# ISOLATED ELDERS

# *CLOSER TO HOME*

# DEMONSTRATION PROJECT

**January 1996**

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## A Descriptive Evaluation

by
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This report was prepared in collaboration with
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## INFORMATION FOR THE READER

This report follows the outline suggested for the evaluation of *Closer to Home* Projects; however, it differs in a number of important respects:

(1) It is longer, because it encompasses the research and development of a demonstration project that gives voice to the experience of participants (actual quotes from the data are italicized);

(2) The type is 14-point font which is easier to read for most people over the age of 40—i.e., the majority of people who will read it; and

(3) It provides a deeper understanding of the health issue of isolation.

If you have 20 minutes, read the volunteer comments (p. 3); executive summary (p. 5-7); health outcomes (p. 20-24); and recommendations (p. 29-32).

For their assistance and support we wish to acknowledge the following people from Century House:

Joy Barkwill, Manager
Lesley Cole, Recreation Programmer
Gulzar Rasul, Food Services Coordinator

*The most valuable experience for me was developing a relationship with the isolated elders and being able to connect them with the services they require.*

*The woman I visited was negative toward the whole thing when I met her. The first time I called on her she didn't want to let me in, the second time she was waiting at the door, and the third time the door was open and she was waiting at the gate.*

*When I first started, I had no idea the impact it would have on me. I started for something to do and it has done so much for me. I am hooked and I have to continue. It's made me look further, deeper into people, and understand them better. It always makes me feel good to help others, but this project has given me more. The project has given me back a purpose in life that I had lost. The real value is in the needs of the volunteer being met—it creates energy, positivity, creativity.*

*We have just scratched the surface. By caring, we are able to give our elders a sense of belonging, a renewed interest in living and a healthier outlook. Any improvement in mental health now has the potential to save dollars in the foreseeable future.*

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# EXECUTIVE SUMMARY

1. Introduction. Independence and rugged individualism are hallmarks of North America Society. However, independence is of no value if it cuts people off from one another. In today's world, that is what's happening to people of all ages. Isolation is a particular problem for older people, because when they are without social support they are "at risk" of mortality and morbidity. As one senior volunteer said,

> *When we are shut off from one other, we have too much time to think. Time to think of real or imagined illnesses. Time to think of past disappointments and hurts. Time to think what might or could have been. When we are out with others we don't focus on the negatives and we adopt a healthier outlook.*

The purpose of this demonstration project is to support isolated elders through outreach. The goal is to get seniors "out of their homes" and back into the community, assisting them to make decisions and take action on their own behalf. The process involved training a group of volunteers to interview elders, using a mini-life review technique to encourage reminiscence. In listening to their stories, the volunteer's task was to discover the elder's needs and barriers to socialization, and to link them to community resources. Objectives of the project were:

(1) To recruit and train volunteers in interviewing and assessing need;
(2) To identify isolated elders in the community;
(3) To offer elders an opportunity to be connected with a peer;
(4) To link elders to programs and services;
(5) To reduce hospital utilization by elders over time; and
(6) To evaluate the project formatively and summatively.

The project spanned a 15-month period and involved an average of one day per week of the project manager's time. The process of development and evaluation satisfies the criteria for participatory research promoted by the B.C. Health Promotion Consortium—i.e., it combines community development, education, and research. The project was divided into three phases reflecting the primary focus of activities: (I) community development; (II) training volunteers; and (II) connecting elders.

2. Evaluation Methods. Evaluation protocols were designed by the project evaluator in consultation with the project manager. In addition to providing data to evaluate the project, the evaluation process provided new knowledge concerning the problem of isolation. Methods included: (a) pre and postest questionnaires; (b) a take-home questionnaire concerning isolation; (c) a summary of the "service" based on documentation provided by the project manager; (d) a take-home questionnaire to volunteers concerning benefits to themselves, elders, and the community; and (e) a focus group with volunteers.

3. Observations and Findings. The primary purpose of the project is to serve the needs of isolated elders, however, the emphasis was on service delivery to volunteers during the first year: volunteers received service in the form of education and training designed to promote healthy aging. The objectives of the project were achieved as follows.

(1) Ten volunteers received 40 hours of intensive training. The evaluation of training showed significant improvements in their level of confidence in communicating with elders and in knowledge of community services to seniors.
(2) Thirty-six elders were identified who lived independently in the community and "didn't get out much." Ages ranged from 60 to 100 years.
(3) Twenty-three elders engaged in a life-review process with volunteers. Ten volunteers spent approximately 170 hours conducting the review and sharing information about community resources.
(4) Linking elders with community services continues: two have been linked with a visiting program; two were referred to peer counseling; one was referred back to Long Term Care; three are still engaged in the life-review process; six elders are maintaining contact with volunteers; six will be referred to a visiting program; one received the information she needed; one's health changed, requiring medical intervention; and one moved.

4. Recommendations. Everyone involved in this project was adamant that it must continue. As one volunteer put it:

> *Social and economic changes to both family structure and healthcare serices are having a negative effect on isolated elders. Someone has to ensure that every isolated senior is being reached and served.*

In collaboration with the project manager, volunteers, and the steering committee, 18 specific recommendations are made concerning the need to serve elders, the role of volunteers, training, and future research and evaluation.

5. Conclusion. The first year of this project has been successful in demonstrating the value of expert education and training to senior volunteers who play an increasingly important role in the network of formal and information support services to seniors. The kind of education volunteers received affected not only what they are able to do, but their health, their energy, their enthusiasm, and their commitment to serving the community. The challenge for Year II is to continue documenting the development of the program, and to gather longitudinal quantitative data that demonstrates the effectiveness of the program in helping elders maintain their independence, develop healthy social connections, and remain in their own homes; and its effectiveness in reducing hospital admissions and health dollars.

# 1. INTRODUCTION

*The isolated elder is starving for human companionship and interaction with their peers.*

Independence and rugged individualism are hallmarks of North American society, and many older adults of today were raised with Ralph Waldo Emerson's essay on "self-reliance" as their personal creed. However, independence is of no value if it cuts people off from one another. In today's world, that is what's happening. Isolation is a particular problem for older people, because when they are without social support they are "at risk" of mortality and morbidity.

A fundamental conflict between dependence and independence occurs throughout life in western society. We emphasize self-reliance and independence, and this fosters loneliness. As people age, they tend to become either more independent and isolated from others or they give up, want or demand to be taken care of. What is really needed is healthy interdependence—mutually beneficial social connections.

How do we help people move beyond independence and dependence to embrace interdependence? Carlson (cited in Sapp, 1995) suggests that

> we must acknowledge that at times we do need help, and accept it. Reaching for—or providing—a helping hand does not stop us from learning "to tie our own shoes." Next we must learn to love one another as we are, adopting a doctrine of acceptance, instead of manipulating and trying to reshape others. In healthy interdependence, respecting the personhood of others can happen. Finally, we must bear the burdens if we are to enjoy the benefits of society. As responsible citizens, we are part of a society of giving and receiving (p. 13).

How do we, as responsible citizens, reach out to those isolated elders who are lonely, help them to become more interdependent, and connect them with a social network of support? We begin by establishing a knowledge base from which to develop an effective outreach program.

## 1.1 Outline of the Report

This report follows the outline suggested for the evaluation of *Closer to Home* Health Projects proposed by the Health Management Resource Group. Because the project encompasses the research and development of a training program, this section includes a review of the literature and an outline of project activities. Evaluation methods are contained in Section 2. In Section 3, information is provided concerning the target population (isolated elders) and volunteers; services delivered and service gaps identified; an assessment of the training program; benefits to volunteers and elders; perceptions of the program provided by volunteers; and information concerning program costs. Section 4 outlines the recommendations, followed by general conclusions in Section 5, and extensive appendices. In reporting the results of the project evaluation and the recommendations, every attempt was made to give voice to the experience of volunteers. (Actual quotes from the data are italicized in the text).

## 1.2 Project Goals and Objectives

The purpose of the project is to support isolated elders through outreach. The goal is to get seniors "out of their homes" and back into the community, assisting them to make decisions and take action on their own behalf. The process involved training a group of volunteers to interview elders, using a mini-life review technique to encourage reminiscence. In listening to their stories, the volunteer's task was to discover the elder's needs and the barriers to his/her socialization, and ultimately to link them to community resources. This project satisfies the criteria for participatory research promoted by the B.C. Health Promotion Consortium—i.e., it combines education, community development, and research.

Objectives of the project were:

(1) To recruit and train a group of volunteers in interviewing strategies and assessing need;

(2) To identify elders in the community who are socially inactive and isolated.

(3) To offer elders an opportunity to become connected to a peer through a mini life review process with a trained volunteer;
(4) To link elders to programs and services (e.g., peer counseling);
(5) Ultimately, over time, to reduce hospital utilization by the target population;
(6) To evaluate the project formatively and summatively.

## 1.3 Review of the Literature

A review of the literature and current programs was undertaken to establish a knowledge base concerning isolated elders. A Search of the Ageline Database at the Gerontology Research Centre regarding "isolation" from 1984 to the present day provided a total of 37 articles, of which 12 articles were identifed as relevant to the issues. The Come Share Society's Isolated Seniors Project in the Surrey-White Rock region proved to be a valuable source of practical information. Preliminary questions that guided the review were:

- What/who is an isolated elder?
- What are the reasons for isolation?
- Why is it important to reduce social isolation?
- How can we identify and connect with those who are isolated?
- What kind of training do volunteers require?

### Who is Isolated and Why?

Tournier (1988) describes how circumstances in life (e.g., widowhood, death of older friends, family quarrels) may lead to solitude.

> There are many old people who have, without realizing the fact, been parties to, if not directly responsible for, the progressive isolation from which they suffer. They received letters that they failed to answer, they did not pay visits when they were able to do so, and they tend to withdraw into their shells and are unsociable (p. 24).

In other words, some people simply lack the social skills necessary to develop and maintain healthy relationships.

Research on the relationship between life stress and social support suggests that older adults frequently cope with difficult times by turning to significant others for assistance (Krause, 1991). However, certain kinds of stressful experiences (i.e., financial strain and the fear

of crime) may actually promote greater isolation from others. Chronic strain tends to promote distrust of others, and that distrust in turn leads to greater isolation.

Researchers have attempted to identify those most at risk. A study of isolation among the unmarried suggests that divorced and never-married men are more isolated from family than widowed men (Krause 1986). A sizeable minority of these unmarried seemed to be outside any informal system of assistance, and they were also more bereft of physical and financial resources. However, a review of indicators by Chappell & Badger (1989) failed to correlate information on living arrangements or marital status with measures of psychological wellbeing. In the final analysis, the research literature does not help us to identify the target population based on living arrangements. Whether or not a person is truly isolated seems to be an individual matter.

## Why Reduce Isolation?

We have recognized for some time that social ties are important to psychological well-being. Social surveys have tried to assess the extent of involvement with others, and the extent to which people have confidants or others whom they confide in. And surveys across age groups suggest that many people lack important social networks.

> There are risks associated with having no close ties. More specifically, older adults who do not have close relationships with others are more likely to have higher depressed affect scores than elderly people who develop and maintain strong social support networks. (S192,193)

A study by Caplan (1990) focused on adaptation, stress and loss in later life, and the effects on mental health. Loss of a loved one, home, job, money, bodily integrity (i.e., frailty, disability)—all force the individual to change his or her view of the world and of their place in it. According to Caplan, the critical mental health element is how the person manages to reorganize their belief system,

> . . . painfully giving up . . . outdated ideas about reality and replacing them by new ideas that would lead to adopting new missions in life and new ways of behaving (p. 29).

Studies show that if people who experience severe stress have adequate social support, they tend to survive relatively unharmed. Whereas, those who are exposed to the same type and degree of stress, yet have no social support, are more likely to be psychologically damaged by the experience. Furthermore,

> The most significant supports are not professionals. They include family, friends, neighbours, and informal or natural helpers. These people . . . counteract the elements that endanger mental health and contribute auxiliary resources that enable the stressed individual to behave like a person who is highly competent and resilent (p. 47).

Caplan concludes that

> By copying the operations of such natural supporters it may be possible to develop methods of fostering a mentally healthy outcome in individuals who lose essential attachments (p. 47).

We conclude that the most effective way to promote healthy adjustment to the losses associated with normal aging is to provide isolated elders with the kind of social support that most closely resembles "natural helpers". Such natural helpers could be trained to help elders re-examine their lives and present circumstances, and encourage them to change values and behaviours that are nonproductive and fail to promote healthy living. What kinds of program models exist that can assist us in developing an effective program of outreach to isolated elders?

Program Models

The Tenderloin Project (Minkler, 1985) is a community development model that fostered self-help and mutual aid amongst low-income elderly residents in single-room occupancy hotels in the San Francisco area. The project attempted to address the poor health, social isolation and powerlessness of isolated elders by fostering social support and social action, using principles of individual and community empowerment.

A project based in the New Westminster area (Hall et al., 1992) employed a community health nurse who visited frail elders living in their own homes referred to Long Term Care services. The visiting

nurse focused on assisting elders to take personal responsibility for health. While there were no significant differences in measures of health and well-being, the program was ultimately successful in keeping elders in their own homes and reducing admissions to hospital over a three-year period.

The Come Share Society's Isolated Seniors Project began as a three-year demonstration project leading to the development of a continuing program of outreach in the Surrey, White Rock region. A number of the scales and questionnaires from that research project have been adapted for this project. According to the Director, (Corrine Parrott, personal communication, August, 1995), the key to the program is the sensitivity of staff and volunteers:

> Everything depends on how staff communicate with clients and how information concerning their needs is obtained from them. For example, it sometimes took six visits for staff to get all the information that was required for the research phase of the project.

In approximately 25% of the cases, isolated elders are referred to a trained volunteer for the purpose of socialization.

Like Minkler's model and the Come Share model, the isolated elders project in New Westminster is a community development model—the focus is on empowering volunteers and elders and formalizing the informal system of social support. What is unique about this project is that trained senior volunteers, rather than staff, visit selected elders and engage them in a life-review process designed to help them identify needs, and volunteers make the appropriate referral in consultation with the Project Manager.

## 1.4 Description of Project Activities

The project is divided into three phases reflecting the primary focus of activities: (I) community development, (II) training volunteers, and (III) connecting elders.

Role of the Project Manager. The project manager's role included: administration; budget; advertising and promotion; recruiting, interviewing and screening volunteers; referring; developing the training

program; facilitating training and meetings; teaching; writing and editing; matching volunteers with elders; and evaluating.

Phase I: Community Development (January to June, 1995). The emphasis in the first phase was on community development. The project manager's role included promoting the program community-wide, researching the literature on "isolation" and investigating other isolated elders projects.

To create community involvement, the program was advertised and promoted through written information and speaking engagements. Information flyers were distributed at flu clinics, to all community agencies serving seniors (approximately 35), and to the Simon Fraser University Gerontology Centre Newsletter, the Royal City Record NOW, the New Westminster City News, and The News (see Appendix B).

Presentations were made to the following groups:

- Seniors Services Coordinating Group
- Lifelong Learning Group (Century House)
- Health Drop-in Group (Century House)
- Ladies of the Eastern Star
- Parkinson's Support Group
- Mental Health Centre Staff
- Continuing Care Staff

The project managers activities during this start-up phase included:

- developing the outline and timeframe for the project
- discussions with other project managers
- reviewing the literature
- preparing the the promotional materials
- developing the evaluation procedures and questionnaires with project evaluator
- recruiting the volunteers
- developing the training program
- developing the mini-life review questionnaire
- meeting with volunteers to discuss the project and recruit participants
- meeting with the Steering Committee

Meetings were also held with the following key individuals:

- Beryl Petty, Senior Peer Counseling Program, Century House
- Bill Munn, Mental Health Centre
- Liz Burgess, Seniors Well Aware Program (alcohol, drugs)
- Edna Anderson, Queensborough O.A.P.O.
- Jim Wilson, retired professor who teaches reminiscence.

Phase II: Training and Education (July to October, 1995)

> There is nothing training cannot do. Nothing is above its reach. It can turn bad morals to good; it can destroy bad principles and recreate good ones; it can lift people to angelship. ~Mark Twain

The development and facilitation of the training program spanned four months. Outlines of the training sessions, beginning with three intensive sessions, followed by seven educational problem-solving and support sessions are contained in Appendix D. During this phase, volunteers initiated contact with elders. The project manager's activities included:

- refining the mini-life review questionnaire
- developing the training program
- arranging for speakers on community resources
- coordinating, arranging rooms and refreshments for the training sessions
- liaising and consulting with community agencies
- identifying isolated elders
- taking and making referrals
- conducting criminal record checks and follow-up
- preparing the forms (e.g, waiver form)
- investigating and establishing insurance coverage for volunteers
- meeting with the steering committee
- meeting with the project evaluator
- ongoing support to volunteers

Phase III: Selecting, Matching, Connecting (October to December, 1995)

The senior volunteer is the "frontline" worker, the person whose responsibility it was to make a healthy social connection. However, the matching of each isolated elder with the most appropriate volunteer was considered critical to the success of the "connection". Creating the best possible match required considerable time and investigative ingenuity. The project manager gathered as much information as possible about the elder from the person making the referral and from each elder self-referred (telephone conversations typically lasted half an hour in length).

The project manager's activities during this phase included:

- facilitating on-going training and educational sessions
- support and problem-solving with volunteers
- making formal service links
- compiling community resources
- assisting volunteers in writing the stories
- drafting information letters for elders
- case management
- coordinating and facilitating meetings with the steering committee
- coordinating and facilitating the final evaluation and focus group with volunteers
- conducting personal feedback interviews with each volunteer
- planning and hosting the final recognition luncheon for volunteers
- assisting with the evaluation and writing of the final report
- recognizing and appreciating the work of the volunteers

Role of the Project Evaluator

Working in consultation with the project manager, the evaluator's role was to research the literature concerning similar project evaluations; to attend steering committee meetings and training sessions as required; to develop and administer the preliminary questionnaire; to describe the essential features of the training program; to develop a post-training questionnaire that assesses the extent to which trainees' have acquired the essential knowledge, skills, and attitudes as outlined by the project manager; to describe the "interventions"—i.e., the visits—and the benefits

to both volunteers and elders, based on documentation provided by volunteers; to analyze the data and draft a summary report; to prepare the protocol for the focus group concerning strengths and weaknesses of the project and future directions; to prepare the final report; and to assist the project team in disseminating the results amongst the professional and academic communities.

## 2. METHODOLOGY

### Philosophy

The philosophy guiding both the project and the evaluation is one of research and education as emancipatory learning. Engaging in critical reflection and evaluation is part of a learning experience that liberates people from old patterns of thought and behaviour, thus promoting health. By increasing awareness of their skills and knowledge of social systems and resources, people are empowered. Self-esteem is raised, confidence builds, and people are more willing and able to assume greater control of their own health and to develop healthy interdependent behaviour.

### Evaluation Methods

Evaluation questions and protocols were designed by the project evaluator in consultation with the project manager in order to make evaluation an integral and enjoyable part of the project. Participants were engaged as equal partners by asking them what worked and what didn't, by giving voice to personal experience, reinforcing their personal skills, and recognizing contributions. In addition to providing data to assess the effectiveness of the project, the evaluation process was designed to gather information and insights from the experiences of volunteers concerning isolated elders and how to serve them, while facilitating community action. The following procedures were used:

(1) Pre and postest written evaluation of the training program. The preliminary questionnaire was designed to elicit information regarding participants' sociodemographics, background experience, knowledge, and skills in interviewing, and communicating with frail elderly people, their expectations of the

training program, and reasons for participating. The postest was designed to assess the effectiveness of the training program—i.e., the extent to which trainees' have acquired the essential knowledge, skills, and attitudes as outlined by the project coordinator/trainer.

(2) Take-home questionnaire concerning the problem of isolation and what volunteers have learned.

(3) Summary of the "intervention" —i.e., linking isolated elders with community services—based on documentation provided by volunteers and the project manager.

(4) Take-home questionnaire to volunteers concerning the benefits of the program to themselves, elders, and the community.

(5) A final focus group with volunteers to elicit further information concerning (1) their experience, the strengths and weaknesses of the training program and the intervention; (2) what they have learned about "isolation", why and how to prevent it; and (3) what ongoing professional training, support and supervision is required to maintain and/or expand the program.

## 3. OBSERVATIONS AND FINDINGS

### 3.1 Target Population

Isolated Elders. In the city of New Westminster, there are 4049 residents over the age of 75 years. From that population, 1037 are over the age of 85; approximately 363 are institutionalized and 674 are living in the community. Of the 674 who are living independently in the community, we may expect many will be isolated. How many of the remaining 3012 people between the age of 75 and 85 are also isolated?

Who is an isolated elder? The project focused on social isolation, recognizing that the definition of isolation is somewhat unique to the individual. For example, someone could be getting four hours of homemaker support but have no family and no social contact. The broad working definition of an "isolated elder" was one who is (1) 75+; (2) frail; and (3) doesn't get out much.

Senior Volunteers. Volunteers were seniors ranging in age from 50 to 77 years with an average age of 67 years. Ten women and one man began the training program, and one woman discontinued for health reasons. Of the 10 who remained, five lived alone and five did not. Their record of attendance suggests a high level of commitment: one person missed the first session, one missed a session when she was on a cruise and one missed the final session due to an emergency.

Education ranged from one person with grade seven to four people with some college or university courses: the typical participant had high school graduation with some vocational training. Primary life occupations included a program coordinator for seniors; handy man; telephone operator; teacher; legal secretary; and housewife.

They described their previous volunteer experience as:

- community fund raising (3 people)
- senior peer counseling (3)
- Century House volunteer work (3)
- immigration services (1)

One person had no volunteer experience. Current volunteer activity included:

- volunteer leader at Century House (4 people)
- senior peer counseling (3)
- palliative care (2)
- Cancer Society (1)

With respect to experience communicating with elderly people, three people said they had considerable experience; three had peer counseling experience; and one had worked in a seniors longterm care facility for five years.

Three people described their health as excellent, five as good; and three as fair. While four people said they had no recent illnesses, others identified a number of medical conditions commonly associated with aging (e.g., cancer, heart disease, arthritis, depression, broken bones, and chronic pain).

They said they had the following skills:

- people skills (5 people)
- life-experience (5)
- organizational skills (2)

- caring, listening skills, tenacity, sense of humour, health, vitality (1)

Reasons they gave for participating in the project were:

- to help elderly people (3 people)
- to serve my community (3)
- because the project is needed and worthwhile (3)
- to learn more about community services (1)

And they expected to gain:

- the satisfaction of helping others (5 people)
- knowledge/understanding (2)
- interviewing skills (1)

3.2 Referral Information

Referrals came from the following agencies and organizations:

- Continuing Care: Long Term Care (5); Home Care (3); and Rehabilitation Services(3)
- Public Health Inspectors (3);
- Public Health Nurses (2)
- bank (1)
- church (1)
- Peer Counselling (1)

Of the remainder, nine elders were self-referred, five were referred by relatives, and three by other individuals in the community.

3.3 Health Outcomes: Project Evaluation

Ultimately, the goal of the program is to influence the health of the target population (i.e., elders who are isolated). In this project, the education and training of volunteers had an impact on both the health of isolated elders and the health of the volunteers. The knowledge volunteers gained about resources enabled them to take better care of their own health and to share that knowledge with others. More important, the kind of training they received provided them with the tools to be successful, and the self-confidence and self-esteem they gained contributed to their sense of wellbeing.

*The training gives us words, shapes our thinking, opens up resources that are available that we can pass on to everybody we meet, not just elders.*

*When we come back in the new year, I'll know what I'm doing. I am more confident (and seven out of nine people agreed)*

Assessment of the Training. Volunteers felt the most effective aspects of the training program were:

(1) the information from service providers about resources (6 people)
(2) the project manager's skilled facilitation (3)
(3) the information concerning isolated elders (2)
(4) the group's wisdom and experience (1)

To assess the effectiveness of the program in developing targetted knowledge and skills, people were asked to assess themselves on a 10-point scale on the pre-test and on the postest questionnaires. A comparison of the group means showed improvements on all items, except one. Statistically significant differences were achieved on item 7, *level of confidence in communicating with elderly people* (t=-2.4; p=.04) and on item 10, *knowledge of community support services to seniors* (t=-2.53; p=.035). While the improvement may not seem dramatic, it is important to note that these volunteers came into the program with experience and skill reflected in relatively high scores on all items, and the margin of possible improvement was consequently small. The graph on the following page visually displays the group means before and after the training program on the ten items reflecting skills and knowledge targetted in the training program.

**Table 1. Comparison of pre and post-test means on items reflecting skills targetted in the training program**

| | mean |
|---|---|
| 1. Ability to conduct an interview | |
| pre | 6.7 |
| post | 7.4 |
| 2. Level of self-esteem | |
| pre | 7.4 |
| post | 7.9 |
| 3. Ability to engage others in conversation | |
| pre | 7.8 |
| post | 8.6 |
| 4. Ability to make other people relax and feel comfortable | |
| pre | 7.6 |
| post | 8.3 |
| 5. Listening skill | |
| pre | 8.1 |
| post | 8.8 |
| 6. The feeling that others listen to what I have to say | |
| pre | 6.2 |
| post | 7.4 |
| 7. Level of confidence in communicating with elderly people | |
| pre | 7.4 |
| post | ***8.6** |
| 8. Understanding of the needs of isolated elders | |
| pre | 7.5 |
| post | 7.9 |
| 9. Ability to express thoughts clearly | |
| pre | 7.1 |
| post | 7.0 |
| 10. Knowledge of community support services for seniors | |
| pre | 5.9 |
| post | ***7.2** |

*** means significant differences (p=.05)**

Assessment of the Mini-Life Review. The mini-life review was a unique tool used by the volunteers to elicit information from elders about their lives. It's purpose was to facilitate reminiscence. Listening to and recording the person's story enabled volunteers to make an assessment of the need for follow-up services. Everyone found it useful.

- *When I first went to visit, I had my mini-life review questionnaire and I shut the book because my elder said it wouldn't work. I had a note pad and I kept notes. The first time she said no, but the next time she wanted to use the review to tell her story.*
- *One woman was such a storyteller it took me four hours to get it out of her. She had an enormous need to reminisce and to grieve. She needed to tell me all the bad stories. At the end of the visit, she said she didn't need a peer counselor, she had dealt with her past, and I felt she had.*

(A copy of the mini-life review questionnaire is contained in Appendix E)

Benefits to Volunteers Every volunteer identified ways they had benefited from the project and benefits fell into three categories:

(1) increased knowledge of community services (4 people)
   - *I have gained a knowledge of social services that I may want to use myself in the future.*

(2) increased self-esteem (4 people)
   - *This project has given me renewed self-confidence and a new purpose in life, knowing that I am able to help someone else.*

(3) increased understanding and empathy for elders (3)
   - *Meeting the isolated elders and sharing their history gave me a new-found personal strength and renewed my belief that seniors should be revered members of our society.*

When volunteers were asked to consider if there had been any change in their health (i.e., mental and/or physical wellbeing) since the project began, seven of the ten said *yes*, and three specifically identified increased self-confidence as enhancing their mental health.

Benefits to Elders. Every volunteer said, *yes*, elders had benefited. In particular, they had gained:

(1) awareness of services available to them (4 people)
- *I was able to use my counseling skills in aiding a senior who was grieving—after 8 hours of visits she said she did not need to be referred to peer counseling.*

(2) rekindled social skills and trust in themselves and others (3)
- *They do not feel so alone. They now know some people in the community care and are interested in their welfare and willing to help them in any way possible. Some of these elders have never had this feeling before and it is uplifting to them.*

(3) greater awareness of their own strengths (2)
- *My elder had the opportunity to look at her situation and come to some conclusions as to what she needed to do with her life—attending to her will, getting a walker, and a different homemaker.*

3.4 Services Delivered and Service Gaps Identified

While the primary purpose of this project is to deliver service to isolated elders, the emphasis was on service delivery to volunteers during the first year. They received service in the form of education and training designed to promote lifelong learning and healthy aging. The objectives of the project were achieved as follows:

**(1) To recruit and train a group of volunteers in interviewing strategies and assessing need:**

A group of ten volunteers were recruited and trained in an intensive program, receiving approximately 40 hours of training over a four-month period. The evaluation of the training showed that volunteers had made significant improvements in their confidence in communicating with elders and in their knowledge of community services to seniors.

(2) **To identify elders in the community who are socially inactive and isolated:**
A total of 36 elders were identified: ages ranged from 60 to 100 years (two were accepted who were under the age of 75 years because they met the other criteria).

(3) **To offer elders an opportunity to become connected to a peer through a mini life review process with a trained volunteer:**
Twenty-three elders were visited and the mini-life questionnaire was administered. Six others were called (with no in-person visits made) and seven elders were deemed not appropriate for this project. Ten volunteers spent approximately 170 hours administering the mini-life review, visiting, and sharing information about community resources.

(4) **To link elders to programs and services (e.g., peer counseling):**
The linking of elders with community services continues:
- two elders were linked with a visiting program
- two were referred to peer counseling
- one was referred back to Long Term Care
- three are still participating in the life review process
- six are maintaining contact with volunteers in this project
- six will be referred to a visiting program
- one needs nothing more
- one's health changed and no referral was required
- one moved

(5) **Ultimately, over time, to reduce hospital utilization by the target population:**
This will be the focus for research and evaluation in Years II & III (see recommendations).

(6) **To evaluate the project formatively and summatively:** The project was evaluated both formative and summatively using a process consistent with the principles of participatory research as outlined by the B.C. Health Promotion Consortium.

Two specific gaps in service were:

(1) the need for transportation for socialization and activities; and
(2) the need for a support person to introduce elders to activities in the community (e.g., if someone is referred to a group at Century House, there needs to be a specific person from that group who takes responsibility for welcoming them into the group and making sure the connection is maintained).

3.5 Documentation of changes in operations

Screening elders. Two people under the age of 75+ were accepted: one was an isolated woman of 68 years who referred herself, saying, "I'm getting very depressed. I'm lonesome. I feel like I have a 90 year old body". The other was a 65 year old women whose story was published in the Vancouver Province and volunteers agreed that we should make an exception.

Unanticipated activities. There were five unanticipated, labour intensive situations:

(1) the criminal record check, and liaising with a community agency and police;
(2) an exceptional elder that involved an inordinate amount of time and work for both volunteer and project manager;
(3) an elder with numerous medical conditions who needed extraordinary support;
(4) intensity of the need for volunteer support from the project manager; and
(5) the difficulty with terminating visits.

3.6 Perceptions of the Program: What we learned about isolation

Based on their training and experience, senior volunteers had gained a deeper understanding of the problem of isolation and the impact of this program. And this is what they told us:

- *Many isolated elders are very resourceful people—they enjoy their independence as long as they are able to maintain it. The first impression they may give is aloofness. But this is only a face they wear to cover their true feelings.*
- *People who are isolated do not see necessarily see themselves as isolated. They are generally vulnerable and unaware of resources that are available to them. They are hesitant to ask for help and hesitant to make changes, and they sometimes see themselves as a burden to friends and family.*
- *We learned that when an elder says no, it doesn't mean no; we must never give up.*
- *Elders are isolated for different reasons. They become that way because of the many losses they experience in later life. Some families do not understand their parents needs, they sometimes make decisions for them, thus causing frustrationfor the elder.*
- *Isolated elders may be receiving assistance for most of their needs from community services, but may still be isolated socially. Once you have gained their confidence, you have also gained a friend.*

Every volunteer felt that it was important to reduce isolation, because reducing isolation

- *increases awareness of what services are available to them;*
- *prevents medication abuse;*
- *increases nutritional awareness;*
- *gives a greater sense of safety and security;*
- *enables them to share their wisdom and history;*
- *enriches the lives of younger people;*
- *prevents elder abuse;*
- *cuts health costs;*
- *increases mental and physical health.*

And they provided the following additional insights:

- *It is important to reduce isolation for health reasons alone—some ailments may be the result of depression or loneliness which can be helped by letting people know that someone outside cares about them.*

- *If a person is isolated for too long, they may slip into depression, thereby increasing the isolation. Health suffers and often they take a lot of drugs, have drinking problems, and often become confused.*

## 3.7 Information about program costs

**JANUARY 1, 1995 TO MARCH 31, 1996**

**PROJECT EXPENDITURES**

| | SIMON FRASER HEALTH UNIT | NEW WESTMINSTER HEALTH DEPT. | TOTAL |
|---|---|---|---|
| COORDINATOR SALARY BENEFITS | 18,000.00 | 3,000.00 | 21,000.00 |
| TRAVEL | 600.00 | | 600.00 |
| TOTAL | | | **21,600.00** |
| SALARIES & BENEFITS | | 450.00 | 450.00 |
| VOLUNTEER SUPPORT AND RECOGNITION | | 3,500.00 | 3,500.00 |
| OFFICE SUPPLIES | | 1,000.00 | 1,000.00 |
| TOTAL | | | **4,950.00** |
| EVALUATION AND RESEARCH FROM REGIONAL EVALUATION | | | **5,000.00** |
| | | **TOTAL** | **31,550.00** |

## 4. RECOMMENDATIONS

Every volunteer felt the project must continue and they gave the following reasons:

- *Social and economic changes to both our family structure and healthcare resources are having a negative effect on the isolated elderly. Someone has to be responsible to ensure that each and every isolated senior is being reached and served.*
- *As this project becomes known more people will self refer. We as elders ourselves have a better understanding of the elder's needs and as a peer we are more acceptable. We have been there and have the empathy. We also need to reach out in order to help these people feel they are worthwhile.*

A number of issues concerning the future of the program emerged from the data and from discussions with the project manager. The issues concern (1) what is distinctive about the service and how to identify isolated elders; (2) clarifying the role of the volunteer; (3) future training; and (4) evaluation guidelines for the next phase of the project (year II).

4.1 Serving isolated elders. As the project evolved, it became increasingly clear that it provided a unique and valuable service to seniors in New Westminster. Volunteers were adamant that the program must continue as a critical piece of the community network of support for seniors "at risk". Discussions with volunteers led to the following recommendations:

(1) **It is recommended that a clear mandate and descripton of the service be developed and disseminated to all agenices and organization in New Westminster.**

(2) **It is recommended that the name of the project be changed, because the term "isolation" has a negative connotation and because elders don't identify with the word.**

(3) **It is recommended that a focus for Year II be on creative ways to identify isolated elders and developing a knowledge base on how to identify isolated elders.**

(4) **It is recommended that all churches in the New Westminster area be informed of this service and invited to be involved.**

**(5) It is recommended that families be involved as much as possible in the identification of elders, assessment of need, and referral.**

4.2 Defining the role of the volunteer. Some volunteers wanted to maintain contact with elders. Should volunteers continue to visit if they choose to? Volunteers also expressed concern about the future and whether the referral that was made would fulfill the need and whether it would be maintained.

**(6) It is recommended that a number of checks be put in place (e.g., a support system for those referred to programs at Century House to ensure that the referral is followed up and social connections maintained)**

**(7) It is recommended that the visits be formally terminated once the volunteer has elicited historical information, has a clear understanding of the need, and is able to recommend a referral.**

**(8) It is recommended that the manager's hours shift to provide more time for volunteer supervision and support.**

**(9) It is recommended that an additional five volunteers be recruited for Year II because of the labour intensive nature of the volunteers' responsibilities.**

4.3 Training. A key to the success of this program is the intensive training sessions—volunteers and the project manager had a number of suggestions concerning how the training could be improved.

**(10) It is recommended that the training sessions continue to focus on how to serve the needs of isolated elders.**

**(11) It is recommended that education concerning community resources continue, with opportunities for volunteers to learn from professionals representing the various community services.**

**(12) It is recommended that setting healthy limits and terminating visits be included in the training program.**

**(13) It is recommended that more opportunities for role-playing be incorporated into the training.**

**(14) It is recommended that the possibility of sharing or piggy-backing training be explored.**

4.4 Future research and evaluation. Using a variety of different qualitative research methods (interviews, questionnaires, focus groups), this report included an assessment of the training and the project. It also presents additional insights into the problem of isolation and provides deeper understanding of the problem of isolation. There is evidence noted in the conclusions that it achieved many of the objectives of the Closer to Home mandate. What remains to be addressed is the effectiveness of the service in helping seniors maintain independence and reducing healthcare costs.

**(15) It is recommended that (in Year II) data be gathered at intervals (4 mos., 8 mos., & 12 mos.) from elders in Year I to assess the cost-effectiveness of the intervention (i.e., are they still connected? are they still living independently? and number of hospital days).**

**(16) It is recommended that, wherever possible, the original volunteer return to make the followup visits.**

**(18) It is recommended that the evaluation in Year II include formal documentation concerning the impact of the program on various members of the community (e.g., Continuing Care staff, elders' family members)**

## 5. CONCLUSIONS

This has been a successful project in many ways that have been documented throughout the report. While developing and delivering a unique and valuable service to isolated elders, senior volunteers have gained valuable skills and knowledge that benefit themselves and everyone with whom they interact, not just elders. Projects such as this satisfy the volunteers' desire to be of service and to be productively engaged in community life. Some think seniors would rather be golfing or dancing, than sitting in "class" and putting in hours of work. Not when

they have the right kind of opportunities for personal growth and purposeful engagement. As one volunteer, a retired school teacher, said,

> *I used to dance every Tuesday afternoon, but I would rather spend time in this project than go dancing with a bunch of old men.*

Throughout the project many of the goals of *Closer to Home* Projects have been addressed. Quotes from the data make the case.

**(1) The project demonstrated efficiency**

- **value for money**

Public Health Inspectors said they saved about 1/2 day of work for each isolated elder they referred to the project.

- **integration and coordination across services.**

Volunteers and elders gained increased community awareness. The Project Manager worked closely with Continuing Care staff, and with Century House; and professionals from various community agencies gave presentations to the volunteer team concerning resources.

- **evidence of a shift in emphasis to health promotion.**

Addressing the issue of isolation promotes health.
*The isolated senior benefits because social contact improves mental health which improves self-esteem, which in turn improves the physical health.*

- **provider and team involvement in decision-making.**

*We are a group of people who want to make a difference in an isolated elder's life. They need the self-confidence we can give them. I haven't changed things so much as I have <u>enabled</u> them to make decisions—to change their own lives.*

**(2) The project demonstrated positive health outcomes.**

- **perception of physical well-being**

*Assisting isolated seniors back into the social scene is important to their mental health. As they are accepted socially, their self-esteem rises, and this in turn promotes physical well-being.*

- **perception of psychological well-being**

*By educating volunteers concerning community services and resources, we will have a healthier group of senior citizens (both volunteers and isolated elders) who are informed and accept help when they need it.*

- **perception of ability to cope independently**

*Yes, my lady improved. At first she was not interested in life. It was wonderful just to see the difference in her. I could cry just thinking about it. My self-esteem goes down quite often and she brought that right back up. I could see the difference in three visits. The bitterness seemed to vanish and she became a different person.*

- **perception of quality of life**

*I have felt very gratified being able to make a difference in the elders life. It has given my own life more meaning.*

**(3) The project demonstrated client and provider satisfaction**

*People who are isolated, don't reach out. They become satisfied with their aloneness. But we recognize their need. When we acknowledge the need, they are willing to accept our help. The man I visited didn't want to be a burden to anybody. He had coped for a year and a half since his wife had died. and he seemed satisfied with his aloneness—until I was able to break the barrier.*

- **perception that it is easier to move through the system**

*I have learned of the many services in this city which I never knew existed. I am now able to give a reasonably educated response when asked about the services, and I feel confident in recommending them.*

- **perception of independence, connection to resources**

*Without a project like this, many elderly people with no family or close friends remain hidden, isolated, and forgotten. This project serves to inform them of the many services available to them.*

- **perception of program benefits**

*What we have learned about isolation and how people become isolated can be applied to our own lives. Keep active and busy,*

*challenge yourself to learn something new. Do something you dreamed of doing when you were a child. It is never too late. Stay independent as long as possible—hang around younger people.*

In summary, this has been a successful demonstration project for many reasons noted above. In particular, it demonstrates the importance of expert education and training to senior volunteers who play an increasingly important role in the network of informal and formal community support services. The quality of the education these volunteers have received is critical, affecting not only what they are able to do, but their health, their energy, their enthusiasm, and their level of commitment to serving the community of New Westminster. People who are willing to give so generously of themselves deserve the best training and support we can give them.

The challenge for Year II is to continue documenting the development of the program and to gather longitudinal quantitative data that demonstrates the effectiveness of the program in helping elders to maintain their independence, maintain healthy social connections, and remain in their own homes; and its effectiveness in reducing hospital admissions.

# APPENDICES

Appendix A

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**SIMON FRASER CONTINUING CARE DIVISION**

**PACIFIC HEALTH CARE SOCIETY**

**NEW WESTMINSTER HEALTH DEPARTMENT**

May, 1995

We are pleased to announce that the Isolated Elders project has been funded by the Ministry of Health (Closer to Home funds). A Steering Committee representing three partners: the New Westminster Health Department, (Pat Catton, Director), the Simon Fraser Health Region Continuing Care Division, (Sherry Park, Assistant Continuing Care Manager) and the Pacific Health Care Society, (Carol Wheeler, Director Outreach Programs) will guide the project activities. The Project Manager will be Wendy Thompson.

This project will support isolated elders in our community through outreach. The purpose is to develop positive contact, improve self-esteem and eliminate the barriers of meaningful socialization with others. A group of volunteers will be trained in administering a mini-life review questionnaire designed to help determine what isolated seniors may need and link them to existing programs or services. The research component will evaluate the impact this project will have on both the trained senior volunteer as well as the identified isolated elders.

We are inviting you to be involved. We need assistance in identifying seniors over the age of seventy-five, who don't get out much and need support. We need assistance in finding the best possible volunteers. Collective, community thinking and working together is a powerful way to get powerful results. This is a small project that can make a big difference and every agency in the City can have an impact on its success. Your suggestions, input and questions are welcome. Please feel free to call the Project Manager at 527-4408.

Appendix B

# ISOLATED ELDERS NEED SUPPORT

# WANTED

## SENIOR VOLUNTEERS

The New Westminster Health Department along with Continuing Care and the Pacific Health Care Society invite applications for *unique* volunteer positions. We have immediate openings. Successful candidates will help enhance the quality of life for the isolated elders of our City.

This project will support isolated elders in our community through outreach. Volunteers will help elders to feel a sense of belonging and importance.

A stimulating, enjoyable training program will be provided. Duties include: visiting isolated older persons.

<u>Minimum requirements for this position include</u>:

**Good communication skills**
**Dependability**
**A sense of optimism**
**A sense of humour**

Transportation is an asset but not a necessity. No previous experience needed.

Remuneration: Our benefit package includes - involvement in a meaningful community activity and like other projects across the country, it is founded on a belief that, it is more blessed to give than to receive.

If you are looking for a challenging opportunity, one that absolutely promises to be rewarding and fun, call me at the Health Department. I'm the project manager - Wendy Thompson 527-4408. I'll be glad to discuss the details with you and answer any questions. I know you're going to want to be involved. It's a small community project, that with your help, can make a big difference.

NEW WESTMINSTER NEWS -- June 1995

# Partnership brings Isolated Elders project home

Isolated elders in New Westminster will be lonely no longer through the funding of the Isolated Elders Outreach project. The New Westminster Health Department, the Simon Fraser Health Region Continuing Care Division and the Pacific Health Care Society have teamed up to guide project activities. Funding was made possible through the Ministry of Health, Closer to Home funds.

The Isolated Elders project is an outreach program that will develop positive contact, improve self-esteem and eliminate the barriers of meaningful socialization for isolated seniors. A group of trained volunteers will be administering a mini life review questionnaire designed to help determine what isolated seniors need and link them to existing programs and services. The research component of the program will evaluate the impact this project will have on both the trained senior volunteers, as well as the identified, isolated elders.

The project is asking for public assistance in identifying seniors over the age of seventy-five, who don't get out much and need support. The program is also seeking volunteers.

The partnering agencies believe that collective, community thinking and working together is a powerful way to get powerful results. This is a small project that can make a big difference in may people's lives. Every agency in the City can have an impact on its success. Suggestions, input and questions are welcome. Please contact Wendy Thompson, Project Manger at the New Westminster Health Department, 527-4408 for more information.

# WANTED Senior Volunteers

The New Westminster Health Department along with Continuing Care and the Pacific Health Care Society invite applications for unique volunteer positions. There are immediate openings for candidates to help enhance the quality of life for the isolated elders in our City through a new outreach program.

Through visiting isolated seniors, volunteers will help elders to feel a sense of belonging and importance. We are looking for volunteers with good communication skills, dependability, optimism and a sense of humor. Transportation is an asset but not a necessity and no previous experience is required. A stimulating and enjoyable training program will be provided.

Our benefit package includes involvement in meaningful community activities and, like other projects across the country, it is founded on a belief that it is more blessed to give than to receive.

If you are looking for a challenging opportunity, one that promises to be rewarding and fun, call Wendy Thompson at the Health Department, 527-4408. She will be glad to discuss details of the position and answer any questions.

Appendix B

# Educational Gerontology

Sandra Cusack

## ISOLATED ELDERS PROJECT

The Isolated Elders Project will link isolated frail elders with community programs and services. Trained senior volunteers will visit isolated seniors, determine what they need, and link them to programs and services that will support independent living. The goal of the project is to develop positive social contact and improve self-esteem of isolated seniors residing in the community in New Westminster, B. C.

Project Manager Wendy Thompson is asking for assistance in identifying seniors aged seventy-five and over who don't get out much and need support. "Ultimately", says Thompson, "we want to connect with every last elder in our community—no one must be allowed to slip through the cracks".

The New Westminster Health Department, Simon Fraser Health Region Continuing Care Division, and Pacific Healthcare have teamed up to guide project activities, with financial support from the Ministry of Health's "Closer to Home" initiative. The Gerontology Research Centre will be conducting the project evaluation.

If you know of anyone who might benefit from a visit or if you would like to know more about the project, contact Dr. Sandra Cusack, at the Gerontology Research Centre, phone (604) 291-5062.

## MENTAL FITNESS RESEARCH AND DEVELOPMENT PROJECT

*By Dot Josey*

Ask anyone what they fear most about getting older and most will say they are afraid of "losing it." Convinced of the critical role that mental well-being plays in our overall health, the Lifelong Learning Advisory Committee at Century House in New Westminster met with Adult Educator Wendy Thompson and Community Researcher Dr. Sandra Cusack and embarked on a research and development project that addressed two questions: (1) What is mental fitness? (2) How can we exercise and develop it?

Thirty-eight seniors (aged 50 to 84) registered to attend a series of focus group discussions. Over six weeks we reviewed the literature on mental function and aging, and discussed and debated until we had a framework for a mental fitness program. We concluded that mental fitness encompasses a number of abilities and skills that can be developed. Like physical fitness, it means optimal functioning achieved through regular exercise and a healthy lifestyle. Mental fitness includes creative and clear thinking, problem solving, memory skills, learning new things and expressing ideas clearly. The senior research group said it includes setting personal goals and developing positive mental attitudes such as optimism, confidence, flexibility, self-esteem, and a willingness to risk.

As a physical fitness instructor, I was particularly focused on clarifying the connection between mental and physical fitness. Stimulated and challenged by our group discussions, I came up with a mental fitness workout. We can't wait until the fall, when the mental fitness course will be developed and a pilot program offered to the membership.

*Dot Josey is Chair of the Lifelong Learning Advisory Committee at Century House in New Westminster, B.C. If you would like more information, contact her at Century House, phone (604) 526 -2733. For information about the research project, contact Sandra Cusack at the Gerontology Research Centre, phone (604) 291 -5062.*

## SENIORS AND COMPUTERS

SRRS-Infonet is a computer resource which offers information about seniors' issues and services, and provides seniors with a means to communicate with each other and with Seniors Resources & Research Society (SRRS). The main features of SRRS-Infonet are e-mail, an electronic forum, and an electronic library of documents, brochures, and statistics on seniors' issues.

SRRS is a non-profit society serving BC senior citizens. Directed by seniors, it is designed to provide information, research, policy analysis, membership benefits, and related services that assist in the well-being of seniors and their organizations. To participate, users need a computer with a modem. In the Lower Mainland, dial 431-5025. Elsewhere in BC, dial 1-800-901-5766.

For more information, contact SRRS at 410-1755 West Broadway, Vancouver, BC, V6J 4S5. Phone (604) 733-2310, fax (604) 733-5175.

# ISOLATED ELDERS PROJECT

A team of trained community volunteers is ready for action.

Project Manager Wendy Thompson is asking for help in identifying seniors aged seventy-five and over who don't get out much and need support. Ultimately, we want to connect with every elder in our community -- no one must be allowed to slip through the cracks. There are many very good services in our City. We want to make sure seniors know what's available. We know that there are people who would appreciate someone to talk to and we also know that having someone to talk to makes for a healthier happy life.

If you would like a senior volunteer to visit you or if you know anyone who might benefit from this outreach please contact Wendy Thompson, New Westminster Health Department -- 527-4408.

Appendix C

CORPORATION OF THE CITY OF NEW WESTMINSTER
HEALTH DEPARTMENT
537 CARNARVON STREET, NEW WESTMINSTER, B.C. V3L 1C2 TEL: (604) 525-3661 FAX: (604) 525-0878

## CONSENT FOR CRIMINAL RECORD SEARCH

TO: *NEW WESTMINSTER POLICE SERVICE* OUR FILE: _____

FULL NAME OF APPLICANT: _____
(Surname) (Given Names)

OTHER NAMES USED: _____
(Maiden) (Given Names)

BIRTHDATE: _____ BIRTH PLACE: _____

ADDRESS: _____

_____

TELEPHONE: _____

Whereas I have applied for a sensitive position of trust and am required by New Westminster Health Department to disclose whether or not I have had any convictions or am currently charged under any Federal or Provincial enactment, or whether or not a record exists on local index.

And whereas I understand that disclosure of a criminal record or a record on local index may not necessarily preclude me from the function I have applied for;

I therefore authorize the NEW WESTMINSTER POLICE SERVICE, on my behalf, to inquire into and determine whether or not I have a criminal record or am currently charged under any Federal or Provincial enactment, or whether or not a record exists on local index, and also make to the NEW WESTMINSTER POLICE SERVICE a full and complete disclosure the details of any record they may find. The details of those records shall be retained in confidence.

To this end I here by affix my signature.

SIGNATURE _____ DATE _____

## AUTHORIZATION FOR FINGERPRINTING

If there is a requirement to verify that I do or do not have a criminal record or outstanding charges, the police will require my fingerprints. Should they be required, I therefore agree to voluntarily submit my fingerprints. I understand that my fingerprints will be returned to me after this check has been completed.

SIGNATURE _____ DATE _____

Please forward the completed form, fingerprints and record to:

ADDRESS: _____

_____

SIGNATURE _____ TITLE: _____

**POLICE USE ONLY - RESULTS OF CRIMINAL RECORD CHECK**

RESULTS OF RECORDS SEARCH IS MERELY A RECORD, OR LACK OF OFFICIAL CONTACT WITH POLICE AGENCIES, NOT AN AFFIRMATION OF GOOD CHARACTER

A search of: (1) The Central Repository for Criminal Records for Canada
(2) Index of the New Westminster Police Service

The above name and birth date shows: (check applicable results)

_____ No Record Exists

_____ A record exists on local index, and a copy certified by the Police agency is attached

_____ A Central Repository Record may exist, but cannot be disclosed unless verified by fingerprint comparison

COMPLETED BY: _____ Date: _____
(Name and Signature)

**Personal information contained on this form is collected under the Municipal Act and will be used only for the purpose indicated.**

I hereby, for ourselves, our heirs and administrators, release and indemnify any and all claims against The City of New Westminster from any and all liability incurred by me whilst working as a volunteer for the Isolated Elders Project.

Volunteer Signature _____

Appendix C

# ISOLATED ELDERS REFERRAL FORM

*DATE:*_____

**Name of senior referred:** _____

**Address:** _____

_____

Age:_____ Phone Number: _____

**Reason for Referral:** _____

_____

_____

_____

_____

**Has this person been informed and agreed to have a visit?** Yes ☐ No ☐

**If no, please explain reason:**_____

_____

_____

**Referral Source:**

**Name:** _____

**Address:** _____

**Phone Number:** _____

**Please complete and return to:**

**Wendy Thompson, M.A., Project Manager**
**New Westminster Health Department**
**Isolated Elders Project**
**537 Carnarvon Street**
**New Westminster, B.C. V3L 1C2**

**Telephone 525-3661**
**FAX 525-0878**

# ISOLATED ELDERS PROJECT

**Volunteer:** _____

**Date:** _____

**Referred to:**

1. **Elders name:** _____

2. **Number of Visits:** _____

3. **Phone calls** _____

**Comments**

4. **Volunteer hours to date** _____

5. **Barriers to the process/visit?**

6. **What made the connection work?**

7. **When it worked, how did you feel?**

8. **What do you suggest as follow-up?**

9. **Other comments:**

Appendix D

CORPORATION OF THE CITY OF NEW WESTMINSTER
HEALTH DEPARTMENT
537 CARNARVON STREET, NEW WESTMINSTER, B.C. V3L 1C2 TEL: (604) 525-3661 FAX: (604) 525-0878

October, 1995

Dear _____:

We are currently doing a project, the goal of which is to ensure that the senior citizens of New Westminster are informed about the services and programs our City has to offer. Trained senior volunteers are available to visit elders in the community and give out this information. An example of a program, that some seniors are not aware of, is the Operation Friendship Program.

If you would like information about the programs and services available for seniors, please call me at 527-4408.

Yours sincerely,

Wendy Thompson,
Project Manager
New Westminster Health Department

# THE TRAINING PROGRAM

## Project Timeline - September to December 1995

Training, Support and Problem Solving

September 1995 Training Program

September 14 (Thursday) 12:00 - 4:00

September 21 (Thursday) 10:45 - 4:30

September 28 (Thursday) 10:45 - 3:00

October 95 - Training continues throughout
Support and Problem Solving sessions begin
Meeting with Isolated Elders begins

October (Tuesdays) - 3,10,24 1:00 - 4:00
November (Tuesdays) - 7,21 1:00 - 4:00
December 5 (Tuesday) 1:00 - 4:00

December 19, 1995 - last meeting 12:00 - 4:00

Lunch
Update of referrals
Evaluation of project - Dr. Sandra Cusack
from Simon Fraser University
Written
Focus Group

Appendix D

**THE TRAINING PROGRAM**

**September 14, 1995 1:00 - 4:00 p.m.**

**12:00 to 1:00 p.m. - Meet with "new" volunteers**

**Century House - Oak Room**

## SESSION I

- Introductions
- Getting to know each other (matches activity)
- Outline the Project

  Purpose, Objectives

  Methods e.g., identifying elders
- Training sessions

  Content, Dates, Times
- Training, Support and Problem - Solving sessions

  Content, Dates, Times

BREAK

Coffee - Tea - Muffins

- Expectations of the project

  Visiting - how many elders, how often, etc.

  Confidentiality

  Responsibility for work load
- Questionnaire (research)
- Questions and Answers (throughout)
- Wrap-Up

# THE TRAINING PROGRAM

## September 21 - 10:45 a.m. - 4:30 p.m. (including lunch)

## SESSION II

| | |
|---|---|
| 10:45 - 12:15 | Sensitivity to the needs of frail elders - Activity<br>Communicating with hard of hearing |
| 12:15 - 1:00 | LUNCH |
| 1:00 - 2:00 | Mini-Life review refine questions<br>Combine health questions |
| 2:00 - 3:45 | Liz Burgess<br>Alcohol and Drug Program - What to watch for and questions for interview |
| 3:45 - 4:30 | Questions<br>Discussion<br>Feedback |

Appendix D

## THE TRAINING PROGRAM

**September 28 - 10:15 a.m.- 3:00 p.m.**

### SESSION III

| | |
|---|---|
| 10:15 - 10:45 | Coffee and Muffins (social time) |
| 10:45 - 12:30 | Evaluation question: What do you hope to gain from participating in this project?<br>Criminal Record Forms<br>Continue Mini-Life Review and health questions<br>Refine and discuss<br>Role Playing |
| 12:30 - 1:15 | LUNCH |
| 1:15 - 2:30 | Reminiscing with a Difference |
| 2:30 - 3:00 | Questions<br>Discussion<br>Wrap-Up |

# ISOLATED ELDERS

## Tuesday, October 3, 1995 - 1 - 4:00 p.m.

## SESSION IV

| | |
|---|---|
| 1:00 p.m. | Update |
| 1:30 - 2:00 p.m. | Empathy vs. Sympathy<br>(illustrated with role play) |
| 2:00 - 2:30 p.m. | Interviewing |
| 2:30 - 2:50 p.m. | Break |
| 2:50 - 3:30 p.m. | How to get people back on track<br>Role Play Mini-Life Review<br>Resources in Community (List for Elders)<br>Waiver form |
| 3:30 - 4:00 p.m. | Beryl Petty<br>Vital Connections (program explanation)<br>Peer Counselling (type of clients) |

Appendix D

## ISOLATED ELDERS PROJECT

**October 10, 1995 - 1 - 4:00 p.m.**

### SESSION V

| | |
|---|---|
| 1:00 - 2:30 p.m. | Cathy Taylor - Lifeline |
| 2:30 - 2:50 p.m. | Break |
| 2:50 - 3:00 p.m. | Update on referrals<br>Letters for elders<br>Discussion of name of project |
| 3:00 - 4:00 p.m. | Bill Munn - Mental Health Issues<br>(assessment) |

# ISOLATED ELDERS PROJECT

## October 24, 1995 - 1 - 4:00 p.m.

## SESSION VI

| | |
|---|---|
| 1:00 - 2:25 p.m. | Referrals |
| | Support, Problem follow up |
| | Listening Skills - Role Play |
| | Interviewing Skills - Role Play |
| 2:25 - 2:45 p.m. | Break |
| 2:45 - 3:45 p.m. | Sherry Park - Continuing Care |
| 3:45 - 4:00 p.m. | Feedback from participants |
| | Project Schedule - Discussion |

Appendix D

# ISOLATED ELDERS PROJECT

## November 7, 1995 - 1 - 4:00 p.m.

## SESSION VII

| | |
|---|---|
| 1:00 - 2:30 p.m. | Update on Isolated Elders and Referrals |
| 2:30 - 2:50 p.m. | Break |
| 2:50 - 4:00 p.m. | Communication Skills |
| | Listening |
| | Isolation: What is it? |
| | Discussion |
| | Community Resources List - Updated |
| | Formatting the elders story |

# ISOLATED ELDERS PROJECT

**November 21, 1995 - 1 - 4:00 p.m.**

## SESSION VIII

| | |
|---|---|
| 1:00 - 2:40 p.m. | Update on Isolated Elders and Referrals |
| 2:40 - 3:00 p.m. | Break |
| 3:00 - 4:00 p.m. | Format for writing up stories for mini-life review continued<br>Discuss and decide plans for December 19 (final day) December 20 Celebration event (transportation, etc.) |
| Reminders: | Invite class to Health Drop-In re: Community Resources |

Assignment: Two questions on isolation

Appendix D

## ISOLATED ELDERS PROJECT

**December 5, 1995 - 1 - 4:00 p.m.**

### SESSION IX

| | |
|---|---|
| 1:00 - 2:00 p.m. | Business and Discussion<br>• Set dates for volunteer interviews<br>• Check on all forms to be handed in e.g., Mini-Life review, referrals, hours,<br>• Agenda for last session December 19<br>• Evaluation questions (for report)<br>• Format for stories |
| 2:00 - 2:30 p.m. | Listening skills<br>Review and discussion |
| 2:30 - 2:50 p.m. | Break |
| 2:50 - 4:00 p.m. | Update on elders and referrals |

Assignment: Evaluation questions - returned December 19

# ISOLATED ELDERS PROJECT

**December 19, 1995 - 12:00 - 4:00 p.m.**

## SESSION X

| | |
|---|---|
| 12:00 - 1:00 p.m. | Welcome everyone |
| | Introduce Sandra |
| | Lunch |
| 1:00 - 2:40 p.m. | Outline agenda |
| | Collect all forms |
| | Update on elders and referrals |
| 2:40 - 3:00 p.m. | Break |
| 3:00 - 4:00 p.m. | Written Evaluation |
| | Focus Group Discussion |
| | January schedule |

Appendix E

## MINI LIFE REVIEW QUESTIONNAIRE

1. Have you always lived in New Westminster? _____

   Have you lived on your own very long? _____

2. Where were you born? _____

   What was it like to live there? _____

   _____

   What major moves did you make? _____

   What kind of school did you go to? _____

3. Where were your parents born? _____

   When did they immigrate? _____

   Do you have brothers and sisters? _____

   Other family members? _____

   Grandchildren, etc.? _____

   What were the favorite things you did in your family? _____

   _____

   Did you have a favorite animal or favorite toy? _____

   _____

   Try to find out about any church associations, service clubs, etc. _____

   _____

   _____

4. What hobbies and activities did you do as a young person? _____

   _____

## MINI LIFE REVIEW QUESTIONNAIRE

Appendix E

What do you enjoy doing now? *(If they say I don't/can't get out now. Say: If you could get out, what would you enjoy doing?)*

_____

_____

_____

Who do you do things with now? *(Ask at your discretion)* _____

_____

5. What are you most proud of? _____

_____

_____

Something from the past? _____

_____

Something from the present? _____

_____

6. Did you enjoy your working life? _____

_____

How many different jobs did you have? Tell me about them. _____

_____

_____

7. What have been the best years of your life? _____

_____

What were the most difficult times for you? _____

_____

8. Did you do any volunteer work? _____

_____

Do you do any now? _____

9. How would you generally describe your health? _____

_____

Do you have any major concerns about your health? _____

_____

_____

## QUESTIONS TO END A SESSION WITH:

Did you belong to any service clubs? _____

_____

_____

Did/do you like traveling? _____

_____

_____

Is there anything you wanted to do that you didn't have an opportunity to do? *(Self-disclosure "3rd from the left")* _____

_____

_____

_____

I love baking. Is there something you particularly love to do? *(Painting, writing, cooking, etc.)* _____

_____

_____

_____

_____

# ISOLATED ELDERS PROJECT

## Preliminary Questionnaire for Senior Volunteers

The following information is required for our records. We appreciate your thoughtful and honest responses. All information is confidential.

Ms/Miss/Mrs/Mr

Name:_____ Birthdate:_____

Address:_____

Do you live alone? ___yes ___no

Education: Completed grade _____ (please specify)

Check the following:

high school grad___

vocational training ___

college or university courses ___

Primary life occupation:_____

Previous volunteer experience:_____

_____

Current volunteer involvement:_____

_____

What experience have you had in communicating or interacting with elderly people? _____

_____

Present health: ___excellent ___good ___fair

Recent illness: _____

Please list any medications you are currently taking: _____

_____

Appendix F

What strengths do you bring to this project?_____

_____

What are your reasons for participating in this project?_____

_____

_____

What do you expect to gain?_____

_____

SELF-ASSESSMENT

Rate yourself on a scale of 1 to 10 (10 being high) for each of the following:

_____ 1. Ability to conduct an interview
_____ 2. Level of self-esteem
_____ 3. Ability to engage others in conversation
_____ 4. Ability to make other people relax and feel comfortable
_____ 5. Listening skill
_____ 6. The feeling that others listen to what I have to say
_____ 7. Level of confidence in communicating with elderly people
_____ 8. Understanding of the needs of isolated elders
_____ 9. Ability to express thoughts clearly
_____ 10. Knowledge of community support services for seniors

Comments:_____

_____

_____

**November 21, 1995**

# ISOLATED ELDERS PROJECT

## FEEDBACK

**1. What have you learned about isolated elders?**

**2. Is it important to reduce isolation - YES ☐ NO ☐**

**Please explain:**

Appendix F

## ISOLATED ELDERS PROJECT

Date: December 5, 1995

NAME_____ Please return by December 12, 1995

## TAKE HOME QUESTIONS

We need your thoughtful feedback on this project. All information you provide will be confidential.

1. Have you benefited from participating in this project? Yes ☐ No ☐

   Please explain.

2. Have the isolated elders benefited from this project? Yes ☐ No ☐

   If yes, how?

# ISOLATED ELDERS PROJECT
## Feedback from Senior Volunteers

The following information is required for our records. We appreciate your thoughtful responses. All information is confidential.

Name:_____

ASSESSMENT OF THE GROUP TRAINING SESSIONS

1. What was most effective? _____

_____

_____

2. How could the training be improved?_____

_____

_____

SELF-ASSESSMENT

1. Rate yourself on a scale of 1 to 10 (10 being high) for each of the following:

_____ (1) Ability to conduct an interview

_____ (2) Level of self-esteem

_____ (3) Ability to engage others in conversation

_____ (4) Ability to make other people relax and feel comfortable

_____ (5) Listening skill

_____ (6) The feeling that others listen to what I have to say

_____ (7) Level of confidence in communicating with elderly people

_____ (8) Understanding of the needs of isolated elders

_____ (9) Ability to express thoughts clearly

_____ (10) Knowledge of community support services for seniors

2. What has been the best part of this project for you?

3. Has there been any change in your health (i.e., mental and/or physical wellbeing) since this project began? ___yes ___no
Please explain _____

4. Comments:_____

# ISOLATED ELDERS PROJECT

## PERSONAL FEEDBACK INTERVIEW

### Role of the Volunteer

Feedback from the Coordinator:

1. Do you want to continue in the project? Yes ☐ No ☐

2. What role would you like to play? (Check items below)

   (a) conducting mini-life review ☐

   (b) visiting clients ☐

   (c) both ☐

   (d) other_____