



Expanding the VHA Volunteer Program to Address Social Isolation & Loneliness among Seniors in the Community

Nadine Narain, OT Reg. (Ont.); Arlinda Ruco, MPH; Dawn Ashford, BSW; Sandra McKay, PhD

TAHSNp Health Professions Innovation Fellowship Program, VHA Home HealthCare & VHA Rehab Solutions



BACKGROUND

By 2036, ~25% of the Canadian population will consist of seniors.¹ Social isolation is the number one emerging issue facing seniors in Canada.² According to the National Seniors Council, risk factors that lead to social isolation include living alone, being 80 or older, having compromised health status and/or multiple health conditions and having no children or contact with family.³

Social isolation and loneliness (SI&L) result in⁴:

- Physical decline
- Falls
- Hospitalization
- Premature morbidity
- Depression
- Dementia

Successful approaches to reducing SI&L include volunteer home visit programs.⁵ Seniors who have social supports are more likely to engage in meaningful activities, experience reduced loneliness and an improved quality of life.⁶

AIM

To reduce SI&L among seniors who participate in the seniors' activity support pilot program by 20% by March 2019.

IMPLEMENTATION ACTIVITIES

1. Volunteer Recruitment & Training

- Collaborated with Community Support Department to drive volunteer recruitment (see Figure 1)
- Developed volunteer manual (see Figure 2) and conducted training with volunteers
- Assembled activity support kits (see Figure 3)



Figure 1

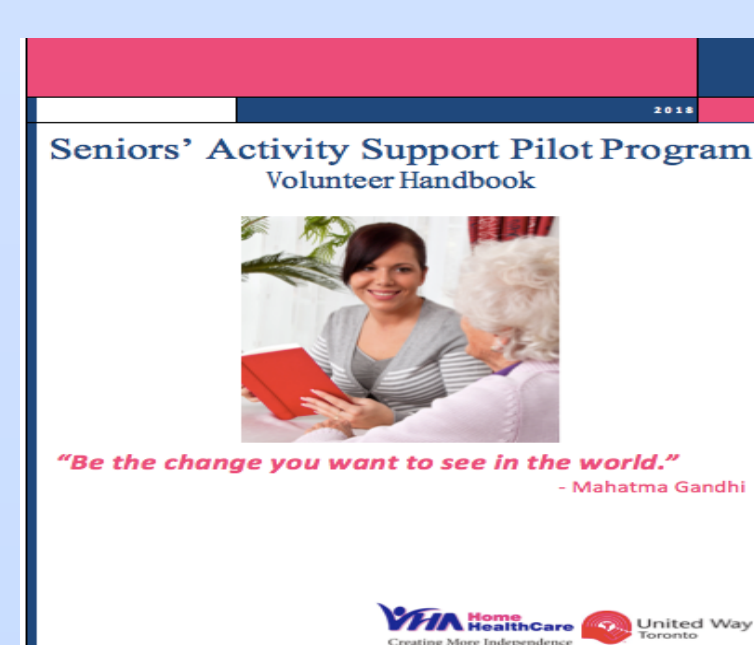


Figure 2



Figure 3

2. Referrals and Client-Volunteer Match

- Client eligibility included experiencing social isolation and/or loneliness, age ≥65, reduced engagement in daily activities and/or loss of social support
- Liaised with VHA service providers to screen and complete intake of clients for pilot program

3. Client Home Visits

- Joint visits completed with pilot program supervisor and volunteer to gather feedback and measure impact of program
- Purpose and expectations reviewed with clients

4. Check-ins and Weekly Logs

- Volunteers submitted weekly logs that described activities, clients' strengths and interests and key learnings after each visit

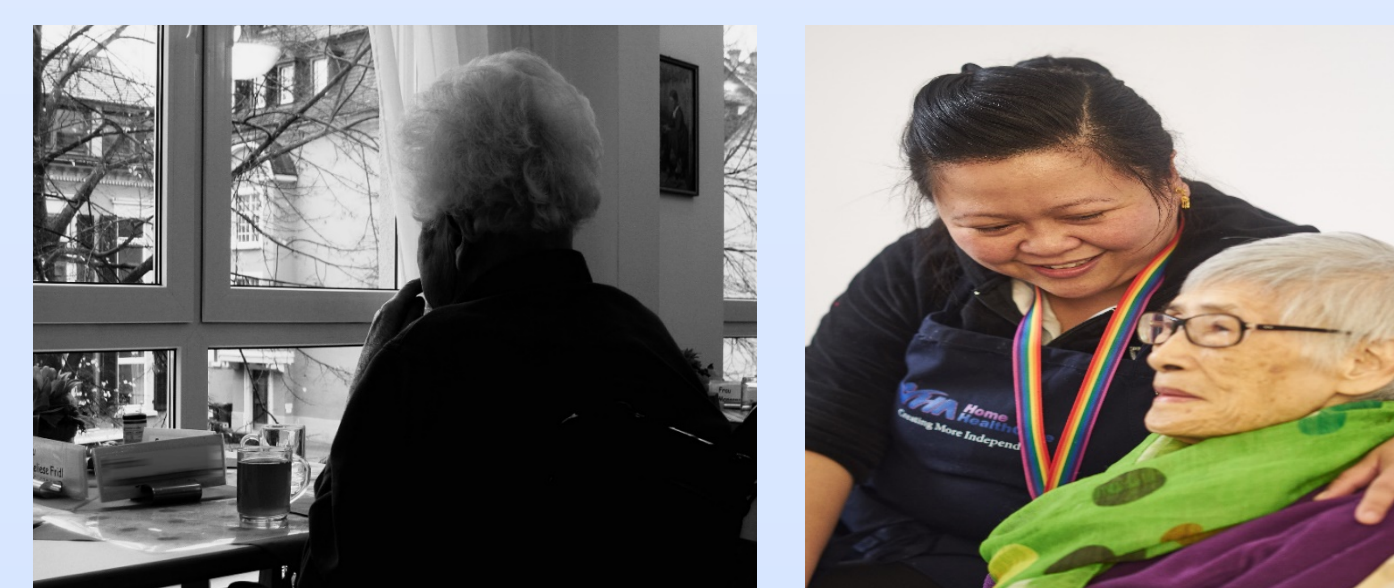
RESULTS

1. Volunteers and Clients

Outreach for recruitment included attending volunteer fairs, hosting VHA open house, presentations and distribution of flyers to colleges, universities, libraries, community centers, Ontario Works offices and various contacts in health and social services and employment supports.

- 17 applications received for volunteer position.
- 5 volunteers recruited and each had prior experience working with seniors
- 9 client referrals received from VHA service providers
- 4 clients were matched to volunteers based on location, client and volunteer preference and interests
- Age of clients ranged 72-87 years

"...it is very rewarding and I enjoy making a difference in the clients life especially since they are lonely and really need support. I feel like this is an excellent program and it is very necessary to support seniors who are lonely, isolated and need support as well as resources that they might not know about in the community." - volunteer



2. Impact of Program

- 19 visits completed by 4 volunteers over 7 weeks.
- Weekly logs informed pilot program supervisor of clients' increased engagement in meaningful activities, volunteers' observations of improvement in clients' emotional well-being and reports of safety concerns within the home
- The primary outcome measure was the change in SI&L as captured by the DeJong Gierveld Loneliness Scale⁷ (see Figure 4)

Scores on the DeJong Gierveld Loneliness Scale for program participants (n=3)



Figure 4: Possible scores ranged from 0 (least lonely) to 6 (most lonely)



"It is too hard to be alone. You don't have anybody to speak to. Before I had my husband, we can talk...No body calls, it's doctor's appointment or reminder." - client

"I have not done too many (activities) because of my poor eyesight and hearing. She has never once complained about it. We play cards. I am not a card player but I have learned to play this because it's the only one I can see. She is agreeable. We have a cup of tea and a joke." - client

"I know the program is helping me. I got the disease 4 years..difficult years. She makes me feel better all the time when she comes... sometimes I don't know what I do to deserve this." - client

Key Learnings

- Importance of matching volunteers and clients based on similar interests and location
- Educating volunteers on challenges seniors experience (e.g. mental health, cognitive and physical health issues)
- An activity-focused program with an appealing name is important for recruiting volunteers
- Visits focused on client-centred goals are essential in engaging clients in meaningful activities

Challenges

- Limited number of volunteers
- Short duration of pilot program
- Distance for volunteers to travel
- Lack of trust from clients when completing loneliness scale at baseline
- Limited options in activity support kits to engage clients who have disabilities (e.g. visual and hearing impairment)

SUSTAINABILITY PLAN

- Optimize referral and client-volunteer matching processes
- Collaborate with VHA Home Healthcare to conduct education session on SI&L for existing and new hires
- Update training materials and resources and liaise with Community Support Department to incorporate program
- Collaborate with health informatics staff to add check box indicating clients who are socially isolated
- Partner with community agencies and non-profit organizations to share resources
- Pilot friendly calling by volunteers

IMPACT AND CONCLUSION

- Results indicate that an activity support program may be effective in addressing SI&L through client-centered activities
- Volunteers and seniors experience benefits through engaging in meaningful activities

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To learn more about this project please contact nnarain@vha.ca