



SILVER CHAIN

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# Social Enablement

- A New Model for Reducing Loneliness and  
Depression in Older People Receiving Home Care

Gill Lewin

Candice Patterson

15 May 2008

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# Presentation Outline



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- Background
- The Social Rehabilitation Model
- Original trial design
- Results after 1 year
- Refined model and trial design
- Current status



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Health + Aged Care  
Provider

100+ years old

2,550 staff and 650  
volunteers

Wide range of services

Over 40,000 clients  
visited each year

Nearly 1,500,000 home  
visits each year



## 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

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- Model developed by Age Concern UK  
“to complement health and social care services for older people by providing a structured input to help support the achievement of desired social roles and activities, and thereby improve the psychological as well as the social well being of service users”
- Piloted in 5 sites in England  
“projects have been successful in helping many older people to address problems of confidence and motivation, as well as environmental, circumstantial and personal problems that have prevented them from participating as fully as possible in the life of their choosing”

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- Task Centred Practice
  - Assessment
  - Time limited intervention
  - Review
- 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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- Funded by the Silver Chain Foundation for 18 months
- Objectives to:
  - 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
- Evaluation by Research Team:
  - Processes monitored throughout
  - Outcomes measured at start, 3 and 6 months

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# Evaluation Measures



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- Client Outcomes
  - Depression (GDS)
  - Loneliness (UCLA)
  - Well-being (PWI)
  - Goal achievement
  - Service use
- Program Processes
  - Program activity
  - Feedback from staff, clients, volunteers



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- Trial commenced Jan 2006
- Review of results Jan 2007
- Model refinement recommended
- Refunded for trial of new model
- New model – Social Enablement
- Evaluation design changed to RCT
- RCT client recruitment began Feb 08





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## Results at Twelve Months

- six months post program implementation

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# Referral Outcomes



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Referral Source	Completed	Withdrew	Declined/ Not Eligible	Total
Care Co-ordinator	4	3	7	14
Mail-Out / Home Help	17	4	2	23
Other	1	1	2	2
Total	22	8	11	41

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# Client Demographics



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## 30 commenced program:

- 73% female
- Average age 76 years
- 57% lived alone
- 50% no ADL needs, 97% needed help with 3+ IADLs
- 60% receiving HH only
- 97% receiving a pension
- 30% living in ILU



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- Recruitment strategies:
  - ads in local papers + community venues
  - articles in Link and West Australian
  - liaison with other volunteer organisations
- 24 people responded
- 10 completed SR training + linked with 15 clients
- 2 work in office
- 12 dropped out:
  - 5 changed mind,
  - 5 gained f/t employment
  - 2 family reasons
- Average age 65 yrs

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# Client Outcomes



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n=21	Baseline	Program End		3 Month Follow-up	
	mean	mean	p	mean	p
Geriatric Depression Scale	5.67	4.24	.027*	3.9	.006*
UCLA Loneliness Scale	45.0	40.3	.033*	39.6	.014*
Personal Wellbeing Index	62.8	69.6	.097	72.9	.027*

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# Client Goal Achievement



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	Program End		Follow-up	
	n	%	n	%
Goal achieved	27	67.5%	27	67.5%
Goal partially achieved	7	17.5%	6	15.0%
Goal not achieved	6	15.0%	7	17.5%
Total	40	100.0%	40	100.0%

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# Client View of Outcomes



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	<b>% satisfaction</b>
Initial expectations of the Program were met	95.2%
Achieved goal/s	95.2%
	<b>% agreement</b>
Network of friends/acquaintances has increased	70.0%
Confidence has increased in social situations	90.0%
Feel more independent	94.4%
Feel more involved in their community	90.0%
Have gained new skills from the Program	85.7%
Enjoyed participating in the Program	95.2%

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# Service Utilisation



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- No change in use of other services over program
- Average LOS for SR clients
  - 20 wks
- Average SR input
  - **2hrs 55min of assessment**
  - **12hrs 57min of social rehab**
  - **3hrs 13min of care planning**



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# Client View of Program



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	<b>% agreement</b>
The Program was flexible	95.2%
You had enough time to achieve your goals	90.5%
You were given a good understanding of program	100.0%
The volunteer had the skills they needed to assist	100.0%
You felt comfortable working with the volunteer	100.0%
The time spent with the volunteer was sufficient	81.0%
The volunteer was an essential part of your program	95.2%

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## Generally positive:

“For me it was a very, very positive experience”

“If one person helps one person, and that other person that’s been helped can help somebody else, it’s a chain reaction I think, so it is worth it yes”

## Room for improvement:

- Process issues eg: ID badges, training, procedures
- More involvement with determining interventions not “Just providing a taxi service”



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## What Worked Well



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- Individualised approach
- Goal focus
- Volunteer role
- Task centred practice
- Targeting of “Independent” clients



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



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- Targeting clients with low to moderate needs
- Volunteer introduced early
- Peer support model
- Volunteers assist clients to goal set and achieve goals
- Co-ordinator/Team Leader trains and supports volunteers
- More flexible time limit

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# Trial of New Model



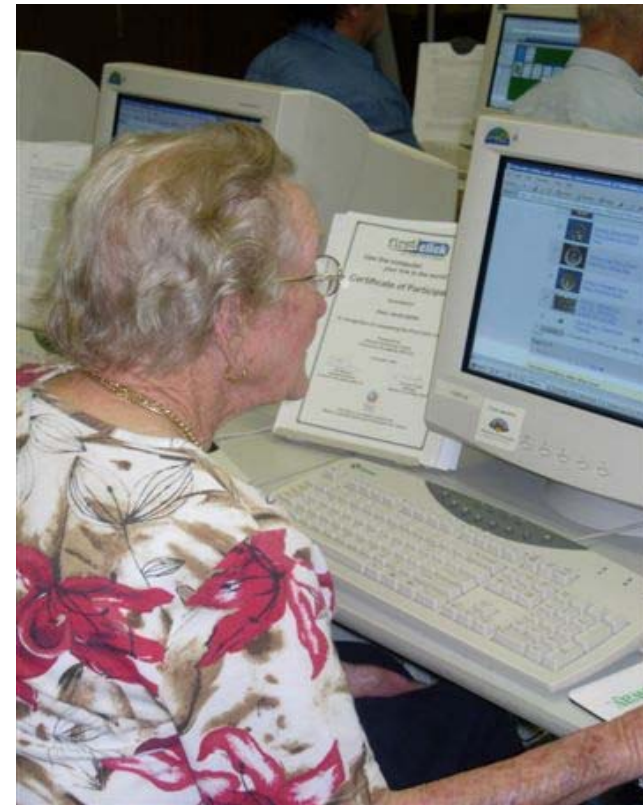
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## Funding:

- Silver Chain Foundation for 2 years

## Plan:

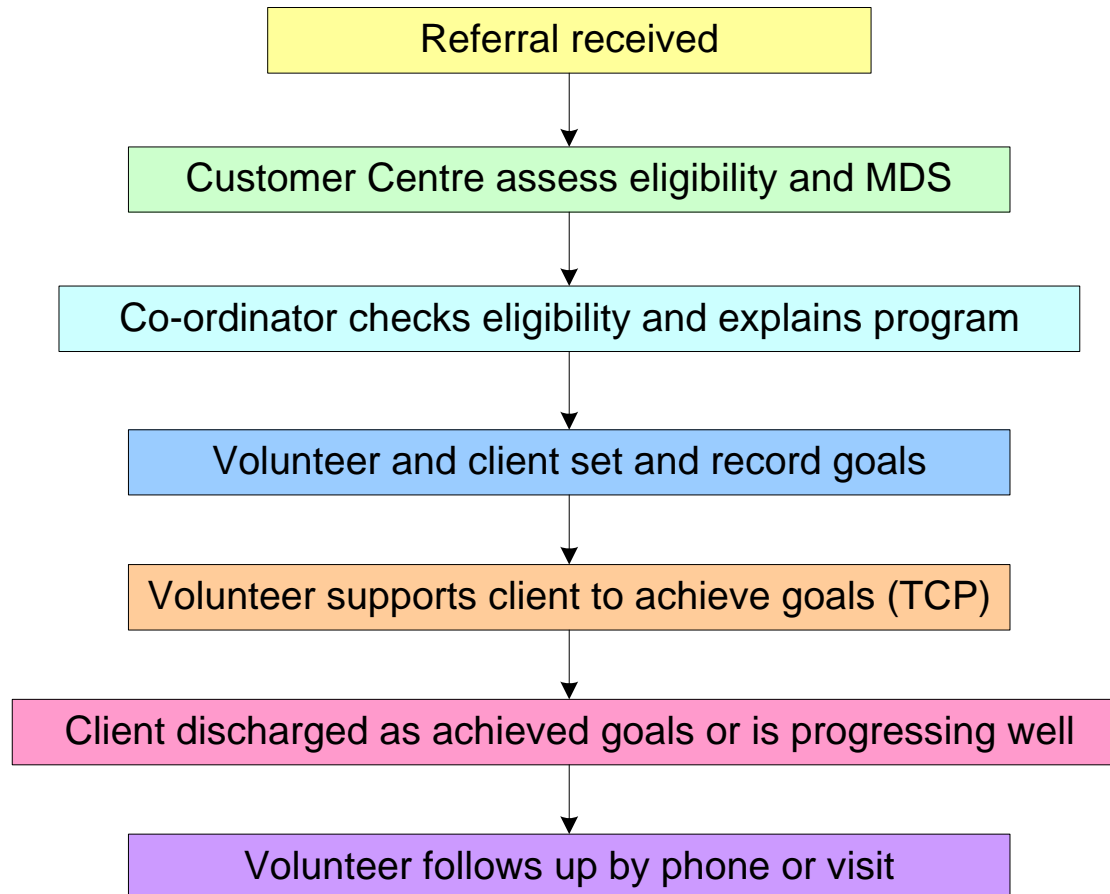
- Refinement + documentation of service model – Social Enablement
- Development of extended volunteer training
- Up-skilling of existing volunteers
- Recruitment of more volunteers
- Testing with 50-80 clients
- Randomised Controlled Trial
- Outcome measures as previous



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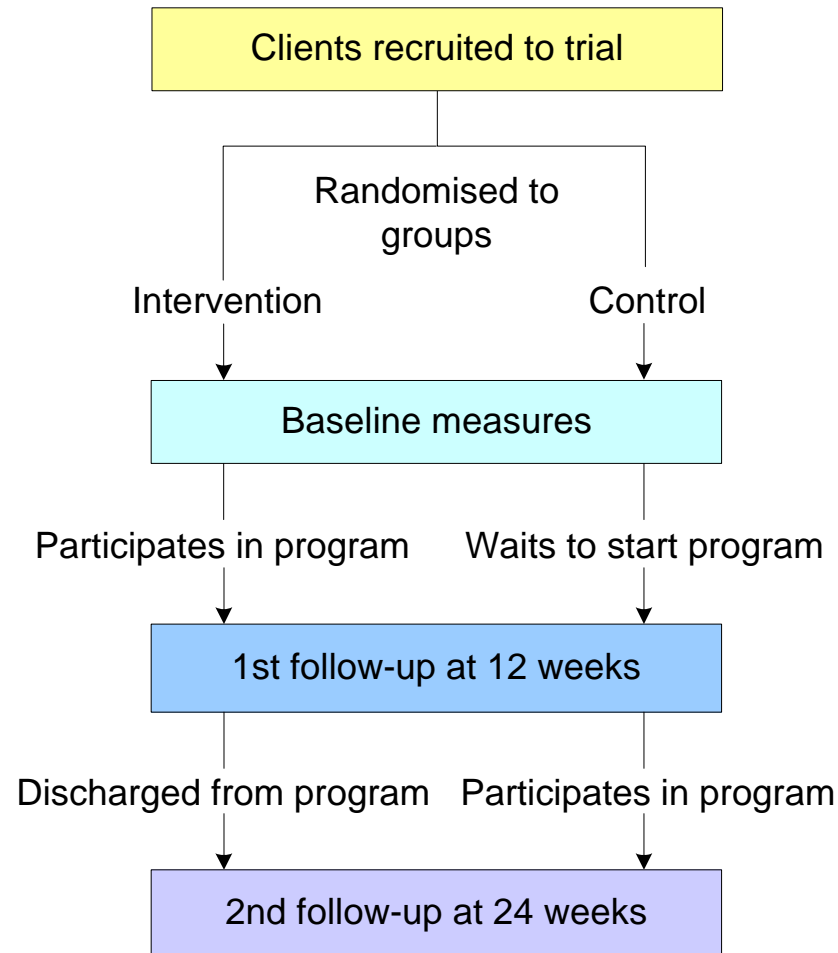


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# RCT Design



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## Current Status of Trial



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Sep 07	New co-ordinator commenced
Dec 07	Development of new service model completed
Jan 08	Volunteers recruited + trained (old + new)
Feb 08	Social enablement service implemented RCT commenced
End Apr	21 volunteers recruited + trained 22 clients recruited to trial

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## In Summary



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

- Social Rehabilitation shown to have good client outcomes
- Model not cost effective as could be
- Refined model – Social Enablement includes greater peer support
- RCT in progress, model working well



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The trial is funded by the  
**Silver Chain Foundation**

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We would also like to thank:

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

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Contact



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**For more information contact:**

**Gill Lewin**

**[glewin@silverchain.org.au](mailto:glewin@silverchain.org.au)**

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