

**The Finding Isolated, At Risk Seniors Project
Final Report
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CIP

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1. Introduction

Rationale for project: The definition of Outreach utilized by the Edmonton Seniors Coordinating Council is: “a service delivery model that aims to improve accessibility of services to seniors. It involves outreach workers providing a set of services to seniors in their homes, in a centre, or elsewhere in the community”.

The Council also defines one of the core services as “case finding of isolated senior. Due to many barriers including language and cultural, financial conditions, disabilities and physical and mental health, many seniors are isolated. This isolation places them in the Seniors At-Risk category as defined by the City of Edmonton At Risk Sub-Committee (2004).”

Presently outreach with seniors is offered to those seniors who call or walk into a senior’s centre or who are referred to a senior’s centre by another agency or health care provider.

Objectives:

This project will conduct research into best practice models that other communities have used for locating isolated seniors. Based on the research and with a thorough understanding of the resources available in Edmonton, a new approach to finding isolated seniors will be developed and pilot tested.

The project will work with the Seniors Outreach Workers who are members of the Edmonton Seniors Coordinating Council.

To work with up to ten isolated individuals to test the model.

The model will be integrated into the work presently done by the Seniors Outreach workers

The Finding Isolated, At Risk Seniors Project seeks to broaden the boundaries of the present outreach to seniors in the City of Edmonton through researching best practice in reaching isolated seniors, and developing and pilot testing an Edmonton model based on the research.

2. Project Activities

- Scoping of literature, 26 articles in total
- Community Visits to learn about community outreach practices
- Met with individual Outreach Workers to develop better understanding of what is done and how
- Inclusion of outreach workers throughout by sharing information at Interagency Outreach Workers Meetings
- Mapping of areas of City most vulnerable (based on 65+ living alone and high social vulnerability – (Appendix A)

- Senior's Focus Group used throughout project – See Summary of their meetings – (Appendix B)
- Outreach Worker Strategic Planning Meeting
- Selecting strategy and pilot testing
- Other feedback from those outreach workers not involved in pilot testing
- Collecting data from pilot
- Preparing Final Report

3. The Edmonton Situation

An environmental scan was conducted with 15 senior's organizations, who are members of the Edmonton Senior's Coordinating Council. The overall impression from this scan revealed that many organizations use all methods. (Appendix C).

4. The Community Situation

An environmental scan was conducted with 10 community agencies (i.e. included non-senior serving organizations) which provide some level of outreach services to the community. What emerged from this exercise in that the services provided in most of these organizations were more specific in nature, depending on the organization and the people the organization serves? For example, health related organizations mainly rely on referrals and organizations that provided services to a specific cultural group, connect mainly through those specific communities.

Of particular note, was one organization that defined their outreach work as, "Assertive Engagement". As such, outreach workers go out in to the River Valley to find people who are homeless. They engage with people by bringing water and supplies and building rapport over time. In addition, their methods are in part successful due to the development of good partnerships with other community groups and teams that support collaborative work and connecting individuals to supports that Boyle Street Community Services can provide – (Appendix D).

5. Literature Search – Case Finding Strategies

5.1 A scoping of the literature uncovered some clearer understanding of what we mean when we refer to case finding, social isolation and at-risk. **Definitions** as follows:

Case Finding – is a process that uses information based on professional judgment, screening, and utilization of data to identify individuals who are at high risk of undesirable outcomes. Screening and case finding are often synonymous in the literature (Raiche, Hebert, & Dubois, 2008).

Social Isolation – An involuntary, undesired situation where an individual has few social contacts and roles, and is experiencing a lack of rewarding relationships with others. (Zuran & Liu, 2012).

Common Factors Present for Isolated and/or At-Risk senior:

- Women over men (separated, divorced, widowed)
- Oldest Old – 85+
- Ethnicity
- Loss of significant others
- Living alone
- Ill health
- Mobility difficulties
- Urban areas
- Transportation (especially in rural areas)

(Source: Ageing alone: Loneliness and the ‘Oldest Old’ – James Kempton & Sam Tomlin, Centre: Forum)

5.2 Additional themes and ideas surfaced from the literature. Some of these include:

- Statistics: 20% of Canadian seniors said they infrequently participated in social activities, while 24% said they would have liked to have participated in more social, recreational and group activities in the past 12 months. Moreover, 19% of seniors felt left out, a lack of companionship or isolated from others. (Source: Social health and aging – Rehab Magazine – Spring 2014)
- The literature talks about the differences between proactive outreach vs. reactive outreach. With proactive outreach, agencies actively search out clients who would fit the profile of their service offerings. They could do this by advertising their services, seeking referrals from other providers or community members, conducting open houses or drop-in events, or actually going door-to-door and identifying potential clients this way. With reactive outreach, the process is reversed. Referrals are received from other agencies or other departments in larger organizations, and clients are tracked and followed-up within the community. Clients sometimes come to them. Services are not proactively advertised, with the exception of directories and websites, etc. (Source: Effective Practices Related to Outreach with Seniors who have Mental Health Issues)
- The literature supports the prevention of social isolation through the understanding that good health, communication skills, social skills, accessible services, feeling connected to and valued by others, having meaningful roles in society, and having access to

transportation, all impact a person's ability to be *engaged*. (Source: Research Brief 4 – FCSS Calgary – Positive Social Ties and Vulnerable Populations, February, 2014)

- It is suggested that we consider social participation as a continuum in which the characteristics that define participation and the point defining isolation are different for every individual and are defined by their nature, circumstances and perceptions. (Source: A Framework for Social Connectivity on the Southern Fleurieu Peninsula & Excerpts From A Framework for Social Connectivity on the Southern Fleurieu Peninsula)
- It is suggested in the literature that we approach this topic with a “not a one size fits all” approach given the heterogeneity of seniors. (Source: How Edmonton Seniors Access Information – Part 1 – agefriendly Edmonton)
- The literature makes distinction between isolated and the most isolated. The most isolated being defined as: 85+, limited mobility, limited income, disabilities, language barriers, ethnic groups and minorities, caregivers, homebound seniors, geographically isolated (i.e. mobile home parks). (Source: Ageing alone: Loneliness and the ‘Oldest Old’ – James Kempton & Sam Tomlin, Centre: Forum)
- The issue of loneliness and social isolation permeate a significant amount of the literature. It is suggested that for the senior population, these two experiences are often correlated. In addition, loneliness is associated with great risk of illness and combined, loneliness and social isolation, seniors are more likely to have early admission to residential or nursing care. (Source: Ageing alone: Loneliness and the ‘Oldest Old’ – James Kempton and Sam Tomlin, Centre: Forum)

6. Strategic Planning Meeting

Outreach workers from all of the senior's centers came together on October 29th to further our collective understanding of the project and to make some decisions regarding how to proceed with the data collection part of the project. A combination of informal conversation and formal exercises were used to gather information and develop a plan for next steps – (Appendix E)

6.1 Examples of Case Finding strategies to be used by Outreach Workers

Gatekeeper programs – Comprised of family, friends, neighbors, GP (PCN's), pharmacies, allied health professionals and others (i.e. services provided to seniors in their homes, transportation services, utility companies, police, fire, EMS, 211,

etc...) and other front line service workers (e.g. bank tellers) who provide access to services and resources.

One-to-one/"natural connections" – Comprised of individuals and groups of individuals who have a natural relationship with the senior and/or occur in places where seniors would naturally gather. These connections or relations are imbedded in the network that the senior already has. For example, this may include: family, friends, neighbors, and pastor or community places of worship. It is suggested that this method could also include placing staff/volunteers in these natural gathering places, to build trust.

Door Knocking – can be coordinated centrally or done independently.

Public Education – strategically selected articles in newsletters, PSA's on radio and television, social media, flyers in doors to identify who is at risk and how to help (could include translation of key outreach materials into other languages).

Screening Tools – for the purpose of making internal and external referrals (i.e. Outreach Tool Kit Needs Assessment has specific questions that could be used to identify loneliness, social isolation and levels of supports congruent with needs and wants of senior).

Other: Volunteers who do telephone reassurance; friendly visitor and support; "Home Tea"; "Friendship Fellows" (caring for our alumni).

6.2 Exercise to rank strategies from most likely to find isolated seniors to least - Gatekeeper strategy was the top ranked strategy, followed by: one-to-one, public education, screening, other and door knocking. (Appendix E)

6.3 Exercise to rank strategies from most doable (i.e. time, resources, effort) to least Doable. One-to-one was ranked as the most doable, followed by: gatekeeper, door knocking, other, screening and public education. (Appendix E)

6.4 Individual Exercise to identify:

What are you doing now that you definitely intend to continue?

Which of the strategies would you like to add at your agency and why?

Which strategy would you not like to see added and why?

(Appendix E – Case Finding Project Meeting – October 29 Results)

7. Pilot Phase

The five senior's agencies identified by the fact that their geographical boundaries lie within the areas identified on our map as having the highest percentage of individuals 65+, living alone and with highest levels of social vulnerability (definition provided on map), include:

1. Seniors Outreach Network Society (SONS)
2. Operation Friendship Seniors Society (OFSS)
3. Edmonton Seniors Centre (ESC)
4. Westend Seniors Activity Centre (WSAC)
5. Sage (Appendix F)

The outreach worker(s) from each of these agencies, contacted their gatekeepers to advise them of the project and asked them to participate. The project was promoted with these gatekeepers as a proactive way of "reaching out" to seniors who are isolated and/or at risk.

The outreach worker described some of the things that seniors could expect as a result of being connected to an outreach worker. These were described as follows:

1. Comprehensive needs assessment
2. Develop action plan geared specifically to the senior's needs
3. Home visit
4. Connecting to resources and supports
5. Follow up support

Some initial screening questions to target at-risk seniors (as found in the Outreach Tool Kit):

1. Do you have someone to trust and confide in?
2. If you need help, is there someone you can count on?
3. How well do you cope with the amount of money you have to take care of your needs?
4. Is there anything about your home which makes life difficult for you?
5. In general, do you have any health problems that prevent you from getting out of your home?

8. Findings

Three of the five senior's organizations were able to participate in the data collection phase of the pilot. Reasons for which two organizations were not able to participate include: outreach staff position vacant at time of data collection and referrals not meeting criteria of project. Based on the findings for the three organizations that participated, the results support the efficacy of the gatekeeper strategy in both finding seniors who are isolated and providing resources and supports to assist that senior in reducing isolation – (Appendix G, H & I).

9. Recommendations

- We need to investigate and evaluate strategies that were not used in this project.
- We need to keep this as an agenda item at future Interagency Outreach Workers Meetings.
- Actively and strategically find ways to build partnerships and alliances with the broader “outreach” community to both learn from each other and support each other in efforts of finding seniors who are isolated and/or at risk. This will be done by inviting agencies identified in the Case Finding Project Final Report, to do a presentation at our Interagency Outreach meetings.
- Holding true to our values, it will continue to be important to include seniors in the testing and evaluating of other case finding strategies.
- We will prioritize the building of a stronger “brand” of outreach in the community. This includes building the case for why outreach workers are well positioned to further this work. This will involve communications with funders to better inform of our efforts and build more capacity within the sector.

References

McLaughlin, D., Leung, J., Pachana, N., Flicker, L., Hankey, G., Dobson, A. (2012). Social support and subsequent disability: it is not the size of your network that counts. *Age and Aging*, 41, pp. 674-677. Oxford University Press on behalf of the British Geriatrics Society.

Caplan, G., Williams, A., Daly, B., Abraham, K. (2004). A randomized, controlled trial of comprehensive geriatric assessment and multidisciplinary intervention after discharge of elderly from the emergency department – The DEED II Study. *JAGS*, September 2004 – Vol. 52, NO. 9. pp. 1417–1423. American Geriatrics Society.

Kempton, J.; and Tomlin, S. ageUK, April 2014. *Ageing alone: loneliness and the 'oldest old'*. pp. 1-56 CentreForum

Wilby, Frances. *Journal of Gerontological Social Work*, March 31, 2011. *Depression and social networks in community dwelling elders: a descriptive study*. pp. 246-259

Thomas, Mat Christian. Ezine articles. *What is assertive engagement*.
<http://ezinearticles.com/?What-is-Assertive-Engagement&id=2241305>

Sy & Binnie. Agefriendly Edmonton. *How Edmonton seniors access information – phase 1*.

Addressing isolation among older adults – the role of social connectedness in healthy aging, Improving the lives of 10 million older adults by 2020. May 22, 2014, National council on aging. pp. 1-28.

Webinar, May 22, 2014, *Addressing isolation among older adults – the role of social connectedness in healthy aging*. IlluminAge communication partners.

National center for benefits outreach and enrollment – helping seniors and adults with disabilities access benefits, May 2011, *Crossing new frontiers: benefits access among isolated seniors*. pp. 1-12, National Council on Aging

Tunstall, L. and McIntyre, S. 2014. *Effective practices related to outreach with seniors who have mental health issues*. Calgary: SCOTT.

Kerse, N; Boyd, M; McLean, C; Koziol-McLain, J; and Robb, G. 2008. *The bright tool*. Age and Ageing, 37. pp. 553 – 558. Oxford University Press on behalf of the British Geriatrics Society.

Zuran, B., and Liu, L. (2012). Helping seniors age in place: a scoping literature review of senior centre programs which address social inclusion and social isolation in community-dwelling seniors. Paper submitted in partial fulfillment of the requirements for the degree of master of science in occupational therapy, department of occupational therapy, university of Alberta

Masako, I-K. (2008). Formal activities for elderly women: determinants of participation in voluntary and senior center activities. *Journal of women & aging*, 2(1), pp. 79-97. The Haworth Press, Inc.

National council on aging. (2013). Senior centers reach the hard-to-reach. Retrieved from <http://www.ncoa.org/national-institute-of-senior-centers/nisc-news/senior-centers-reach-th...>

Cooper, M., Rhodes, K. June 2009. Excerpts from Calgary FCSS research brief no.4. Positive social ties and vulnerable populations. Guyn cooper research associates ltd.

Hellmich, N. (February 18, 2014). Lonely people carry higher risk of premature death. Retrieved from <http://www.usatoday.com/story/news/nation/2014/02/17/loneliness-seniors-early-death/5534323>

Strathcona County. June 2009. Older Adults Plan.

Matherlifeways. March 12, 2014. Webinar. 5 Ways to make more of your outreach. Citrix Online, LLC.

FCSS Calgary. February 2014. Positive social ties and vulnerable populations. Research brief 4.

Sparrow, L. (2006). A framework for social connectivity on the Southern Fleurieu Peninsula. *Southern Fleurieu Positive Ageing Taskforce*.

Spalter, T., Spring 2014. Social health and aging. Retrieved from www.rehabmagazine.ca.

Ford, G. and Taylor, R. (1983). Risk groups and selective case finding in an elderly population. *Soc. Sci. Med. Vol. 17. No. 10.* pp. 647-655.

Raiche, M., Hebert, R., and Dubois, M-F. (2008). PRISMA-7: A case finding tool to identify older adults with moderate to severe disabilities. *Archives of gerontology and geriatrics* 47. pp. 9-18. Retrieved from www.sciencedirect.com

Verdon, J. and McCusker, J. (2013). ISAR Identification of seniors at risk. A two-step comprehensive approach for seniors in the hospital emergency department. Screening, assessment & intervention. Clinical and administrative manual. *In collaboration with St. Mary's Research Centre and McGill University, Montreal, Quebec, Canada.* pp. 1-55.

Klassen, C. (December 16, 2009). Improving outreach to Edmonton's isolated seniors. *Edmonton Seniors Coordinating Council.* pp. 1-32.