



Division for Research on Aging

A Time for Leisure – Social Activity for Housebound Members of Supportive Communities: An Evaluation Study

Michal Laron

The study was initiated and funded by JDC-ESHEL

RR-777-18

RESEARCH REPORT

A Time for Leisure – Social Activity for Housebound Members of Supportive Communities: An Evaluation Study

Michal Laron

The study was initiated and funded by JDC-ESHEL

Editor: Ronit Ben-Nun

English translation: Evelyn Abel

Graphic design: Anat Perko-Toledano

Myers-JDC-Brookdale Institute

Division for Research on Aging

P.O.B. 3886

Jerusalem 9103702, Israel

Tel: (02) 655-7400

Fax: (02) 561-2391

Website: brookdale.jdc.org.il

Related Myers-JDC-Brookdale Institute Publications

Berg-Warman, A., Brodsky, J., Gazit, Z. 2010. *Supportive Community – Evaluation Study 2010*. RR-569-10

Berg-Warman, A. 2003. *Supportive Community – Evaluation Study 2000-2001*. RR-392-03

Mizrahi, I., Himelblau, Y. 1999. *Supportive Community – An Evaluation Study*. RR-345-99

Reports (in Hebrew) and English summaries can be downloaded free of charge from the Institute website: brookdale.jdc.org.il

Abstract

Background

The Supportive Community Project aims to provide elders living in the community with a sense of security, and offer them social and recreational activity to address loneliness and the need for meaningful occupation. Currently some 25% of the members of Supportive Communities are aged 85+, and about 20% are housebound. Since they find it difficult to participate in community social activities, they do not exercise their right to benefit from these services. It is therefore recommended that supplementary services be implemented for the housebound for improved access. In fact, the ninth five-year plan of JDC-ESHEL chose the topic of loneliness as a main new focus, defining housebound elders as a special, priority target group for program development.

At the end of 2013, JDC-ESHEL and the Ministry of Labor and Social Affairs (MOLSA) formulated a pilot of social activity for the housebound members of Supportive Communities. The proposed intervention centered on making social activity accessible by situating it in the home with the help of volunteers. The Myers-JDC-Brookdale Institute (MJB) was asked to accompany the pilot with an evaluation study.

Goals

The goals were to examine the program's implementation and contribution to participants with the focus on the sense of loneliness, social involvement and psychological wellbeing, and reference to the perspectives and satisfaction of the housebound, the volunteers, and Supportive Community staff.

Method

The 142 intake forms of participants and the interviews conducted with 71 of them some six months after their joining the program were analyzed to examine their satisfaction with the program and its perceived contribution. Similarly, we interviewed volunteers and program leaders at the national and local levels, as well as staff of the participating Supportive Communities

Findings

- The number of pairs (of volunteer and housebound elder) that were simultaneously active ranged from 15-20 per locality.
- According to the preferences of most of the housebound in most cases, the meetings between the volunteer and housebound took the form of a social visit rather than an action-focused recreational activity.
- Program satisfaction was very high among the housebound, the volunteers and Supportive Community staff.
- About two-thirds of the housebound reported that the program had helped improve their mood and relieve loneliness. About a third reported improved participation in social/recreational

activity, contact with the Supportive Community, daily functioning, and overall sense of health. Nevertheless, the indirect reports of outcome measures – before and after joining the program – showed no improvement in the averages for sense of loneliness, psychological wellbeing, satisfaction with life or with how the housebound passed their time.

Conclusion

The reliance on existing community infrastructure to identify and recruit participants helps save on resources and promotes program efficiency, although cooperation between the coordinator and the Supportive Community staff is vital to success. There is nothing to prevent integrating people with cognitive deterioration into the program on condition that the volunteers receive proper training.

It may well be that in order to increase the program's contribution, the visits should be more frequent or enriched by content and/or activity that can occupy the elders outside of the framework of the visits. Furthermore, it is worthwhile encouraging people to engage in social activity outside of the home, and developing additional responses for elders feeling lonely and/or depressed over time. Thereby, the program would join other interventions responding to loneliness and provide the housebound with a mantle of recreational and social activities, security, and a sense of community belonging.

Executive Summary

Background

The Supportive Community Project aims to provide elders living in the community with a sense of security and offer them social and recreational activity to address loneliness and the need for meaningful occupation. Currently some 25% of the members of Supportive Communities are aged 85+, and about 20% are housebound. Since they find it difficult to participate in community social activities, they do not exercise their right to benefit from these services. It is therefore recommended that supplementary services be implemented for the housebound to improve accessibility (Berg-Warman, 2003; Berg-Warman, Brodsky & Gazit, 2010). Moreover, the ninth five-year plan of JDC-ESHEL chose the topic of loneliness as a main new focus, defining housebound elders as a unique, priority target group for program development (Rotem, 2011: 34-37).

At the end of 2013, JDC-ESHEL and the Ministry of Labor and Social Affairs (MOLSA) formulated a pilot program of social activity for housebound members of Supportive Communities. The proposed intervention centered on making social activity accessible by situating it in the home and relying on volunteers.

Study Goals

The goals were to examine:

1. The program's implementation – the ways of recruiting both housebound participants and volunteers, the outputs, program characteristics and training provided, as well as a description of the activities at meetings
2. The contribution to participants with the focus on loneliness, social involvement and psychological wellbeing and reference to the perspective and sense of satisfaction of the housebound, the volunteers, and Supportive Community staff.

Research Method

The mixed methods study included both quantitative and qualitative methods. The main data sources were:

1. The intake forms of participants
2. Structured face-to-face interviews with housebound elders who had participated in the program for some six months after being assigned a volunteer
3. Telephone interviews with a random sample of program volunteers
4. Semi-structured, face-to-face, telephone interviews with national and local program leaders, and with Supportive Community staff participating in the program
5. Relevant documents, and observations of meetings and visits that were part of the program.

The quality of the program was examined by two methods:

1. Through program satisfaction (as a dimension of the quality of output) and the perceived program contribution as reflected in direct questions to participants, interviewed about six months after joining the program
2. Through the program's outcome measures, by means of identical questions directed at participants before joining the program (the intake forms) and after joining (the interview), along with a comparison of these.

Main Findings

- Most of the housebound elders identified by the Supportive Community staff were aged 80+, and suffered from considerable functional difficulties and light or moderate cognitive deterioration. Most lived alone and did not participate in social activities although they were interested in doing so. They showed far higher rates of loneliness and depression than the general community, as well as dissatisfaction with how they passed the time.
- The population of volunteers was heterogeneous in terms of age, background, and education. Localities differed in their recruitment infrastructure and the extent that they had a volunteer culture. Upon joining the project, volunteers received personal training from coordinators, as well as support and guidance throughout their participation. Furthermore, most localities held periodic volunteer meetings. Their satisfaction was very high. Volunteering contributed to their sense of empowerment.
- The number of (volunteer/elder) pairs simultaneously active (at any given time) ranged from 15 to 20 per locality. Activities included a weekly meeting of 60 to 90 minutes. In most cases, the meeting was social in character (e.g., conversation) rather than recreational (e.g., drawing or memoir writing). This was consistent with the preferences of most of the housebound in the program.
- While satisfaction with the program was very high, it was (relatively) low with the content of activity at the meetings. In isolated instances, the activities with volunteers resulted in the elders occupying themselves similarly in the absence of the volunteers (outside of the meeting hours). About half of the housebound would have been happy to have more meetings. The Supportive Community staff, volunteers and housebound all showed high satisfaction with the coordinators.
- Some two-thirds of the housebound reported that the program had helped improve their mood and alleviated the sense of loneliness. Of the elders reporting at the intake stage that they often felt lonely, 74%, after six months in the program, noted improvement in this respect. The same was true of the 56% who had shown signs of depression during intake. About a third reported improvement in participation in social/recreational activity, in contact with the Supportive Community, in daily functioning, and in their overall sense of health.
- On the before and after outcome measures that do not relate directly to the program, no improvement was found in the averages for sense of loneliness, psychological wellbeing, satisfaction with life or with passing the time. However, a significant difference was found for sense of loneliness between elders reporting either a high or low frequency at intake; the rate

reporting less frequent loneliness was greater among the elders who had reported a high frequency at the intake stage.

- According to the multi-variate analysis, the program contributed more to alleviating the sense of loneliness among elders with post-high school education and the 65-79 age group.

Conclusion

- Reliance on existing community infrastructure to identify and recruit participants contributes to savings and to streamlining the program.
- There is no reason to exclude people with cognitive deterioration from the program as long as volunteers receive proper training.
- Projections of the number of participants should take into account deterioration in the condition of participants and conceivable dropout, as well as the possibility of providing a social response not necessarily related to the introduction of a volunteer. Wherever possible, resources should be invested in encouraging people to participate in social activity outside of the home.
- Occupational therapy enriches Supportive Community staff with a new perspective and professional knowledge. However, given that the meetings are mainly social rather than recreational, there is less of an outlet for the ability of the coordinator – as an occupational therapist – to adapt activities to the capabilities of the housebound.
- Cooperation between coordinator and Supportive Community staff is vital to the program's success – in identifying the housebound and gaining their trust, in recruiting volunteers, in referring the housebound to other community activities, and in creating joint activities for the volunteers and the housebound.
- To increase the program's contribution, the meetings should perhaps be more frequent or enhanced by content that might engage the elderly outside of the hours of the meetings. Furthermore, additional responses should be developed for people suffering from long-term loneliness or depression so that the program would join other programs and interventions striving to alleviate these feelings, and provide housebound elders with a mantle of recreational, social, security-related and community activities.