

Innovation Fellowship Briefing Note:

“Expanding the VHA Volunteer Program to address Social Isolation and Loneliness among Seniors in the Community”

Report Date: March 29, 2019

Fellowship Recipient: Nadine Narain

Mentor(s) & Managers: Arlinda Ruco, Sandra McKay, Jill Burtney

Background and Context:

According to Statistics Canada, approximately 25% of the population will consist of older adults by 2036 (Statistics Canada, 2016). The growth of the aging population and increased number of older adults living at home are key indicators that increased supports are needed to address health and well-being. A growing concern among older adults is social isolation and loneliness (SI&L). Research has widely identified SI&L as factors that significantly contribute to physical decline, falls, hospitalization, premature morbidity, depression and dementia (Cacioppo, Grippo, London, Goossens & Cacioppo, 2015; Nicholson, 2012).

As an Occupational Therapist practicing in the community, I work with older adults. SI&L are common concerns identified that affect physical and mental health. Based on my clinical experience, older adults who are socially isolated stay indoors more often which result in decreased physical activity, experience of negative feelings, missed appointments, reduced engagement in meaningful activities and access to basic necessities (e.g. food, medications, clothing, toiletries etc).

I have spoken with older adult clients who are conscious of social isolation and report loneliness during home assessments. They expressed interest in being connected to resources that would provide company to engage in meaningful and physical activities. However, not all clients are willing to immediately leave their homes to connect with others in a strange environment. Some clients prefer to have friendly visits within their homes and express appreciation for someone to conduct friendly home visits, accompany them on short walks and to complete some tasks within the community (e.g grocery shopping, picking up prescribed medications).

I engaged in conversations with VHA colleagues, case managers within the community and former volunteers of community support programs for older adults. There was a consensus that SI&L impact older adults' health and well-being. Volunteers who conducted friendly home visits expressed that older adults reported less loneliness and increased sense of well-being.

My proposal of expanding the current VHA volunteer program to address SI&L will benefit clients, volunteers and service providers. This proposed project is a result of the concern around social isolation and loneliness among older adults in Toronto. Through the VHA volunteer program, older adults will have access to home visits resulting increased social interaction and encouragement to engage in meaningful activities. An expansion of the volunteer program will equip VHA service providers with the resource to improve the client care experience while also increasing volunteer engagement. This project is also aligned with one of VHA's strategic priorities which is to expand VHA's volunteer program.

AIM Statement:

Reduce social isolation and loneliness among seniors who participate in the seniors activity support pilot program by 20% by March 2019.

Data & Measures:

I conducted a needs assessment through interviews with clients and caregiver and survey with VHA service providers. A survey was shared with VHA service providers to assess the need for this type of service for clients and to also provide feedback on the proposed pilot program.

Baseline data was collected before the start of the pilot program. Clients completed a standardized scale called the De Jong Gierveld Loneliness Scale before and after the pilot program to measure change. Narrative interviews conducted with clients to get overall program feedback. Process measures included the percentage of visits completed by volunteers and percentage of clients enrolled in the program.

Outcome measure was conducted to measure the of reduction in social isolation and loneliness.

Consultation was done with an external organization called The Neighbourhood Group (TNG) that provided information on their current home visit program for seniors. I also spoke with key stakeholders at VHA to get more information on the volunteer resources and how collaboration can be done to run a pilot home visit program.

Results

Mid-term:

When VHA service providers were asked if they have observed SI&L among seniors. 94% of service providers reported yes. Interviews with clients and a caregiver indicated that the program will greatly benefit clients experiencing social isolation and loneliness. Therefore, the needs assessment indicated that a home visit program for older adults will be beneficial and contribute to alleviating social isolation and loneliness. Service providers believe that the care provided will be optimized.

The needs assessment was completed through interviews with clients, a caregiver and surveys with VHA service providers. Volunteer recruitment has been completed. Volunteers were trained and provided with activity support kits.

VHA service providers were provided with a screening tool to screen clients for eligibility for the pilot program. Clients were referred to the pilot program supervisor to be matched with a volunteer. Volunteers conducted weekly visits for 8-10 weeks. Each visit lasted 2-3 hours per week.

Project End:

The aim statement was achieved despite a small sample size. The visits completed by volunteers were successful. Matching clients with volunteers was challenging due to distance, health issues and one client being transferred to long term care. There will be a meeting with stakeholders at VHA to discuss the sustainability of the program. During the project, challenges included small number of volunteers, difficulty with client/volunteer match, late submission of volunteer logs and missed visits. Using a smaller sample size and reminding volunteers of the policies of the program addressed the challenges.

Conclusion:

The results from the program indicate that overall, social isolation and loneliness were reduced. Despite the small sample size, volunteers observed a positive change in clients' mood, well-being and engagement in meaningful activities. Clients reported satisfaction with the program and were more reflective on the challenges they experienced.

In order to sustain the program, funding opportunities will be explored. There will be proposed collaborations with VHA for the following:

- Implement education sessions to increase awareness of SI&L and provide resources to service providers on how to address these issues.
- Collaborate with health informatics staff to ensure that SI&L are identified on assessment on EMRI
- Pilot friendly calling by volunteer for clients where visits are difficult to complete
- Partner with community agencies to share resources in order to collaboratively address SI&L