

# **FCSS Senior Services Evaluation Report**

## **Seniors Outreach System**

October 1999

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## SENIORS OUTREACH SYSTEM REVIEW

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### EXECUTIVE SUMMARY

*Independence is the capacity to live a desired lifestyle  
without any undesirable dependency.  
This includes being in control of decision-making  
and taking the responsibility for outcomes.  
Being independent is being able to call for help when you need it  
but to be able to do things your own way.*

Comments from Seniors Focus Group  
Seniors Independence Research Program

The Canadian Council on Social Development states that *given the choice, most of us would prefer to "age in place" in our own homes. Greater emphasis needs to be put on supporting individuals' choices.*

*The quality of our planning now will determine  
the quality of life for future generations of seniors to come.*

The FCSS Seniors Services Report provides a system wide review of seniors outreach services. The study included an indepth review of three major senior outreach service providers; a survey of 460 outreach clients, 75 volunteers, and 100 recipients of volunteer services; interviews with 29 collateral service providers in Calgary; and interviews with twelve senior serving organizations in six provinces across Canada.

Outreach has been a difficult concept to define. There continues to be significant variation in definitions of outreach, and this is true in Calgary as well as elsewhere.

At this time, Calgary does not have a comprehensive, well organized system of outreach services for seniors that is available city wide. Where services are available they are uneven in terms of the types of services, service models and amount of service available. There are significant senior populations within the city that have limited access to outreach services and receive little or no service.

Where outreach services are provided, feedback from clients indicates an **excellent quality of outreach services**. Ninety six percent of participants who responded to the outreach client survey said the outreach service they received was **helpful** and ninety two percent felt that their **problem or concern improved after intervention** from the Outreach Worker.

Some improvements have been made in the outreach service system over the past ten years. There have been attempts to improve service coordination through monthly **Outreach Workers meetings and the FCSS Supported Seniors Services** map. Senior Centre boards are gradually improving

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their understanding of outreach, and moving more toward a "social agency" model. However, most of the six recommended improvements from a seniors outreach service review completed in 1989 have not occurred and the same issues continue to plague the outreach service system today. These issues include: a need to more clearly define outreach

worker qualifications and salaries

distribution of services across Calgary and gaps in service

Resources are very thinly spread. In response to lack of resources, there is a concerted effort to **target outreach services to the more vulnerable and needy seniors**. Where targeted outreach services exist (e.g. Bowness/Montgomery; Downtown Eastern Core; Forest Lawn) a consistent level of high quality service is available to resident seniors.

There is good co-ordination and collaboration among seniors service providers such as FCSS seniors outreach, Community Health nurses, Home Care nurses, Homemakers, Meals on Wheels, etc. There is little overlap or duplication of services apparent among these service providers. Community service providers have a high regard for FCSS seniors outreach service and regularly refer seniors in need to the FCSS outreach programs.

The role of senior centres is not as well recognized within the system, even though many centres provide a valuable social integration function specifically targeted to the frail and older seniors. An opportunity exists to engage senior centres more directly and increase collaboration in this area.

The Kerby Centre social work/outreach program has gradually evolved into a well respected counselling service, the only counselling service commonly used by seniors in Calgary. The Kerby Centre has also developed a nationally recognized expertise in seniors abuse counselling. Collateral agencies have recognized this specialty and regularly refer abused clients to Kerby Centre.

The Chinese Elderly Citizens outreach program is recognized as an excellent model for service provision to specific ethno-cultural seniors. Key contacts for other ethno-cultural groups indicate that they most often choose to work with the Kerby Centre in the development of programs and services for their seniors.

Aboriginal seniors are not served through existing outreach services. Aboriginal contacts indicate there is some need for this type of service. Further study would be necessary to determine demand, and to develop an appropriate service delivery model.

The most frequently identified gaps in community based services for seniors include escorted transportation, shopping assistance, yard and home maintenance. These service gaps were identified by seniors as well as by service providers.

Overall, there are some targeted high quality outreach services being provided in Calgary. However, much work remains to be done if this important service is going to address the growing and aging seniors population and the increasing need for community supports that promote individual choice and the option of "aging in place".

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### **RECOMMENDATIONS**

1. It is strongly recommended that FCSS rethink its approach to funding seniors outreach services by:
  - adopting the "core functions" definition as the standard from which all seniors outreach workers would be expected to operate (at a minimum) and communicating this with boards who receive funding for outreach. Core functions: information and referral, filling out forms, assessment (informal and formal), in-home service, supportive counselling, issue management, monitoring, education/workshops, community development.
  - targeting outreach funds for a clearly specified range of services (core functions + those negotiated with the individual agency), amount of service (ie hours per week), specific requirements for staff qualifications and an appropriate salary range for these qualifications.
  - setting clear expectations for senior centre outreach programs to ensure a portion of "out of centre" work (e.g., 20 - 25%)
  - developing a standard set of documents to guide outreach service provision. These should include an orientation/training manual, and intake, assessment, outcome and reporting formats.
2. Organize seniors outreach services into inter-agency, multi-disciplinary teams (including the Community Health seniors resource nurse) based on a geographic quadrant system to correspond with CRHA. Strengthen linkages and collaboration between stand alone outreach agencies (Bowmont, CSRS) and senior centres with outreach services.
3. Consider Kerby Centre social work/outreach as a stand alone city-wide resource and source of expertise with specialized services in seniors counselling and abuse, and with comprehensive drop in information and referral services. This resource and expertise should be available to the multi-disciplinary outreach teams.
4. Expand outreach services and increase resources (as funds become available) to the following priority areas:
  - Acadia/Fairview
  - Southwest Calgary (especially the area south of Glenmore reservoir)
  - Varsity, Brentwood, Triwood
  - Thorncliffe; Huntington areas
  - Connaught

5. Increase resources to support increased volunteer recruitment and training activity in order to expand volunteer services. Much valuable instrumental and social support can be provided by volunteers. The system needs more escorted transportation service. The feasibility of enhancing the currently limited monitoring and surveillance functions with trained volunteers should be investigated. Students may be helpful in casefinding, part of the original premise of outreach which has been lost over time.
6. Use a community development approach to engage communities in supporting their senior citizens. For example:
  - Look for ways to engage communities to develop gatekeeper models. Outreach coordinators need to establish relationships in the community and make businesses, etc. aware of the role they could play. This already occurs to some extent but could be expanded.
  - Work with retail grocers to assist with shopping programs for groups of elderly residents.
  - Work with Calgary Transit to develop Community Shuttle route deviations where concentrated pockets of seniors need improved transportation access.
  - Support community associations or senior centres in the development of home/yard maintenance programs. These programs can be expensive to operate (see West Hillhurst Go-Getters) and may require financial support from FCSS in some communities.
7. Further develop the social integration model (Tea and Conversation) in those areas of the city where this service does not exist. This service should be developed in collaboration with senior centres and outreach workers. Link closely with outreach workers to encourage regular social integration opportunities for the older and frail senior. This model allows large numbers of older/frail seniors to be served and monitored on a regular basis with modest resource investment. It encourages a collaborative intervention which includes volunteers (peers), outreach worker and community health nurse.
8. Review and revise FCSS data reporting requirements. Current data is not useful for planning, is not interpreted or reported in a consistent way and encourages the wrong focus in service evaluation. Currently FCSS data focuses almost entirely on activity counts, or outputs (ie how the workers spend their time). This model of accountability is outdated. Refocus efforts on collection of more meaningful data that would assist in understanding client characteristics, needs presented, and service outcomes.
9. Improve coordination among city social planners working with seniors programs. Use a community development model for coordination, planning and development of seniors programs. For example, social planners should work collaboratively and encourage seniors organizations to work collaboratively in service planning and development. There is still a tendency for social planners to work separately and individually with seniors organizations, resulting in duplications of effort and inconsistency in direction and service development. This approach is not conducive to development of quality community-wide service systems.

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## **1.0 INTRODUCTION**

*The quality of our planning now  
will determine the quality of life  
for future generations of seniors to come.*

Canadian Council on Social Development 1999

This evaluation of Seniors Outreach Services provides:

- 1) an operational review of three major outreach providers
  - Kerby Centre
  - Bowmont Seniors' Assistance Association
  - Calgary Seniors' Resource Society, and
- 2) a system wide review of outreach services that considers
  - the current organization, delivery and resourcing of all FCSS funded outreach services to seniors, including those provided through Senior Centre organizations, and
  - a broader picture of the role of collateral outreach service providers (e.g., CRHA)

The report is divided into four distinct sections. Section I discusses the systems wide review of outreach services. Section II, III, and IV are individual agency evaluation reports for Bowmont Seniors Assistance Association; Calgary Seniors' Resource Society and Kerby Centre.

### **1.1 Approach**

The study used a mix of qualitative and quantitative methods. Review of the three major outreach providers included several site visits, extensive document review, staff interviews, staff surveys, and Board interviews and observation. Secondary data sources such as previous studies, evaluations, literature review, population statistics, were used as well.

A mail survey of approximately 460 outreach clients was used to collect client feedback and assess service quality. Survey response was excellent, with 306 returns, a 66% return rate.

A second mail survey was distributed to 75 CSRS volunteers and 100 CSRS recipients of volunteer services. A total of 82 client responses were received for return rate of 82% and 45 volunteers surveys were received for return rate of 60%.

Bowmont Seniors' Assistance Association requested focus groups to complement their survey data. Three focus groups were held with 17 clients representing different age and interest groups. Individuals who had used Bowmont outreach services were invited to participate .

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In person and telephone interviews were conducted with 29 collateral services providers. In a National telephone survey, twelve organizations from six provinces including Ontario, Quebec, Manitoba, Saskatchewan, Alberta and British Columbia were contacted. In addition, a number of programs from the United States were contacted through internet search and international models were considered through the literature review.

Four group meetings were held with all FCSS funded seniors outreach workers, including those from Senior Centres, for discussion of broader systems issues.

### **1.2 Study Limitations**

A judgement sampling approach was used for the client feedback survey. In order to maintain confidentiality, outreach staff were instructed to select specific numbers of clients who had received service within the past six months from their caseloads. It was assumed that clients who had received service within the past six months would be more likely to remember the service. Staff were also instructed to exclude any cases where receipt of the survey would create additional distress for the client, or place the client at risk. These included clients known to have dementia, mental health or abuse issues. Since many seniors receive a variety of in-home services (e.g., Meals on Wheels, homemakers, home care, etc.), it was decided that outreach workers should be referred to by name in the survey in order to avoid confusion. Surveys were prepared by the researcher, but labelled and mailed from the program sites. Surveys were returned in self addressed stamped envelopes to the researcher. No names or identifying information were requested from the clients.

The vague and variable definition for "outreach" made it difficult to search out similar programs nationally and internationally in order to explore service models.

Each outreach program uses a different approach for defining a "case" and for collecting information. Even for FCSS statistics there is little consistency in interpretation of data requirements, making it difficult to use FCSS data for cumulative analysis.

## **2.0 SOCIO-DEMOGRAPHIC TRENDS**

The most dramatic growth in the number and proportion of seniors will take place between now and the year 2040. By that time, there will be over 9.5 million seniors, comprising more than 23 per cent of Canada's population.

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## Population Pyramids by Age Group and Sex, Canada, 1996

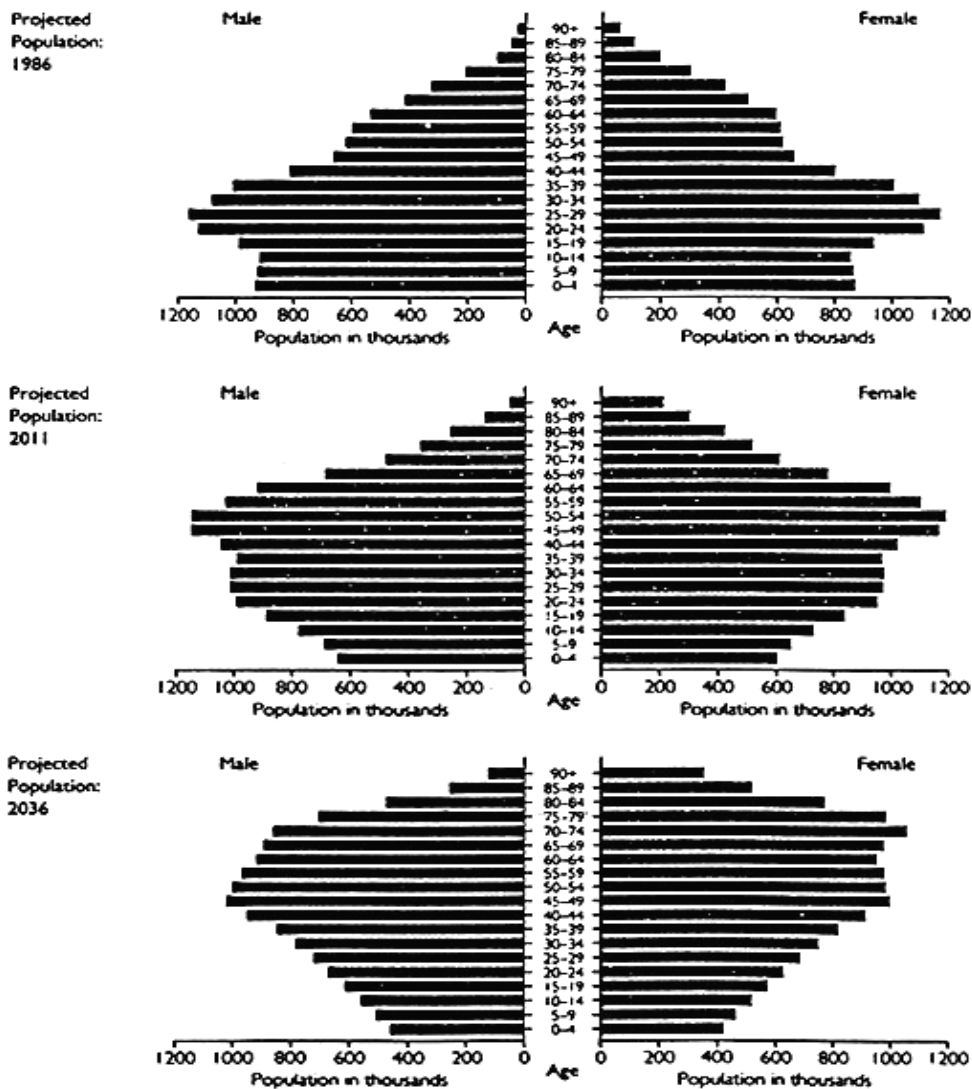


Figure 1

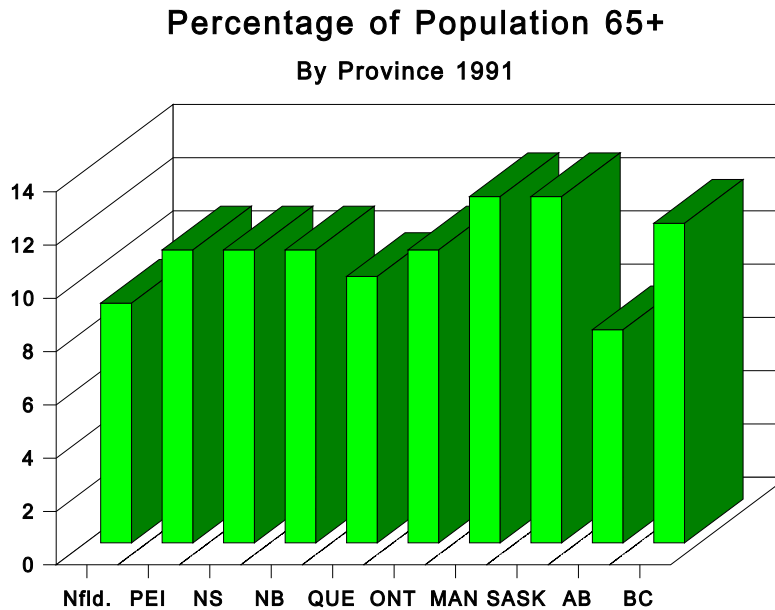
These pyramids show at least three important trends: first, the dramatic growth in size of the older age cohorts (aged 40+); second, a growing proportion of women compared to men in the oldest cohorts; and third, the movement of the Baby Boom cohorts into old age. The 2036 pyramid is top-heavy, with small younger age groups below a large older population.

Source: Adapted from J. Perreault, Population projections for Canada Provinces and Territories. 1990-2011. Statistics Canada 1991.

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Canada still has a younger population than most of the other developed nations, and Alberta has a younger population than other Canadian provinces. In 1996, 8.7% of the Calgary population was aged 65 and over.



Life expectancy for women has increase faster than it has for men through most of this century. CRHA Region 4 reports a life expectancy of 82 years for women, and 76.6 years for men. As a result, the proportion of older women in the population has grown. By 1986 there were 138 women for every 100 men aged 65 and over. Projections show that by 2001 women aged 80 and over will outnumber men at the rate of more than 2 to 1.

This means that policies and programs for seniors (such as health care, housing, income support) will have a greater impact on women than on men, simply because more women will live longer and so, be affected by them for more years. <sup>1</sup>

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<sup>1</sup> Novak, M. *Aging & Society: A Canadian Perspective*. 1993. p.90

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### 2.1 Seniors in Calgary

The number of all adults over the age of 55 is continually increasing in Calgary. Because people are living longer, **the relative proportion of older seniors is increasing.**

Since 1971, the number of seniors in Calgary who fall into the 55 years and older age cohort has tripled in size. Relative growth has been the greatest in the higher age categories, 75 years and older, which will grow 250% by the year 2000, and the 85 years cohort is expected to increase over 360% by the year 2000. This pattern suggests that not only are there more seniors in the population, but there are more older seniors as people are living longer.

The CRHA Health Needs Assessment for 1996 reports that the changing demographics in the Region will dramatically affect the type of health services that are needed. Between 1996 and the year 2000 there will be a 12% increase (9,030) in the senior population (65+ years) and a 24% increase (24,885) in the adult population (50-64 years). Life expectancy in Health Region 4 (Calgary and surrounding communities) is higher than anywhere else in Alberta, with an average life expectancy for men of 75.9 years and women 80.8 years.

As age increases, females begin to outnumber males; in the 65+ cohort, the gender split is 58% female, 42% male.

#### Calgary Population by Age Group of Seniors

Age	1971	1981	1991	1995	2000 (Projected)
55-64	25,000	38,000	48,000	53,000	69,000
65-74	25,000	23,000	32,000	38,000	43,000
75-84	Not Available	10,000	17,000	21,000	25,000
85+	Not Available	3,000	5,000	8,000	11,000
Total	Not Available	74,000	102,000	120,000	148,000

Sources: Statistics Canada; Seniors Business Plan; Calgary Parks & Recreation; City of Calgary Financial Department

**Table 1**

More substantial growth is projected to occur shortly after the turn of the century. A 1995 Calgary Health Services study reports that by 2011, when the 'baby boom' generation reaches the 65 years and older age category, their population in Calgary will be around 130,000 and it will

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increase rapidly to 230,000 by 2021.

## SENIORS OUTREACH SYSTEM REVIEW

### Long term senior (65+) population projections for Calgary

Year	Projected Population 65+ Low Estimation	Projected Population 65+ High Estimation
2001	81,900	86,400
2011	122,800	138,200
2021	221,000	248,400

**Table 2** Source: Health of Calgarians, 1995 Seniors Business Plan; Calgary Parks & Recreation

### 2.2 Distribution of Seniors By Ward

Certain wards of the city contain an over representation of seniors: the populations of Wards 4, 7, and 11 each contain over 23% seniors 55 years and older. Wards that are comparatively under-represented for seniors are Wards 3, 5, and 14 whose seniors account for 10% or less of their populations. Within the Wards:

- Ward 7 has the highest percentage of seniors aged 65 and older (72%)
- Wards 4,6,8, and 11 tend to have higher proportions of older seniors

### Distribution of Calgary Seniors By Ward

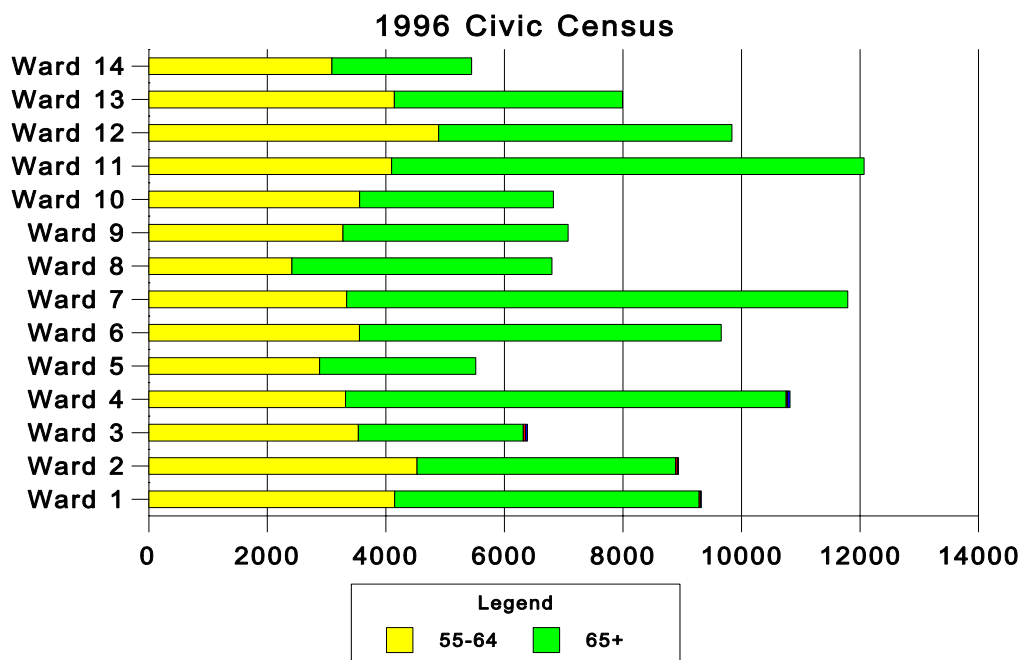


Figure 3

### 2.3 Income/Economic Profile

## **SENIORS OUTREACH SYSTEM REVIEW**

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In general, older seniors have significantly lower household incomes than younger seniors. Generally, male seniors tend to have higher household incomes than female seniors in the same age cohort. The highest percentage of seniors whose household income is below \$20,000 are the females 65 years and over (36.7%). On the other hand, the highest percentage of older adults whose household income is above \$50,000 are males 55-64 (53.6%).

According to Stats Canada, in 1996, 20.6% of Calgary's seniors aged 65 and older were living below the poverty line, defined as an income of \$15,000 or less.

In terms of income, in a 1997 Stats Canada analysis it was shown that 30% of Calgary's seniors receive some or all of their income from Old Age Security (OAS) and Guaranteed Income Supplement (GIS). This rate has remained constant since 1993. Of the OAS/GIS recipients, 32% were male and 68% were female. When compared to population statistics for Calgary which show 42% male and 58% female in the 65 and older age group, it becomes evident that female seniors are more likely to rely on income supplements.

### **Incidence of Low Income by Age, Calgary, 1995**

<b>Age</b>	<b>Total Population</b>	<b>Low Income Population</b>	<b>Incidence of Low Income (%)</b>
<b>55 to 64</b>	<b>54,650</b>	<b>9,475</b>	<b>17.3</b>
<b>65 to 74</b>	<b>40,625</b>	<b>7,825</b>	<b>19.3</b>
<b>75+</b>	<b>23,155</b>	<b>6,445</b>	<b>27.8</b>

**Table 3**

Higher rates of low income are experienced among the oldest age group (75+) of citizens in Calgary. A 1996 monograph published by Statistics Canada reports that among women over 75 and living outside of an institution, 40% were living below the low income cut-off.

Statistics Canada (1998a) data on actual food expenditures in 1996 shows that a person living alone averages \$58.84 weekly, and a senior who lives alone averages \$49.46 weekly. An Alberta Government study on impact of health service changes on seniors suggests that seniors with the greatest health needs are experiencing financial hardship due to the cumulative impact of increasing health care and reduced benefits.<sup>2</sup>

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<sup>2</sup> Alta. Government (1996). Review of Cumulative Impact of Program and Service Changes on Seniors.

## SENIORS OUTREACH SYSTEM REVIEW

<b>Ten Communities With The Largest Number of Seniors Receiving OAS &amp; GIS</b>				
	<b>1993</b>	<b>1997</b>	<b>Total Seniors</b>	<b>1997 % of Total</b>
Acadia	472	<b>496</b>	<b>1370</b>	36.2
Bowness	458	<b>558</b>	<b>1208</b>	46.19
Bridgeland/Riverside	442	<b>293</b>	<b>601</b>	48.75
Connaught	359	<b>389</b>	<b>1158</b>	33.59
Downtown Commercial	507	<b>413</b>	<b>662</b>	62.39
Downtown East Village	342	<b>331</b>	<b>400</b>	82.75
Ogden	342	<b>311</b>	<b>845</b>	36.8
Renfrew	326	<b>239</b>	<b>789</b>	30.29
Thorncliffe	356	<b>403</b>	<b>1309</b>	30.79
Varsity	331	<b>345</b>	<b>1894</b>	18.22

Table 4

### 2.4 Seniors Living Alone

<b>Ten Communities Having The Largest Number of Seniors Living Alone</b>				
	<b>1991</b>	<b>1996</b>	<b>Total Seniors (1996)</b>	<b>% Living Alone</b>
Connaught	685	665	1205	55%
Varsity	535	615	1830	34%
Downtown Commercial	490	515	740	70%
Acadia	370	475	1370	35%
Bowness	365	450	1140	39%
Victoria Park	345	395	505	78%
Downtown East Village	345	380	455	84%
Bridgeland	330	345	635	54%
Haysboro	325	340	1175	29%
Killarney/Glengarry	285	340	845	40%

### 2.5 Education

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Older seniors are less likely to have an education level above high school and are more likely to have less than Grade 9 education than younger seniors.

The 1991 Stats Canada analysis indicated that while only 14.9% of seniors in the 55-64 years age cohort have less than Grade 9 education, the number increases to 24.4% of seniors 65 and older. The 1996 Stats Canada data for Calgary indicates that 46% of Calgary seniors aged 65 and older have less than a Grade 12 education.

Education level has a direct impact on demand for outreach support services. Outreach workers at the Calgary Seniors' Resource Society find that some older seniors are functionally illiterate. Some of the most common outreach activities involve assisting seniors to understand and complete government forms, access pension benefits, deal with wills and estate matters, and file their tax returns.

### **2.6 Language/Mother Tongue**

In 1996, 34% of Calgary's seniors were immigrants. Stats Canada data (1991) indicates that 28% of seniors in Calgary reported that their mother tongue was a language other than English. However, about 94% of seniors in Calgary have the ability to conduct a conversation in English. The most common languages for seniors in Calgary, other than English, are listed below:

<b>Mother Tongue</b>	<b>Percentage of Calgarians, 55 years and older</b>
German	6.4%
Chinese	5.0%
Ukrainian	2.2%
Dutch	1.9%
French	1.3%
Polish	1.1%

Source: 1991 Stats Canada Report

Those seniors (6%) who do not have the ability to conduct a conversation in English are more likely to experience difficulty accessing services due to language barriers, and may be more susceptible to isolation and loneliness. Language has been reported as the main barrier to integration into mainstream services for ethno-cultural minority seniors. For example, both staff at the Chinese Elderly Citizens Association and those working with Aboriginal elders report that seniors who do not speak English are reluctant to use city transit services for fear of being lost and unable to ask for directions or assistance.

### **3.0 WHAT FACTORS PLACE SENIORS AT RISK**

#### **3.1 Adjustment to Aging**

Generally, the research on the elderly indicates that adjustment to aging depends on several situational variables: self-rated good health, the perception of adequate financial resources, and the perception of social support.<sup>3</sup>

Risk involves the interrelationship of three elements: risk factors, resources and life experiences. Risk factors tend to predispose a person to negative outcome. They can be physical, psychological, sociological, environmental or behavioral in nature. Resources are the available personal, social and environmental supports or assets, which can help individuals to maintain health and well-being and to cope with life experiences and negative outcomes.

#### **3.2 Determinants of Health**

There is a growing body of evidence that indicates that the key factors which influence population health are:

- Income and social status
- Social support networks
- Education
- Personal health practices
- Coping skills
- Biology and genetic make-up
- Employment and working conditions
- Safe and clean physical environments
- Health services

There is extensive research that demonstrates the links between income and health status. People's perception of how healthy they are is linked to their income level. One Canadian study found that men in the top 20% income bracket live on average six years longer than those in the bottom 20%, and can expect 14 more years of life free of activity restrictions. Women in the top 20% can expect three more years of life than those in the bottom 20%, and eight more years free of activity restrictions.

There is also a direct link between health and level of education. A 1990 Canada Health Promotion Survey found that as education increases, self rated health status improves and activity limitation decreases.

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<sup>3</sup> Aging in Canadian Society (1988) p. 21

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Support from families, friends and communities is associated with better health. An extensive study in California found that, for men and women, the more social contacts people have, the lower their premature death rates.<sup>4</sup> It has long been known that married people live longer than unmarried people, and that widowhood is associated with increased illness and death. Some experts in the field have concluded that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure.

### **3.3 Predictors of Institutionalization**

Canadian research indicates that the significant predictors of institutionalization are, in descending order of importance:

- advanced age;
- no spouse at home;
- residency in Senior Citizens Housing;
- a hospital admission two years earlier;
- one or more problems with the basic activities of daily living (e.g., washing, getting in and out of bed); and
- having a mental functioning problem.

However, it is the combination of these factors, not each individual factor, which is important. Just being a male 85 years or more means having a 16% chance of being institutionalized whereas having all the risk characteristics brings the probability up to 62%. The difference just between not having or having a spouse at home in this age group lowers the probability of institutionalization from 19% to 7%.<sup>5</sup>

The 1996 Health Needs Assessment conducted by the Calgary Regional Health Authority reports that **falls are a major reason for hospitalization among seniors** (85+ years).

A Canadian study by Chappell and Blandford (1987) found that persons who use home care services are characterized by less functional ability, poorer perceived health, fewer relatives, lower income, a greater number of chronic conditions and health problems, advanced age, and living alone. The most important of these predictors are functional ability and perceived health.

Researcher Mary Ann Ruffing-Rahal (1994) identified factors associated with qualitative well-being in older women and developed a vulnerability profile to facilitate case finding older women at risk.

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<sup>4</sup> Berkman and Syme (1979).

<sup>5</sup> Novak, M. (1995). *Aging and Society*. P. 155

### Vulnerability Profile for Older Women<sup>6</sup>

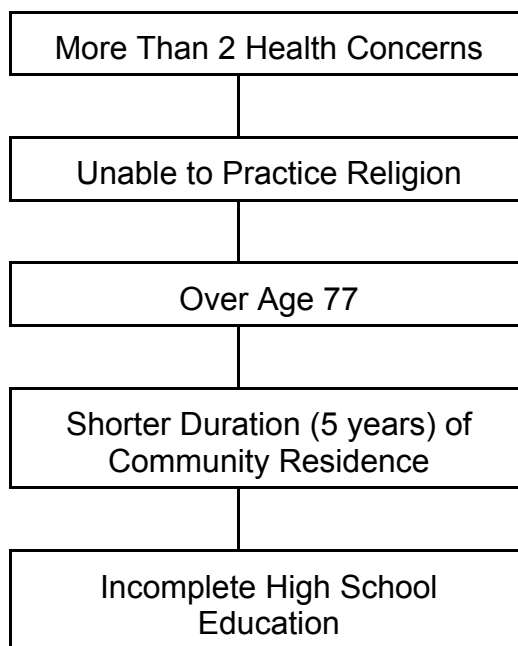


Figure 4

### 3.4 Rationale for Outreach Services

*Independence is the capacity to live a desired lifestyle without any undesirable dependency. This includes being in control of decision-making and taking the responsibility for outcomes. Being independent is being able to call for help when you need it but to be able to do things your own way.*

Comments from Focus Group Participants  
Seniors Independence Research Program

The Canadian Council for Social Development (1999) reports that the majority of housing that will be required in the next century has already been built. *"Given the choice, most of us would prefer to "age in place" in our own homes. Greater emphasis needs to be put on supporting individuals' choices."* (Perception, June, p.4) The notion of aging in place and support for individual choice is part of the underlying rationale for seniors outreach services.

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<sup>6</sup> Ruffing-Rahal (1994).

## **SENIORS OUTREACH SYSTEM REVIEW**

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Solomon and Zinke (1991) note that because of severe losses experienced by seniors, such as the death of a spouse, illness, or retirement, or because of stresses clustered over a brief period of time, ego defence and coping skills may become overwhelmed. Despite having adequate coping skills throughout life, these individuals may at times require support services. The Canadian Council on Social Development (1999) reports that many seniors are living with a disturbingly high level of stress in their lives. The incidence of suicide among seniors is comparable to that of young adults. In Calgary in 1994, there were 18 suicides among Calgarians over 59 years of age (approximately 20% of all suicides in Calgary that year).

However, research has found that even when services are available to seniors, they are frequently under-utilized (Krout, 1993). In a 1997 Seniors' Housing Study, CRHA found that **80% of seniors lodge residents interviewed had not investigated alternative community-based supports**, such as meals on wheels, which may have enabled them to remain in their own homes. Yet seniors surveyed indicated a strong preference for remaining in their own homes and a reluctance to consider long-term care centres as an option. Ellis (1996) makes the case that human services need to **proactively** seek out those in need rather than be passive and reactive, waiting for seniors to request service.

This proactive casefinding approach was validated in research conducted by Forio (1998). An outreach program model which used community "gatekeepers" to identify seniors at risk found that these individuals differed significantly from those identified by other referral sources on a number of at-risk indicators. Those referred by gatekeepers were more socially isolated, and more likely to live alone and not be married. These findings suggest that those referred by gatekeepers may be less likely to have help from informal supports or to have someone to seek help for them when problems arise. Because of their social isolation, they may be less likely to contact social service agencies for assistance.

CRHA (1997) reports that age is closely related to income and well being. The typical younger senior (65-74) lives with a spouse, has a relatively high income, owns his/her home and reports a high level of well-being. The typical older senior (85+) is female, lives alone in rental accommodation, has a low income, and reports less personal well-being.

CRHA (1997) also estimates that **14% of community dwelling CRHA seniors lack social support**, thus, being quite isolated if and when they become ill or needy.

## **SENIORS OUTREACH SYSTEM REVIEW**

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### **4.0 SENIORS OUTREACH SERVICES**

#### **4.1 What Is Outreach**

Outreach is a term that is being applied more and more frequently to services in which workers take the initiative to reach out and provide service to the client in his/her personal environment. Outreach is actually a service delivery model or method intended to improve accessibility of services. The term has been adopted as a program name by a broad range of services that cover the spectrum from pre-natal and pre-school services, to youth, family and seniors programming.

There is no standard definition of outreach. In fact, Schneider (1998) notes that there is **substantial variance regarding definitions of outreach services.**

In the course of this study, a survey of outreach services nationally, involving contact with 12 programs in 6 provinces found little consistency in the definition of outreach or in the combination of programs and services offered as outreach. The survey was unable to identify a particular model for the organization and delivery of outreach services that could help to inform the Calgary seniors' outreach system. Outreach service models across the country represent the same variations that we see in Calgary. Some services are coordinated and provided through Senior Centres, some are small stand alone programs, and some are operated as Regional multi-service centres. There are varying degrees of size, centralization and coordination represented in the programs.

In an early definition of outreach, Reed (1971) described outreach as *that effort needed to locate, inform and persuade persons to become participants in a given program including any special assistance which meets their particular needs.*

Knight (1982) includes the notion of enhancing natural family supports, individual case management and advocacy as a key components of outreach. Schneider (1989) suggests that previous definitions of outreach miss some important functions such as the interagency coordination/collaboration function and individual case follow up.

Orfort (1992) presents a practical overview of the key components underlying seniors outreach.

He states that the worker will achieve a greater degree of success in helping the client if he/she does as much as possible to accomplish the main functions of social support. These include:

1. Material: tangible, or instrumental support or aid
2. Emotional, expressive, or affect support, or caring.
3. Esteem, affirmation, or value support, or acknowledgement.
4. Informational, advice, or cognitive support, or guidance.
5. Companionship support, or positive social interaction.

## SENIORS OUTREACH SYSTEM REVIEW

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### 4.2 FCSS Funded Seniors Outreach - History And Evolution

In 1975 when seniors outreach first began to appear in Calgary, Kerby Centre proposed a bi-level system that would allow for provision of individual outreach programs/staff "wherever a community organization exists which is sufficiently cohesive to engage in decision-making and priority setting"; and a core central administrative component which would take responsibility for general management and coordination, common statistical reporting, training, consultation, common phone number, intake and case allocation.

Although the notion of working with existing community organizations for the provision of individual outreach programs was implemented, the core administrative component, general management and coordination and standardized practise suggestions were not adopted. Instead outreach services for seniors evolved as individual programs offering different combinations of services based on different service models. Systems planning can present a dilemma for FCSS where funding often comes available in small increments over a number of years, making it difficult to embark on a larger city wide initiative. This barrier to planned development continues to impact service development today.

In the early to mid 1980's the notion of outreach was expanded through increased investment in **senior centre based outreach services**. This investment at individual senior centre level may have been an attempt to encourage senior centres to take on a more professional service orientation and less a social/recreational club atmosphere.

In 1986 FCSS developed the following working definition of outreach. *"Outreach services to seniors are social services to isolated senior citizens which entail casefinding, assessment, information and referral, and ongoing support."* Then, in an apparent attempt to accomodate a broad range of activities being provided within this definition, services were classified into two categories, Level 1 and Level 2 outreach.

Level 1 Outreach	Level 2 Outreach
<b>Focus:</b> the sharing of practical assistance and friendship among seniors	<b>Focus:</b> engage seniors to adjust to the complex aspects of aging including the handling of legal or monetary affairs, and maintenance of independent living
<b>Staffing:</b> non-professional and volunteers	<b>Staffing:</b> professional designation such as BSW or BA in social sciences
<b>Services:</b> <ul style="list-style-type: none"> <li>• friendly visiting</li> <li>• telephone reassurance</li> <li>• transportation</li> <li>• sharing of skills and resources</li> </ul>	<b>Services:</b> <ul style="list-style-type: none"> <li>• assessment</li> <li>• counselling</li> <li>• information, referral and follow-up</li> <li>• surveillance</li> </ul>

**Table 6**

## **SENIORS OUTREACH SYSTEM REVIEW**

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In 1989 a slightly broader definition is provided. *"Outreach services are designed to seek out, and respond to, the needs of housebound and socially isolated individuals by providing some or all of the following (list of level 1 and 2 activities) . . ."* (Social Services, 1989a:1).

"While both the 1986 and 1989 Social Services reports emphasised the need to provide outreach services, it remained unclear how this recommendation was to be implemented, provided and co-ordinated." (Bubel, 1989, p. 26)

By 1989 there was already some concern about the broad variability among programs calling themselves seniors outreach. A study commissioned by FCSS in 1989 (Bubel) reports that "FCSS is presently seeking to develop an outreach model that both addresses the need for co-ordinated outreach services, and considers the resources of the existing agencies. History has demonstrated that without this model, FCSS has not been able to help agencies develop strong outreach programs."

A clear service delivery model for seniors outreach has not yet emerged in Calgary. A survey of collateral professional service agencies who refer seniors for outreach service suggests that professionals tend to prefer the CSRS outreach service model.

### **4.3 Theoretical Models**

The current seniors outreach system funded through FCSS is made up of an array of different types, models, and intensity of outreach services. Several theoretical models can be helpful in understanding the range of outreach services existing in Calgary today.

Our 1998 review of fourteen senior centre programs in Calgary found that one of the key differences between these organizations and the three agencies identified as the major outreach providers (i.e., Bowmont; Calgary Seniors Resource Society; and Kerby Centre) was their philosophical base. While most senior centres operate from a self help/mutual aid model, the major outreach providers all operate from a professional service model. This difference has had major implications for the design and organization of outreach services. Senior centres have been more likely to rely on peer support and self help activities such as friendly visiting, telephone reassurance, and social integration programs (e.g., Tea and Conversation), while those agencies operating from a professional service philosophy tend to use more targeted interventions with more emphasis on functions that require professional expertise such as assessment, individual counselling, and case co-ordination.

Although the Level 1 and Level 2 categories for seniors outreach were no longer in use by 1997, the larger single purpose outreach programs (CSRS and Bowmont) continue to organize their services in this way, with a clear delimitation of professional and volunteer/peer services. The smaller outreach programs offered through senior centres use a completely different service model which tends to blend their professional and non-professional services, and integrates outreach services into general centre operations. While larger single purpose outreach programs are noted for their professional service orientation, senior centre programs offer strong social integration programs (eg. Tea and Conversation) that provide cost effective service to large

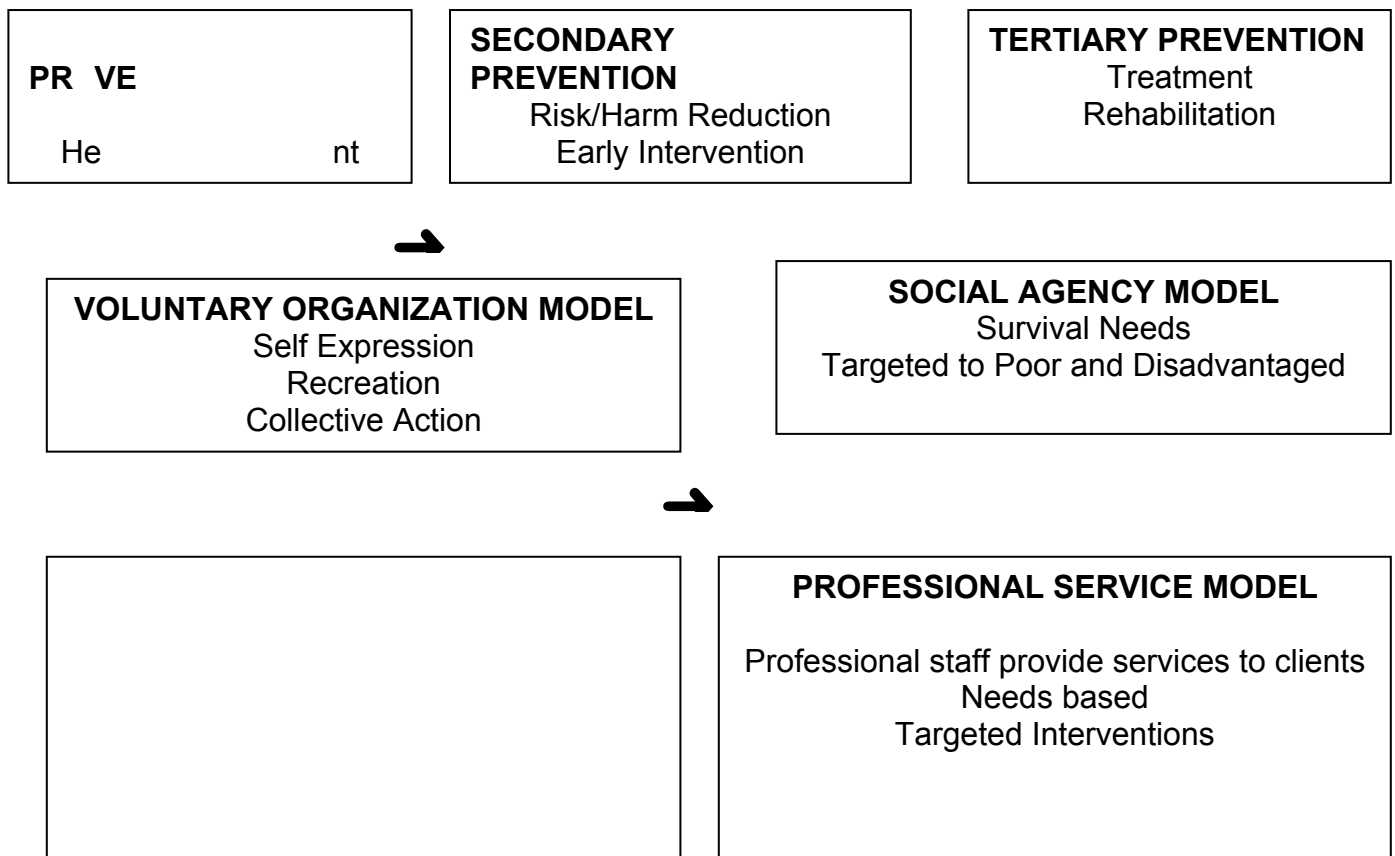
## **SENIORS OUTREACH SYSTEM REVIEW**

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numbers of older, frail and isolated seniors.

Sabin (1993) describes two distinct models that can be used to understand senior centre operations. The social agency model focuses on services which meet the survival needs of its members. The poor, isolated and disengaged are seen as the most likely participants. In contrast, the voluntary organization model focuses on programs which afford opportunity for self-expression, recreation and collective action. This model may be more attractive to elderly who are self-sufficient and more active in the community. In practise, researchers found that most senior centres represent a mix of these two models, serving many purposes and many different types of clients.

Thanks to FCSS funding and encouragement, as well as social and demographic changes, senior centres have moved more and more into secondary prevention and towards a social agency model. While senior centres are still based on a grass roots service delivery model firmly grounded in a self help/mutual aid philosophy, trends in seniors' programming have shifted their focus to a strong emphasis on wellness and active living programs.



## **SENIORS OUTREACH SYSTEM REVIEW**

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### **4.4 Issues in Seniors Outreach**

The 1989 (Bubel) outreach study identified **six salient issues**. These included:

- 1) a need to more clearly define outreach;
- 2) a need for clear lines of communication and responsibilities between agencies and with other service providers;
- 3) worker qualifications and job descriptions;
- 4) workers' salaries;
- 5) distribution of services; and
- 6) gaps in service.

**Most of these issues are unchanged today, ten years later.** The main areas of progress are those of communication and delineation of responsibility. Monthly outreach meetings have helped to keep workers more informed of services and activities, and the FCSS Supported Seniors Services Map has identified the mix of services offered by each outreach program and the geographic areas covered.

The progress made in improved communication around outreach services has increased pressures on outreach providers in two ways.

- 1) It has encouraged some senior centre outreach programs to increase their services for older, frail, isolated seniors and non-members, and be more open to service provision outside the centre.
- 2) At the same time, increased awareness has brought increased community expectations and pressures for a more consistent, standardized and professional seniors outreach system.

In spite of the progress made over the past ten years, uncertainty still exists on the part of referral sources as to the actual home visiting/assessment capability of some senior centre based outreach programs. As recently as 1997, some senior centre boards were still confused about the concept of outreach, providing little support for their staff to actually provide service in the community (as opposed to in the senior centre).

Some of the factors which may be contributing to the uncertainty include:

- **No specific parameters for of a standard "seniors' outreach service" to guide development and operations.** Senior centres have been given little guidance around what "seniors outreach" is intended to look like. The definition of outreach may have been left intentionally broad in order to accommodate the range of supports offered through senior centres and gently encourage centres to move toward a social agency model. Over time, the community and other service providers began to expect a certain standard of outreach (one which included home visiting, case management, etc.) which did not consistently exist within the system.

## **SENIORS OUTREACH SYSTEM REVIEW**

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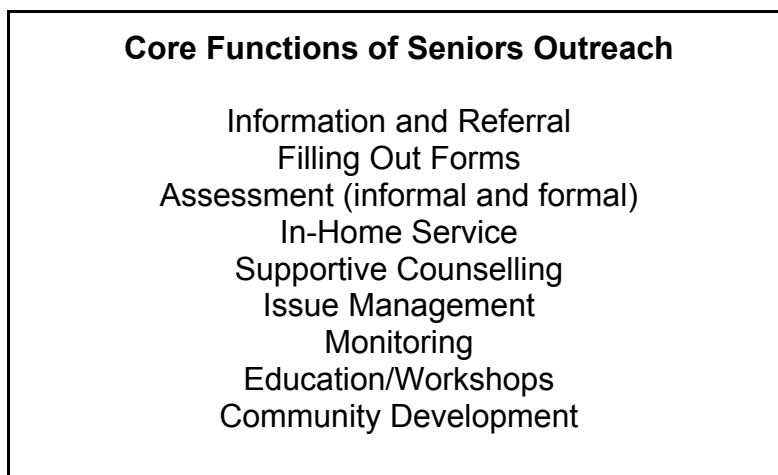
- **No broader plan for an organized "system" of senior outreach services.** In the past, funding was based on individual request, rather than a co-ordinated plan for development of a system of outreach services.
- **FCSS deficit funding model.** The deficit funding model used by FCSS means that funding for outreach was provided as part of the senior centre overall budget and since most centres are largely self-financed adequate salaries have never been possible. Outreach functions have been intricately blended into senior centre activity. To remove these services now would in many cases seriously jeopardise or destabilize the entire senior centre program.
- **Insufficient funding allocated to outreach positions for the skill set required for quality outreach.** It has been an ongoing struggle for senior centre and other outreach programs to find the money to be able to afford the staff expertise that would ensure a quality program. This makes hiring for the skill set required for quality outreach a serious problem and creates unevenness in services offered by different organizations.

## **SENIORS OUTREACH SYSTEM REVIEW**

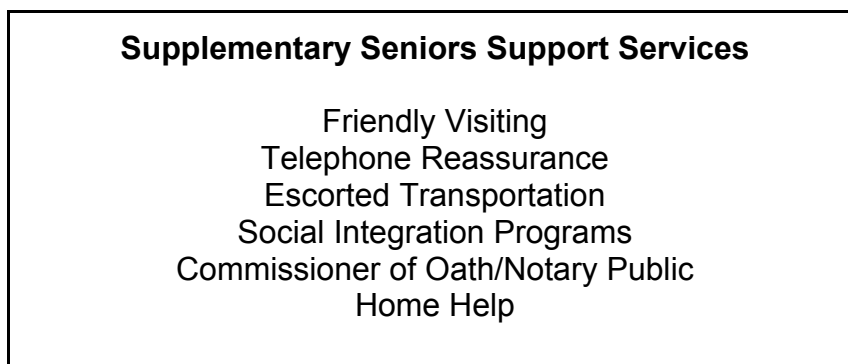
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### **4.5 New Outreach Service Definitions (1999)**

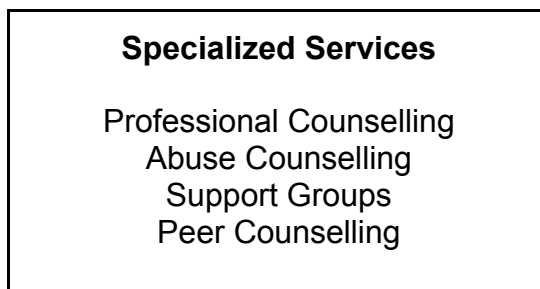
Recent work with FCSS funded seniors outreach workers has helped to define outreach by establishing a set of core functions which all outreach programs must be able to deliver in order to call themselves outreach. These include:



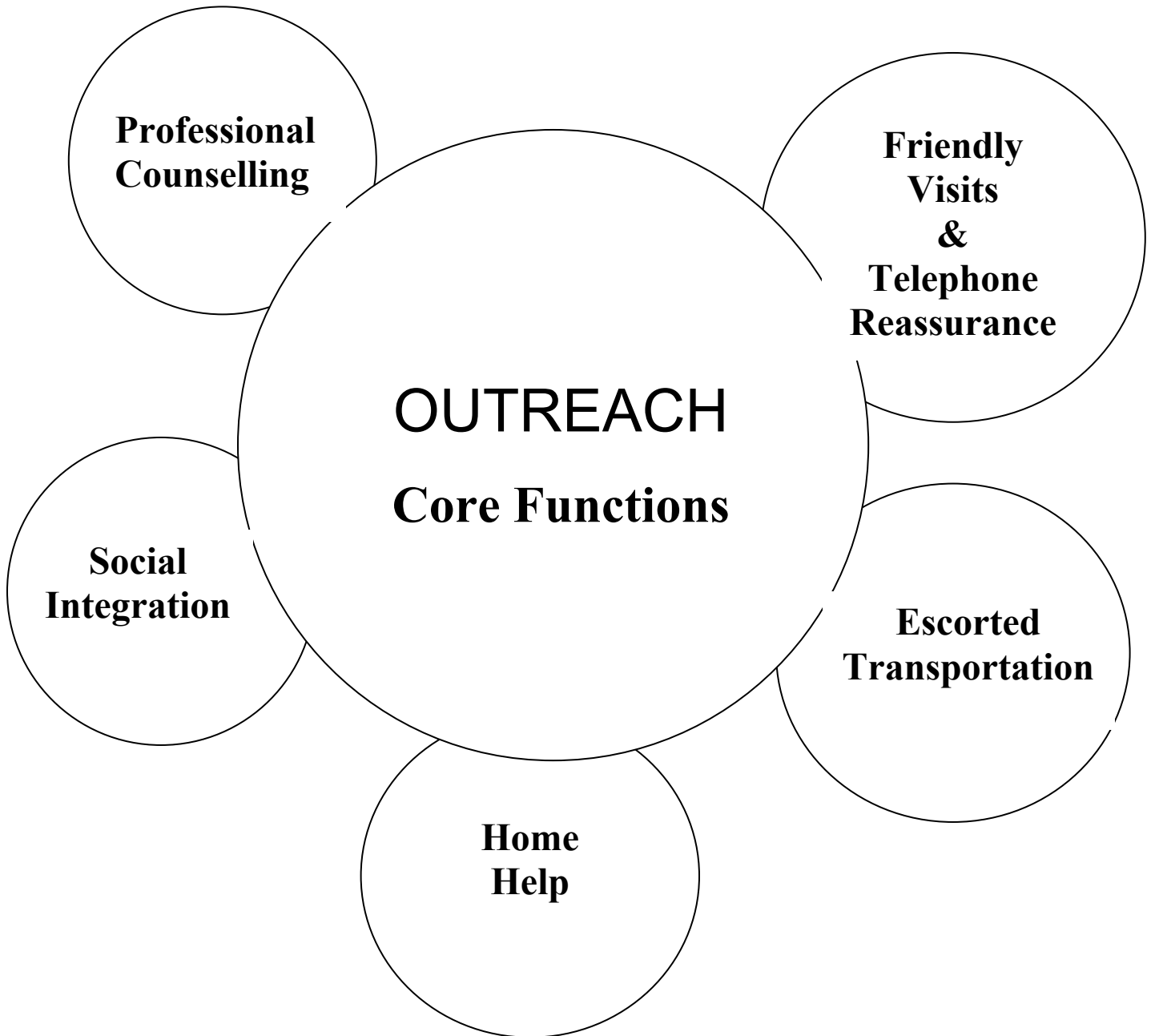
Core outreach functions are complemented by a number of supplementary services. These services may vary from program to program. Supplementary services include:



A few specialized services are offered on a very limited basis, primarily through Kerby Centre. These services include:



## **UNDERSTANDING SENIORS OUTREACH 1999**



## **SENIORS OUTREACH SYSTEM REVIEW**

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Defining a standard set of "core functions" which all outreach services must provide helps to provide some consistency which should improve a sense of reliability for community referral sources. Note that casefinding activities are absent from the core outreach definition. Although casefinding has been a standard part of traditional outreach definitions in the literature, current pressure on limited resources do not allow for this type of activity. Outreach staff can barely keep up with current demand and waiting times can be up to three weeks.

Another challenge for implementation of a standard core outreach service lies with worker salaries. Without adequate salaries, organizations cannot hire people with the necessary skills and qualifications that ensure consistent standard of high quality outreach service. Recent work with the outreach workers group suggests that the minimum qualifications for an outreach worker should include a two year diploma in some type of human services, plus experience and/or training in gerontology. Current salary levels range from \$11.38 per hour to \$15.38 at senior centre outreach programs with a median salary of approximately \$12.40, and from \$11.20 to \$16.80 per hour at stand alone outreach programs with a median salary of approximately \$13.98. Kerby Centre staffs its program with BSW and MSW social workers whose salaries average \$18.00 per hour. Average social work salaries at an FCSS funded family counselling agency range from \$17.00 to \$22.00 per hour. Over half of seniors outreach workers are paid less than the \$13.27 value used by the city to calculate volunteer contributions.

### **4.6 Recommended Changes**

It is strongly recommended that FCSS rethink their funding approach to outreach by:

- adopting the "core functions" definition as the standard from which all seniors outreach workers would be expected to operate (at a minimum) and communicating this with boards who receive funding for outreach
- targeting outreach funds for a clearly specified range of services (core functions + those negotiated with the individual agency), amount of service (i.e., hours per week), specific requirements for staff qualifications, and an appropriate salary range for these qualifications.
- setting clear expectations for a portion of "out of centre" work (e.g., 20 - 25%)
- developing a standard set of documents to guide outreach service provision. These should include an orientation/training manual, intake, assessment, outcome and reporting formats.

In addition, seniors outreach programs should be encouraged to work collaboratively from an inter-agency, inter-disciplinary team models, with strong partnerships with senior centres. Stand alone outreach programs must work closely with senior centres to expand the social integration programming for frail and/or older seniors (e.g., Tea and Conversation programs). CSRS could help senior centre programs "professionalize" their friendly visiting and telephone reassurance programs through joint training/orientation for volunteers. As service providers form inter-agency teams, it will become less important who provides which service, so long as all seniors in

## **SENIORS OUTREACH SYSTEM REVIEW**

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the designated area have access to a full range of core outreach and supplementary outreach services.

For example, outreach teams might look like the following:

Northwest Team:      Bowmont Seniors Assistance Association  
                                 Confederation Park Seniors  
                                 CRHA Community Health seniors resource nurse

East Team:              Calgary Seniors Resource Society  
                                 Forest Lawn Seniors Centre  
                                 Renfrew  
                                 CRHA Community Health seniors resource nurse

South Team:            Calgary Seniors Resource Society  
                                 Bow Cliff Seniors  
                                 Good Companions  
                                 Ogden House  
                                 CRHA Community Health seniors resource nurse

Downtown Core:      Calgary Seniors Resource Society  
                                 CRHA 8th and 8th Clinic - Community Health resource nurse

Kerby Centre and Chinese Elderly Citizens Society would act as specialized city-wide resources.

This is a rough attempt to organize seniors outreach services. Further discussion and development would be necessary to establish collaborative teams with CRHA. In order for this approach to work, additional resources would be required.

### **5.0 SENIORS OUTREACH SYSTEM - RESOURCE ALLOCATION**

A review of seniors' population in the city of Calgary shows higher density seniors' populations live closest to the city core. As one moves out from older core communities, population densities drop significantly.

As early as 1986 it was observed that "there is a definite need for increased outreach services in all areas of Calgary; in particular the south and south east parts of the city" (Social Services 1986). In response to this suggestion, a city operated outreach service affiliated with Community and Social Development office was created in Forest Lawn in 1986.

The Forest Lawn service was out-sourced to Calgary Seniors Resource Society in 1996, increasing the CSRS outreach staff complement by one and a half workers (45 hours per week). In 1999, an additional half time outreach worker has been funded at the CSRS on a temporary six month basis to provide satellite information workshops to the large areas of south Calgary that are largely unserved by outreach.

## **SENIORS OUTREACH SYSTEM REVIEW**

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### **1999 FCSS Supported Seniors Services In Calgary**

# SENIORS OUTREACH SYSTEM REVIEW

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## SENIORS OUTREACH SYSTEM REVIEW

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### 1999 FCSS Supported Seniors Services In Calgary Legend

	Bow Cliff Seniors
	Bowmont Seniors Assistance Association
	Calgary Seniors Resource Society
	Confederation Park Senior Citizens Centre
	Good Companions
	Greater Forest Lawn Seniors Citizens Society
	Hillhurst Sunnyside Community Association
	Huntington Pioneers Association
	Kerby Centre
	Ogden House Senior Citizen's Club
	Open Door Senior Fellowship of Calgary
	Parkdale Nifty Fifties Social Club
	Renfrew Sixty Plus Club
	West Hillhurst Go-Getters Association
	Westside Senior Service Centre of Calgary

## **SENIORS OUTREACH SYSTEM REVIEW**

In looking at the 1999 FCSS Supported Seniors Service Map, it is obvious that there are large geographic areas of the city not served by FCSS funded seniors programming, particularly in the farther northwest and south of the city. However, the map can be misleading in a number of ways.

- Actual seniors outreach services (based on core functions definition) are much more limited than those described on the map. A number of FCSS senior centre programs listed on the map do not provide the "core functions" of outreach. Instead they are more likely to provide a variety of the supplementary outreach activities.
- In addition, the map does not adequately reflect the fact that some areas of the city with larger senior populations, higher density of seniors, and higher levels of low income seniors, may appear to be served when, in fact, resources are very thinly allocated.

A review of seniors outreach programs based on the "core functions" definition of outreach would suggest that the following agencies could be included as part of the outreach service system.

<b>Seniors Outreach Providing Core Functions</b>	<b>Other FCSS Seniors Programs</b>
Bowmont Seniors Assistance Association Bow Cliff Calgary Chinese Seniors Calgary Seniors Resource Society Confederation Park Forest Lawn Senior Citizens Centre Good Companions Renfrew Ogden House  <b>Specialized Services</b> Kerby Centre	Bowness Seniors Citizens Club Golden Age Club Hillhurst Sunnyside Community Assoc. Huntington Pioneers Association Open Door Senior Fellowship of Calgary Parkdale Nifty Fifties Social Club West Hillhurst Go-Getters Association Westside Senior Service Centre

**Table 7**

Those FCSS funded seniors programs that do not meet the "core functions" definition of outreach, **do provide essential social integration programs and supplementary outreach services of vital importance to isolated, lonely or disabled seniors.** However, calling these programs "outreach" and listing them as part of the seniors outreach system only serves to create additional confusion in the community for those needing to refer and rely on a standard outreach service (e.g., police, health professionals, families, seniors). It is strongly recommended that **"seniors outreach" be defined through core functions**, and that **other service providers be given a different terminology to describe their services** (e.g., social support or social integration programs).

When considered in this light, it becomes obvious that there are communities with significant

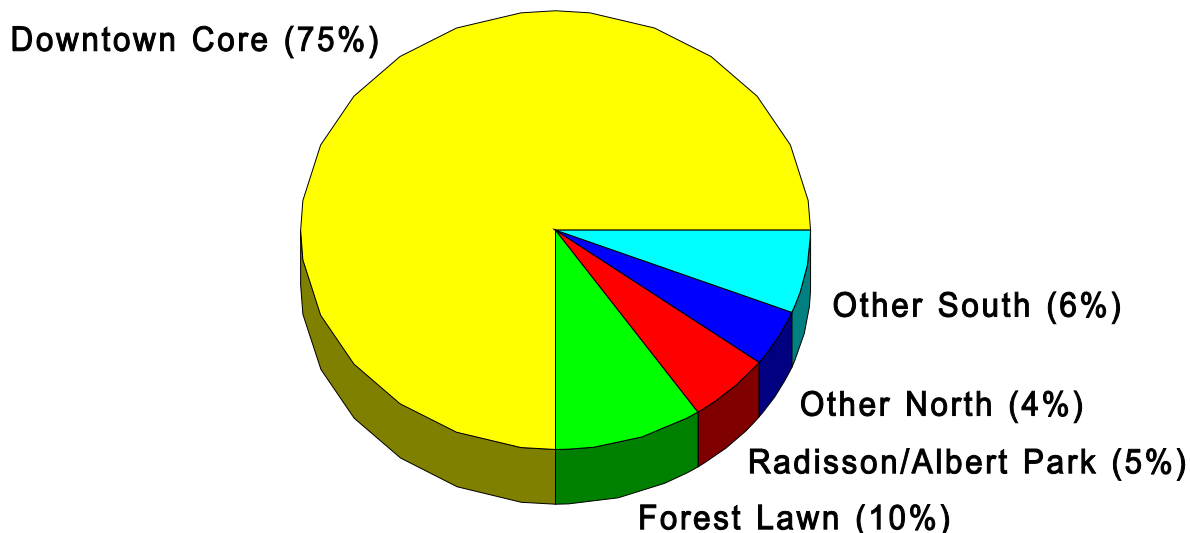
## SENIORS OUTREACH SYSTEM REVIEW

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high density low income seniors populations who are not currently well served by the seniors outreach system. These seniors have traditionally accessed outreach service through those organizations with a city wide mandate; Calgary Seniors Resource Society and Kerby Centre. However, the actual amount of outreach service (not including counselling and abuse) accessed by non-targeted areas appears to be very small. For example, service provided to northwest and south areas of the city in non-targeted areas accounts for only 10% of CSRS total outreach

### CSRS Caseload Distribution 1999

n = 889



service (approximately 15 hours per week).

The following chart outlines the communities listed in the top ten for either the highest number of seniors living alone or the highest number of GIS recipients.

Note that the Confederation Park outreach worker is responsible for an area of the city which is home to **over 14,000 seniors**. The Varsity, Brentwood, Triwood area alone (part of Confederation Park's jurisdiction) has a senior population of 4,258 with 657 seniors on GIS. By comparison, Bowmont Seniors Assistance Association outreach workers serve a population of 1,874. The primary outreach service provided to Varsity at this time is in the form of a social integration program, Tea and Conversation. About 12 seniors from Varsity attend regularly.

Connaught which is in the top ten for both GIS and seniors living alone is served by the Open

## **SENIORS OUTREACH SYSTEM REVIEW**

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Door Fellowship senior centre which does not have a designated outreach worker who could provide the core functions of outreach. Isolated seniors in this area are supported through a monthly social integration program.

West Hillhurst, in the top ten for seniors living alone, provides a valuable home help and shopping service but does not provide the "core functions" of outreach.

<b>Community</b>	<b>Living Alone (1996)</b>	<b>OAS &amp; GIS (1997)</b>	<b>Total Seniors 65+ (1997)</b>	<b>Targeted Outreach Service (core functions)</b>
Acadia	475	496	1370	No
Bowness	450	558	1208	Bowmont
Bridgeland	345	293	601	Renfrew
Connaught	665	389	1158	No*
Downtown East Village	380	331	400	CSRS
Downtown Commercial	515	413	662	CSRS
Killarney/Glengarry	340	264	819	Good Companions
Ogden	180	311	845	Ogden House
Renfrew	225	239	789	Renfrew Seniors
Thorncliffe	335	405	1309	No
Varsity	615	345	1894	Confederation Park*
Victoria Park	395	320	507	No
West Hillhurst	305	239	745	West Hillhurst Go-Getters*

**Table 8**

It is unlikely with the existing resources that seniors outreach services could be expanded to serve identified high need and under-served areas of the city. Services are already stretched thinly and are targeted in many cases to specific high need communities where there are large high density senior populations and higher number of low income seniors. Using this as a criteria for further service development, the following communities should be targeted for outreach service development as resources become available:

## **SENIORS OUTREACH SYSTEM REVIEW**

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- Acadia/Fairview
- Southwest of Glenmore Reservoir
- Varsity/Brentwood/Triwood
- Thorncliffe/Huntington Hills
- Connaught

### Acadia/Fairview

This area is home to 1,956 seniors over the age of 65. About 36% of seniors in this area receive GIS. Ogden House Seniors has expressed some interest in extending their outreach services into these communities, but to do so would effectively double their seniors population. The current population served by Ogden outreach totals approximately 1,437 seniors. Ogden House Seniors have developed a relatively strong outreach program and would be a good candidate to provide service to Acadia/Fairview, but would likely need additional resources to take this on.

### Southwest of Glenmore Reservoir

This area of the city has some high density senior populations. For example Haysboro alone has 1,217 seniors. Ward 11 is home to approximately 7,971 seniors and Ward 12 has an additional 4,949. This area is currently served through CSRS city wide mandate, but actual service access is minimal. Seniors in south Calgary account for only about 6% of CSRS cases, suggesting that few seniors are accessing outreach services.

### Varsity/Brentwood/Triwood

Varsity is one of the top ten communities with seniors living alone and seniors receiving GIS. The tri-community area is home to 4,259 seniors of which 657 receive GIS.

### Thorncliffe/Huntington Hills

Thorncliffe is listed in the top ten for seniors receiving GIS. The total senior population for these two communities is 2,281, with 761 GIS recipients.

### Connaught

This downtown community is in the top ten for both seniors living alone and for GIS recipients. The community has a population of 1158 seniors of which 33% are GIS recipients.

## **6.0 SENIORS OUTREACH SERVICE QUALITY**

In order to assess seniors outreach service quality, a survey was conducted with approximately 460 outreach clients who had received service from Bowmont Seniors' Assistance Association, Calgary Senior's Resource Society, and the Kerby Centre within the first six months of 1999.

More than a third (35%) of respondents were over 75 years of age. The majority of respondents

## SENIORS OUTREACH SYSTEM REVIEW

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(46%) were between the ages of 65 and 74 years. Most survey respondents (73%) lived alone.

### 6.1 Service Quality

The level of satisfaction with the Outreach Work was consistently high. Outreach Workers were felt to understand the problem presented to them, to listen to the client in a respectful manner, and to engender the trust of the individual seeking assistance.

the Outreach Worker understood my problem	98.25%
the Outreach Worker listened to me and respected my opinions	98.95%
I trusted the Outreach Worker	99.66%

The satisfaction with the Outreach Worker is also supported by high levels of satisfaction with the availability and amount of service accessed. **Ninety seven percent** of the respondents indicated that they **were able to get outreach services when they needed them** and **94% felt that the services they received were sufficient** to meet their needs.

### 6.2 Service Outcomes

The service was described as helpful by 96% of respondents and more concretely, 92% felt that their problem or concern improved after intervention from the Outreach Worker.

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*92% of outreach clients said their problem or concern had improved after intervention from the Outreach Worker.*

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There were several ways in which Outreach Workers support seniors to solve problems or improve their personal circumstances. Assistance with a range of government forms including applying for financial assistance, income tax filing, wills, pension benefits was most cited (27%) among specific ways in which individuals felt assisted. Other types of service included help with housing issues, transportation, food, and grief counselling. Once again, the attitude of staff was mentioned by several respondents. Staff were described as "helpful" people who go "out of their way" to get things straightened out. They provided "reassurance" and showed concern for the individuals with whom they were working.

### 6.3 Needs Identified By Seniors

Outreach clients participating in this outreach survey (1999) study were asked about "Are there any other things you need help with?" About 60% of survey respondents indicated a need for additional assistance. An earlier study, the Community Visit Project conducted by Bowmont Seniors' Assistance Association in 1995 provides a comparative parallel view of needs identified by a sample of 34 seniors. The most common needs for assistance identified in the two studies are described below.

## SENIORS OUTREACH SYSTEM REVIEW

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Identified Needs Outreach Study (1999) (n = 177)	Number Reporting	% of Total	Comparative Needs Bowmont Study (1995) (n = 34)
government forms	109	62%	
health issues	62	35%	53%
personal/family issues	62	35%	
financial issues	60		34%
home maintenance	43	24%	24%
transportation	39	22%	18%
loneliness	36	20%	47%

Other needs identified by the clients surveyed included:

yard work	26	15%	24%
shopping/banking	25	14%	6%
safety			12%
housing	20	11%	
grief/loss	19	11%	6%
meals	12	7%	
abuse issues	12	7%	

**Table 9**

### 7.0 SYSTEMS VIEW OF SENIOR SERVICES IN CALGARY

Many international studies (Nusberg 1984, Tester 1996) include a broad range of home help services in their definition of "outreach". In Calgary some of these seniors services include Home Care; Community Health seniors nurses; Homemakers services; Meals on Wheels; City Links (home/yard maintenance); and the Seniors Mental Health Geriatric Outreach Team. The common thread among these services is their ability to extend their service into the client's home.

Based on key informant interviews, a review of these services found that:

- There is strong and active collaboration among these seniors' outreach programs.
- The programs are intricately linked through referral back and forth. There is excellent awareness among staff from the various programs of the full range of services, eligibility criteria, etc., provided to seniors in the form of outreach.
- In most cases, services operate within a distinct and well defined niche. Some services such as Meals on Wheels and Seniors Mental Health provide vital support services that can

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significantly impact the work of FCSS funded outreach workers.

- Programs are well recognized for their particular expertise. For example, many collateral sources commented on referring to Kerby Centre for seniors' abuse issues and counselling. They were most likely to refer other seniors who needed home based assistance (such as form filling, information, etc.) to CSRS or Bowmont.
- All service providers are stretched in their attempts to meet the needs of a growing, aging and increasingly complex seniors population. Most services have had to place limits on their services either through tighter eligibility criteria (e.g., frail elderly only), geographic limitations (no service in the further reaches of the city), service limitations (x hours per week of Homemaker service), or wait lists which effectively cap the service (e.g., a three year wait for City Links service).
- There does not appear to be any duplication of service because there is simply not enough service to meet the need. Service providers are quick to refer cases if they are aware of an appropriate service provider in the area.

The service provided by the Community Health seniors resource nurses are the most similar to those offered through FCSS funded outreach services and therefore present the most potential for overlap. The key distinction lies in the nursing/health focus and expertise offered by Community Health, and in their more narrowly defined population of "frail elderly" served. Those seniors requiring social support types of services (e.g., pension benefits, form filling, friendly visitor, etc.) are referred to the FCSS funded seniors outreach workers. Community Health nurses use an outreach delivery model that could provide an example for delivery of FCSS outreach services city wide. In fact, the possibility of unofficially merging these two services through a partnership team arrangement could provide a strong and effective delivery system.

The Community Health seniors' resource nurses organize their service delivery into quadrants of the city, including Northwest, Northeast, South and Downtown (8th and 8th Clinic). Services are provided through regular "clinics" or office hours at specific high density senior apartment building locations, as well as through individual home visits and some office visits. These seniors' resource nurses are also closely linked with Senior Centre programs where specialized services for frail elderly are being offered. For example, the resource nurse in the Northwest regularly attends the Confederation Park Tea and Conversation program to provide a health clinic and to connect with seniors. Community Health previously provided health clinic services on a regular basis to all Senior Centre members but are now targeted only to the frail elderly.

### **7.1 CRHA Volunteer Services**

Home care has a volunteer co-ordinator who manages volunteer services for home care clients. The service is similar to volunteer services provided through FCSS funded outreach programs. A pool of approximately 200 volunteers provide service to 600 seniors (referred by home care)

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per month. The most often requested service is for personal transportation, followed by shopping assistance. Other services include friendly visiting and telephone reassurance.

Requests that cannot be accommodated include snow shovelling, yard maintenance, and meal preparation (i.e., batch cooking and freezing). The CRHA volunteer co-ordinator works closely with Calgary Seniors' Resource Society in the recruitment and training of volunteers in order to avoid duplication.

Community Health also has a volunteer co-ordinator but the service to seniors is limited to about 10 friendly visitor matches. They have about 10 drivers as well, a few of whom have provided seniors with transportation to medical appointments.

### **7.2 Home and Yard Maintenance**

One of the most obvious service gaps identified by outreach workers, collateral interview sources, and seniors is that of affordable home and yard maintenance services.

The primary source for this support service is the City Links program operated by the City of Calgary. This is a dual purpose program intended to provide 1) employment preparation and training for individuals with employment barriers, and 2) provide home and yard maintenance services to low income seniors over 65 years of age who are unable to do the work themselves (82%) and disabled adults (18%). Services are free of charge. City Links serves approximately 1,500 seniors per year. Most clients are self-referred. The **current wait time is three years**, so most seniors' organizations and **outreach programs no longer refer to City Links**. The City Links program does refer to the FCSS funded seniors outreach programs; primarily to CSRS.

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*In a 1999 City Links survey 98% of clients say the service has helped them to remain in their own home.*

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In the past few years City Links has moved into a new community development approach to service development. City Links supported Ogden House Seniors in the development of their own neighbourhood home/yard maintenance service. This service is now fully operational. City Links staff are currently working with the Bowness Community Association to develop a local community run service for seniors in the Bowness area.

City Links front line workers report that the most common unmet need they continue to hear about is for **"transportation and help to go to appointments and to get groceries."**

The Snow Rangers was an initiative through City Links that began in 1996 with 5 communities. Since 1998 the program has been offered in partnership with the Red Cross. The service matches low income seniors or disabled adults with neighbourhood volunteers for snow shovelling assistance. Last year this program provided 26 individuals with assistance.

"Paint The Town", a project founded by the Calgary Workplace Volunteer Council in 1997 also

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works in partnership with City Links. This program painted 16 seniors' homes in 1998. Only two Senior Centres currently offer limited home/yard maintenance services; Ogden House Seniors, and West Hillhurst Go-Getters.

### **7.3 Special Transportation Services**

Assisted or escorted transportation was identified by both seniors surveyed and by collateral interviews as a noticeable service gap with the range of senior support services. There appear to be three outstanding issues for seniors when utilizing public transportation:

- 1) Many seniors require assistance when travelling - some kind of escorted service. CSRS and a few isolated church groups are currently the only groups who offer this "escorted" component.
- 2) The public services in place do not provide flexibility to the senior. They must book in advance, endure long pick up waiting times, or fit into an existing time schedule.
- 3) The need for escorted transportation service varies, often depending on the seniors health, the weather, and the availability of alternatives such as family or friends.

Current supported transportation services include Calgary Transit (City of Calgary), Special Needs Taxi Services, and Calgary Handi-bus. In addition, CSRS provided 1,072 escorted trips in 1998 through their volunteer based escorted transportation service which is supported by FCSS and an anonymous donor.

In a survey of clients who use CSRS escorted transportation, many clients reported using other sources of transportation when appropriate or available.

<b>Other Sources of Transportation</b>	<b>% of clients using</b>
Taxi	54%
Family	49%
Friends	40%
Bus	22%
Handibus	20%
Own Car	8%

**Table 10**

In 1998, the City of Calgary transportation services completed a review and released the "Transportation Services for People with Disabilities in Calgary" report. Seniors were included in this review. As a result of the review, an Accessible Transportation Services department was

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established within Calgary Transit. Although Calgary Transit cannot provide "escorted" transportation services, and believe this type of service is the responsibility of Community and Social Development, they are willing to consider different ways of delivering their services. The use of Community Shuttle services could allow for route deviation if demand is high in particular areas. For example, in residential communities with seniors' apartment complexes, this could help to improve seniors' access to public transportation for shopping or banking.

An opportunity exists for seniors' organizations to negotiate for Community Shuttle route deviations with Calgary Transit. FCSS has also increased support for the CSRS escorted transportation service.

### **7.4 Shopping Assistance**

A recent CRHA study of Grocery Shopping Assistance Needs of Seniors (1999) reports that there is a lack of affordable, accessible grocery shopping assistance programs for seniors in Calgary. Further study found that the two key factors which determine seniors' need for assistance are mobility/agility issues, and access to one's own transportation. These factors are interrelated because "mobility/agility and health factors determine what modes of transportation are available to them."

A CRHA Seniors Housing Study of community dwelling seniors conducted in 1997 found that 4% of younger seniors and 18% of older seniors (85+) were receiving assistance with grocery shopping. Further it reported that 16% of younger seniors and 50% of older seniors require assistance with transportation.

Shopping assistance programs have been sporadically available to seniors through a variety of sources. Several years ago the City of Calgary provided a shopping assistance program as part of Project Home Help (now City Links). The service was discontinued about three years ago. CSRS reports getting quite a few calls for shopping assistance but this is not part of their escorted transportation mandate at the present time.

Retail grocery stores have periodically provided some shopping assistance for seniors, although this appears to occur at a local community basis (i.e., may be provided in one community but not another). Some of these services have become more expensive over time and others have been discontinued.

The Bowness Legion provided transportation and shopping assistance to Bowmont outreach clients for some years but discontinued the service due to cost. Bowmont has not found a replacement for this service. West Hillhurst continues to provide transportation and shopping assistance to elderly residents within its community through a self financed initiative operated by the West Hillhurst Go-getters.

The Calgary Inter-Faith Food Bank reports that an estimated 5% or **approximately 5,500 of their clients are seniors**. They work with two Christian organizations, Neighbourhood Link

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and Care Connect, who provide volunteers to deliver groceries to seniors. A common issue that causes seniors to use the Food Bank is when they need something medical (e.g., a knee brace, eye surgery or medications) or their rent increases and the extra expenses cut into their food budget.

An opportunity exists for a coalition of seniors agencies (e.g., Seniors Information Network) to work together to negotiate with the large food retailers to help provide shopping services in communities with high populations of seniors across Calgary.

### **7.5 Special Seniors Populations**

Aboriginal seniors are not being served by mainstream outreach programs and Aboriginal seniors seldom use Senior Centres. Language is a barrier. Traditionally, extended family has cared for Aboriginal seniors, but some workers express concern that some seniors may be trapped, isolated, and taken advantage of financially. The Aboriginal Resource Centre suggests that they would like to work with Kerby Centre to develop a weekly or monthly program (mixed culture not just Aboriginal) in which there would be an opportunity to share Aboriginal culture with others. However, one worker suggests that bridging activities, such as personally accompanying an elder to visit the Kerby Centre would be required.

The Métis Nation reports that a Métis seniors' group in Calgary has 40 active members and about 120 participants for special events. The Métis Seniors Club identifies a need for outreach services for Aboriginal seniors. In the Aboriginal culture, people won't ask for help, you have to go to them and ask what they need or offer them a service. The seniors living in cities don't have extended families to help them. Some of the needs include help filling in forms and applying for pension, information and referral, friendly visiting, telephone reassurance, transportation to doctor appointments, lawn mowing, snow shovelling, and access to low rental housing.

Calgary Catholic Immigration Society has been working to integrate immigrant seniors within mainstream services for some time. An integration access program funded by Canadian Heritage started in June 1999. It works with mainstream seniors centres to provide activities. Most of the outreach service is accessed through Kerby Centre and Bowmont.

Calgary Immigrant Aid Society Outreach services refer to CCIS for their Circle of Friends program, a one-on-one visitation program for immigrant seniors.

The Aga Khan Council reports there are approximately 800 to 850 seniors in their ethno-cultural community. The Council provides a large social gathering every two months for 400 to 450 seniors. They partner with Kerby to offer weekly programs that attract about 100 to 125 seniors.

### **7.6 Special Issues - Mental Health**

Outreach workers express concern that their work is becoming more complex and individual cases more time consuming as the prevalence of mental health issues increases. Outreach worker

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reports are validated by CRHA data.

CRHA (1997) reports that the proportion of seniors receiving physician services for mental health problems such as dementia, depression, substance abuse, and chronic mental illness, increased from 11% in 1994/95 to 32% in 1995/96.

By 2011, almost 10% of seniors will suffer from the devastating disease of dementia (up from 8%). The prevalence of dementia increases with age. The number of seniors with dementia is expected to triple by 2031 as a result of our aging population.

Development of the new Geriatric Mental Health Outreach Team in the spring of 1999 has helped to address one of the more serious community service gaps in the system. Outreach workers are now able to access professional mental health support for their clients. The mental health team is getting a lot of requests for assessment of cognitive functioning ability.

Day programs and housing for seniors with chronic mental health problems are identified as a continuing service gap.

### **8.0 CONCLUSIONS**

Feedback from clients indicates an **excellent quality of outreach services** is provided by Bowmont Seniors Assistance Association, Calgary Seniors Resource Society and Kerby Centre. Seniors (96%) who responded to the survey said the outreach service they received was **helpful** and 92% felt that their **problem or concern improved after intervention** from the Outreach Worker.

Some improvements have been made in the outreach service system over the past ten years. There have been attempts to improve service co-ordination through monthly **Outreach Workers meetings and the FCSS Supported Seniors Services map**. Senior Centre boards are gradually improving their understanding of outreach, and moving more towards a "social agency" model. However, most of the six recommended improvements from a seniors outreach service review completed in 1989 have not occurred and the same issues continue to plague the outreach service system today.

Resources are very thinly spread. In response to lack of resources, there is a concerted effort to **target outreach services to the more vulnerable and needy seniors**. Where targeted outreach services exist (e.g. Bowness/Montgomery; Downtown Eastern Core; Forest Lawn) a consistent level of high quality service is available to resident seniors.

There is good co-ordination and collaboration among seniors service providers such as FCSS seniors outreach, Community Health nurses, Home Care nurses, Homemakers, Meals on Wheels, etc. There is little overlap or duplication of services apparent among these service providers. Community service providers have a high regard for FCSS seniors' outreach service and

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regularly refer seniors in need to the FCSS outreach programs.

The role of senior centres is not as well recognized within the system, even though many centres provide a valuable social integration function specifically targeted to the frail and older seniors. An opportunity exists to engage senior centres more directly and increase collaboration in this area.

The Kerby Centre social work/outreach program has gradually evolved into a well respected counselling service, the only counselling service commonly used by seniors in Calgary. The Kerby Centre has also developed a nationally recognized expertise in seniors' abuse counselling and estimate that approximately two thirds of its social work/outreach staff time is devoted to this specialty. Collateral agencies have recognized this specialty and regularly refer abused clients to Kerby Centre.

The Chinese Elderly Citizens outreach program is recognized as an excellent model for service provision to specific ethno-cultural seniors. Key contacts for other ethno-cultural groups indicate that they most often choose to work with the Kerby Centre in the development of programs and services for their seniors.

Aboriginal seniors are not served through existing outreach services. Aboriginal contacts indicate there is some need for this type of service. Further study would be necessary to determine demand, and to develop an appropriate service delivery model.

The most frequently identified gaps in community based services for seniors include escorted transportation, shopping assistance, yard and home maintenance. These service gaps were identified by seniors as well as by service providers.

At this time, Calgary does not have a comprehensive, well organized system of outreach services for seniors that is available city wide. Where services are available, they are uneven in terms of the types of services, service models, and amount of service available. There are significant senior populations within the city that have limited access to outreach services and receive little or no service.

### **9.0 RECOMMENDATIONS**

- 9.1** It is strongly recommended that FCSS rethink its approach to funding seniors outreach services by:
- adopting the "core functions" definition as the standard from which all seniors outreach workers would be expected to operate (at a minimum) and communicating this with boards who receive funding for outreach.
  - targeting outreach funds for a clearly specified range of services (core functions + those negotiated with the individual agency), amount of service (i.e., hours per week), specific requirements for staff qualifications and an appropriate salary range for these qualifications.
  - setting clear expectations for senior centre outreach programs to ensure a portion of "out of centre" work (e.g. 20 - 25%).
  - developing a standard set of documents to guide outreach service provision. These should include an orientation/training manual, intake, assessment, outcome and reporting formats.
- 9.2** Organize seniors outreach services into inter-agency, multi-disciplinary teams (including the Community Health seniors resource nurse) based on a geographic quadrant system to correspond with CRHA. Strengthen linkages and collaboration between stand alone outreach agencies (Bowmont, CSRS) and senior centres with outreach services.
- 9.3** Consider Kerby Centre social work/outreach as a stand alone city-wide resource and source of expertise with specialized services in seniors counselling and abuse, and with comprehensive drop in information and referral services. This resource and expertise should be available to the multi-disciplinary outreach teams.
- 9.4** Expand outreach services and increase resources (as funds become available) to the following priority areas:
- Acadia/Fairview
  - Southwest Calgary (especially the area south of Glenmore reservoir)
  - Varsity, Brentwood, Triwood
  - Thorncliff; Huntington areas
  - Connaught
- 9.5** Increase resources to support increased volunteer recruitment and training activity in order to expand volunteer services. Much valuable instrumental and social support can be provided by volunteers. The system needs more escorted transportation service. The feasibility of enhancing the currently limited monitoring and surveillance functions with

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trained volunteers should be investigated. Students may be helpful in casefinding, part of the original premise of outreach which has been lost over time.

- 9.6** Use a community development approach to engage communities in supporting their senior citizens. For example:
- Look for ways to engage communities to develop gatekeeper models. Outreach coordinators need to establish relationships in the community and make businesses, etc. aware of the role they could play. This already occurs to some extent but could be expanded.
  - Work with retail grocers to assist with shopping programs for groups of elderly residents.
  - Work with Calgary Transit to develop Community Shuttle route deviations where concentrated pockets of seniors need improved transportation access.
  - Support community associations or senior centres in the development of home/yard maintenance programs. These programs can be expensive to operate (see West Hillhurst Go-Getters) and may require financial support from FCSS in some communities.
- 9.7** Further develop the social integration model (Tea and Conversation) in those areas of the city where this service does not exist. This service should be developed in collaboration with senior centres and outreach workers. This model allows large numbers of older/frail seniors to be served and monitored on a regular basis with modest resource investment. It encourages a collaborative intervention which includes volunteers (peers), outreach worker and community health nurse. For example, Confederation Park serves 150 seniors weekly with approximately 2 days of outreach worker time.
- 9.8** Review and revise FCSS data reporting requirements. Current data is not useful for planning, is not interpreted or reported in a consistent way and encourages the wrong focus in service evaluation. Currently FCSS data focuses almost entirely on activity counts or outputs (i.e., how the workers spend their time). This model of accountability is outdated. Refocus efforts on collection of more meaningful data that would assist in understanding client characteristics, needs presented, and service outcomes.
- 9.9** Improve co-ordination among city social planners working with seniors programs. Use a community development model for co-ordination, planning and development of seniors programs. For example, social planners should work collaboratively and encourage seniors organizations to work collaboratively in service planning and development. There is still a tendency for social planners to work separately and individually with seniors organizations, resulting in duplication of effort and inconsistency in direction and service development. This approach is not conducive to development of quality community-wide service systems.