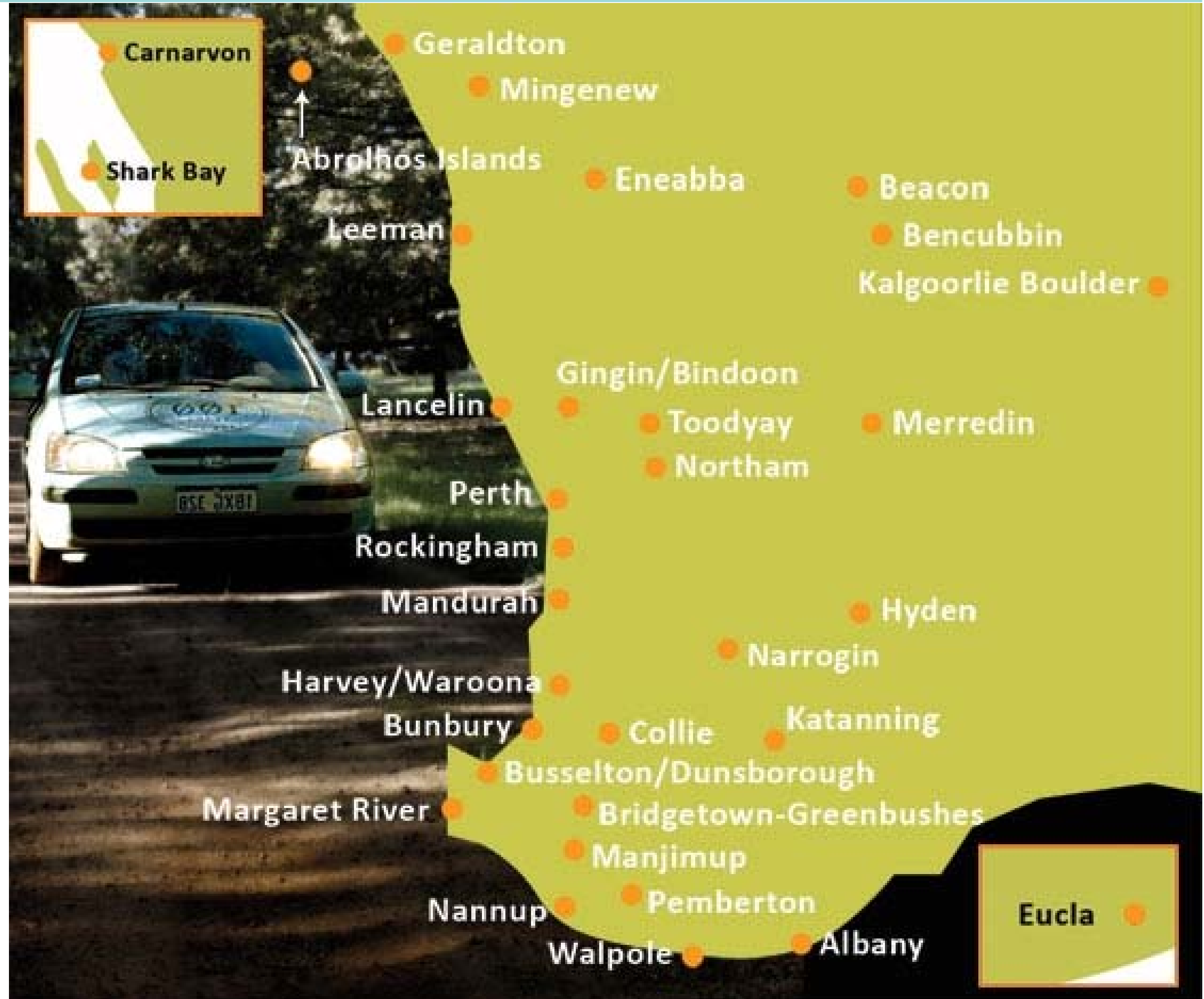
- Health + Aged Care Provider
- 100+ years old
- 2,535 staff and 440 volunteers
- Wide range of services
- 39,857 clients visited each year
- 1,608,936 home visits each year
- Research Department involved in design and evaluation of new service models



Overview

- Background
- The Social Enablement Model
- Evaluation and RCT
- Case Example
- Positives and Challenges of Implementation and Evaluation
- Questions

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Background

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

- Task Centred Practice (TCP)
- Assessment with SR Co-ordinator
  - In home
  - Non prescriptive 'talk around'
  - Individual identifies own goals
- Intervention with trained Volunteer
  - 'Doing with' not 'Doing for'
  - Facilitates goal achievement
  - Goals as diverse as clients
- Review with SR Co-ordinator
  - With client
  - With volunteer

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Social Rehab Results

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- **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
- **Positive impact on depression, loneliness and wellbeing**

- **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**

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Social Enablement Model

- 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", HACC eligible, English speaking, no dementia, live in North catchment area, over 65.
  - Suitability more subjective: low needs, self caring.
- More flexible time limit (around 3 months)
- Clear referral processes

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Social Enablement Model

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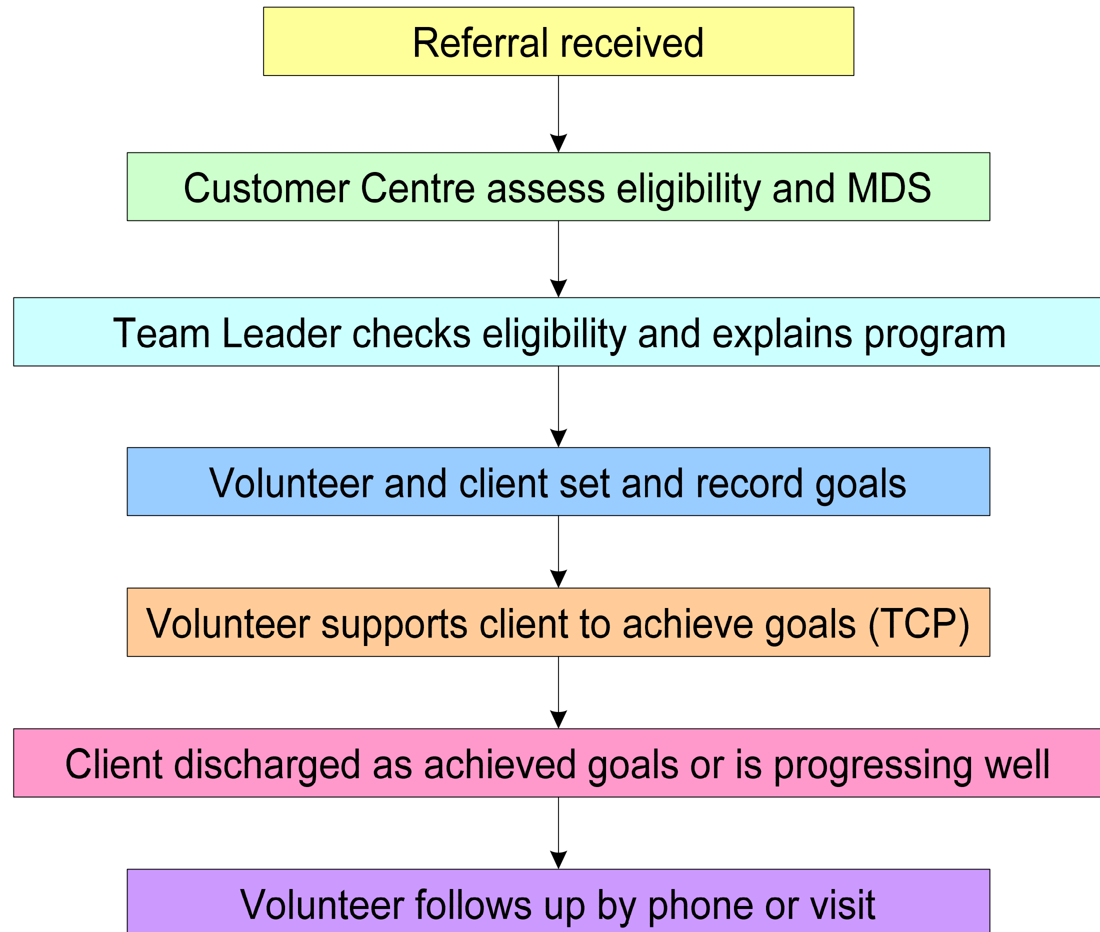

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RCT Design

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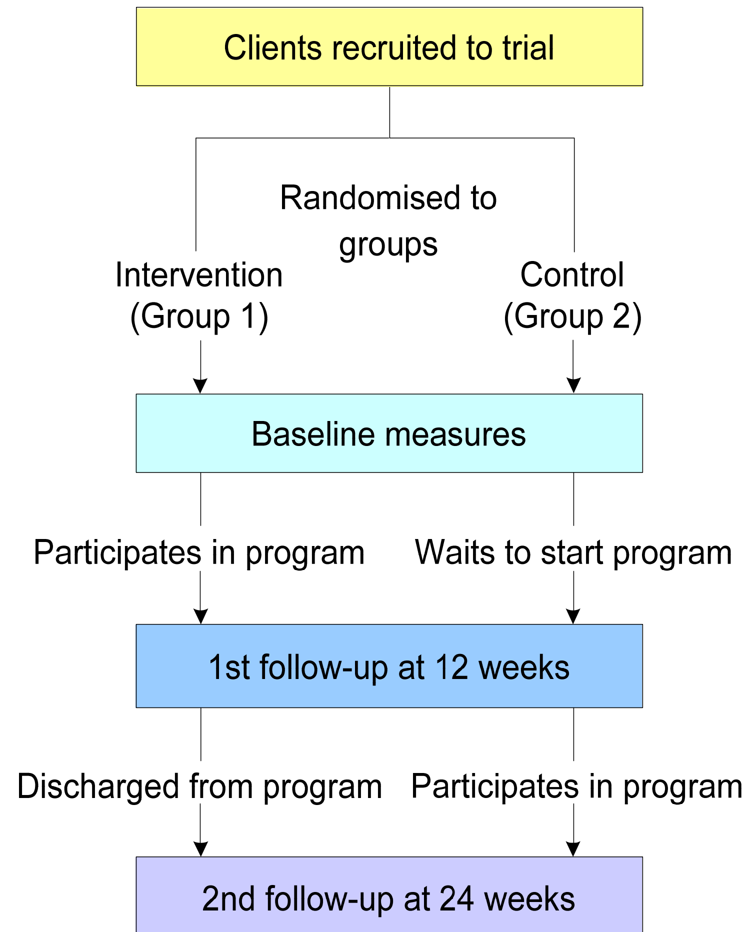

Measures:

- 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

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Case Study – Mrs B

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- Aged 80 years
- Lives in front house with Son in rear house
- Independent but poor mobility
- Doctor advised not to walk without walking frame, client non-compliant, due to bulky broken frame
- Felt "stuck" in her house
- Scored as moderately-highly depressed and lonely at baseline
- Son reluctant to take Mrs B along on shopping visits as client gets tired easily and needs to be seated quickly, old bulky frame also made transport difficult
- Given up attending church and family activities due to mobility
- Randomised to group 2 - waited for 3 months before meeting volunteer
- Scored as moderately depressed and much more lonely after waiting period

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Introduction of Volunteer

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- Enter Jean, Peer volunteer
- Identified problems with walking frame (size, age, integrity)
- Identified communication barrier between Son and Mrs B

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- Jean helped Mrs B identify need for use of walker for safety
- Mrs B organised appointment with Independent Living Centre (ILC)
- Son took Mrs B, they bought a new walker with seat, also a new shower chair
- Jean acted as mediator between Mrs B and Son re problem solving transport for shopping, church etc
- Son thought Mrs B didn't want to come shopping as gets tired
- Mrs B thought Son would think she would get in the way

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Success!

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Mrs B now:

- Uses walker as advised
- Uses shower chair
- Goes shopping with Son, sits on seat in walker if needed
- Son provides transport
- Attends monthly church lunches regularly
- Attends family lunches regularly
- **No longer depressed**
- But still lonely, follow up needed.

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Other examples

- Confidence Building and Problem Solving
- Trying new activities or reconnecting into old ones
  - Computing courses
  - Public transport
  - Book/Library Clubs
  - Movie Clubs
  - Community/Seniors Centres
  - Falls prevention/walking confidence
  - Church groups
  - Dancing lessons
  - Community Based Cognitive Behavioural Therapy

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- Getting referrals, client numbers
  - Reliance on gatekeepers (Care Aides, Domestic Staff, Customer Centre)
  - Inappropriate referrals despite efforts to improve
  - Inclusion criteria limits suitable clients
- Recruiting, training and retaining volunteers when client numbers are low
- Getting it right – ensuring we have a high quality training program for volunteers so we are doing the best we can for clients
- Keeping up to date with changes in the services available in the community, political changes
- Increasing levels of dependency and an expectation of services "doing for" – contradicts this independence model and can make life difficult for the volunteer who tries to "do with".
- Perception of volunteer as a "taxi service", or possible future spouse!

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- Volunteers:
  - Seeing clients become more independent, positive changes in their wellbeing and their attitude
  - How they feel about themselves when their client successfully completes their goals/program and they move onto the next client

- Team Leader:
  - Building relationships with Care staff (Care Aides, Domestic Staff, Care and Resource Co-ordinators)
  - Positive relationships with other community organisations ie ILC, Commonwealth CareLink, Transperth, Local Councils

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Challenges of Evaluation

- Numbers!
- Is “Goal Setting” an appropriate term for this age group? Clients generally unwilling to record goals, makes objective goal achievement difficult to evaluate!
- Clients don’t tend to complete after 3 months, as Life Happens! Volunteer/Client holidays, illness, family commitments can affect timelines
- Distance between clients and volunteer makes matching difficult, affects timelines
- Some clients intervention consists of high amounts of volunteer input while others have very minimal contact, which may be quite appropriate for their needs.
- Some clients randomised to wait for three months (controls) forget about or decline the service after the three months is up
- **Are we measuring the impact of the program as we intended to?**

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Questions?

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cpatterson@silverchain.org.au

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