

Oregon Senior Corps Programs
Independent Living: Occasional Services
(client does not receive regular or ongoing services)

Issue Area: Housing**Service Category: Independent Living (Seniors)****COMMUNITY NEED:****Describe the problem at the state level (written for all):**

Significant increases in life expectancy, a growing elderly population and advances in medical technology are setting the stage for long-term care challenges in the 21st century nationally and in Oregon. The 2000 U.S. Census found that 12.8% of Oregonians were age 65 and older; 41% of these seniors had a disability, and 9.1% of them lived alone. (Another 8.9% of Oregonians were between the ages of 55-64 in 2000.) Long-term care challenges will be especially acute for low income seniors: “Only about a third of the elderly in the community have enough resources...to pay for a year of nursing facility care. About a third have such limited resources (less than \$5,000) that they might be able to pay for barely three months of home care” (*Recommendations on the Future of Long-Term Care in Oregon*, Department of Human Services draft report, May 2006).

In order to live independently safely and longer, many seniors and adults with disabilities will need help with activities of daily living; companionship to fight off loneliness and isolation; and other services, such as home repairs, home safety checks, and transportation assistance.

Volunteers can help homebound seniors, including frail elderly, and adults with disabilities increase their sense of well being by helping them feel safer and less isolated. Volunteers who visit or call homebound clients can also serve as “gatekeepers” who alert relatives, emergency personnel, or social service authorities when they notice signs of distress, contributing to vulnerable persons’ ability to remain living independently safely.

Describe community need at project level (City, district, county) and client served (each project writes their own):

Describe how the need will be addressed, the contribution of the project toward the effort (foreshadow the service activity) (each project writes their own): ***NOTE: THIS IS WHERE THE PROGRAM WILL REALLY NEED TO MAKE THE CASE THAT THE INTERMEDIATE AND END OUTCOMES WILL RESULT FROM THIS ACTIVITY.***

What will change (end outcome) written for all:

With the assistance of Senior Corps volunteers, clients will be better able to remain living independently in their homes.

SERVICE ACTIVITY:

Service description and beneficiaries: Senior Corps volunteers will provide companionship or in-home care services to clients. Clients will be referred to the Senior Corp program by partnering agencies (**enter examples of partnering agencies**). Activities may include some or all of the following: transportation to medical appointments, home safety checks, small home improvement projects such as installing new locks on doors, visiting patients in hospital rehabilitation centers, referring clients to needed community resources, (**enter additional services that will contribute to the outcomes**).

Scope of service (how often, how long):

Senior Corps volunteers will each serve approximately (**enter number range**) of clients for an average of (**enter number**) hours per week.

Add additional details if needed (each project writes their own):**ANTICIPATED INPUT:****Volunteer numbers/./number of hours:**

(**Enter number**) Senior Corps volunteers will contribute a total of (**enter number**) volunteer hours.

Training/Supervision:

Each Senior Corps volunteer will receive (**enter hours**) of training, provided by (**enter name of program/agency responsible**). Topics will include: (**enter applicable topics and/or select from the list: Overview of the Aging Process, Mental Health Issues: Dementia & Depression, Chronic Illnesses, Medication Issues and Substance Abuse, Communication Skills, Grief, Dying & Death, Community Resources, Legal & Ethical Considerations, Caring for the Caregiver.**)

Material Resources (if applicable):

The Senior Corps program will provide (**enter program contribution if applicable, e.g. reimbursement for mileage, lunch**).
Senior Corps volunteers will provide (**enter volunteer contribution, if applicable**).

Add additional details if needed (each project writes their own):

ANTICIPATED ACCOMPLISHMENTS/OUTPUTS:

Clients will receive various short term services, per individual needs

Indicator: Number of clients who receive at least one short term service (e.g. locks changed, safety check).

Target: (***Enter number***) of clients will receive at least one short-term service, such as safety checks on their homes, small home improvement services, or referrals to needed community resources.

How Measured? Client Log

ANTICIPATED INTERMEDIATE IMPACT/OUTCOME:

Clients will feel safer and less isolated.

Indicator: Percent of client respondents that report the volunteer assistance has helped them feel safer and less isolated in their homes (questions 2e, f, and g).

Target: 80% of clients who return a survey will indicate that the volunteers have helped them feel safer and less isolated in their homes

How Measured? Client Survey

ANTICIPATED END IMPACT/OUTCOME:

Clients are able to remain living at home independently.

Indicator: Percent of client respondents who report that the volunteers' assistance has helped them remain living independently (question 3).

Target: 80% of clients who return a survey will indicate that the volunteers' assistance has contributed to their ability to remain living independently.

How Measured? Client Survey

**Oregon Senior Corps Programs
Independent Living Client Survey
Instrument and Instructions**

This instrument measures the following Performance Measurement outcomes, as written in the Oregon Independent Living work plan:

Intermediate Outcome (target statement): 80% of clients who return a survey will indicate that the volunteers have helped them feel safer and less isolated in their homes (questions 2e, f, and g).

End Outcome (target statement): 80% of clients who return a survey will report that the volunteers' assistance has contributed to their ability to remain living independently (question 3).



Who should complete this survey? Clients who have received services from volunteers should complete this survey.

Who should administer this survey? What kind of training do they need? Ideally, someone who is familiar with the program and can explain how the data will be used should administer the survey. This person should be able to answer questions about the survey in a neutral way, without suggesting how the respondent should answer survey questions. Don't forget to complete the "office use only" box on the second page of the survey.

How should the survey be distributed? The survey can be handed directly to clients or mailed to their homes. Respondents should be given a cover letter explaining the purpose of the survey, how the data will be used, who to contact if they have questions, and how confidentiality will be protected, as well as when and where they should return the survey. If mailed, provide a stamped, self-addressed envelope.

When should this survey be completed? This survey should be completed at least once near the end of the program year.

Can I add my own questions to the survey? If you need to add additional questions to collect information for other grants or program purposes, add them at the end of the survey, after the last question.

Can I omit some of the questions? This is not recommended. However, if you feel it is necessary to omit some questions, be sure you do not omit questions that respond to your outcome target statements.

What about confidentiality? It is important to maintain confidentiality so respondents feel they may answer questions honestly. This can be done many ways; for example: (1) provide an envelope for the respondent to seal their survey into after completion; (2) don't ask for names; if you need to track who has/has not completed the survey, use a code number; (3) keep completed surveys in a safe location where only you and the necessary staff have access, etc.

In addition...When you analyze the data, you should separate the surveys from clients who receive regular, ongoing services from those who have received only intermittent services on an as-needed basis, and report this information separately. This information can easily be recorded in the gray box on the bottom of page 2 of the survey.

Client Survey

[Enter program name above]



Dear Client: We would like to know about your experience with our program. Your participation in this survey is **voluntary** and will not affect your access to program services. Please answer the following questions as honestly and accurately as possible. Your responses are **confidential** and will be used to improve program services.

1a. In general, how satisfied are you with the program?

- Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

b. Would you prefer a different volunteer? YES NO

c. Would you recommend this program to a friend? YES NO Not sure

2. For each of the following statements, please check the response that best describes your experience with the volunteer(s) at this program.

a. The volunteer is courteous.

- Yes, usually Yes, sometimes No

b. The volunteer is reliable (calls or visits at the agreed-upon time).

- Yes, usually Yes, sometimes No

c. I enjoy talking with the volunteer.

- Yes, usually Yes, sometimes No

d. The volunteer gives me helpful information.

- Yes, usually Yes, sometimes No

e. Because of volunteer, I feel less isolated.

- Yes, usually Yes, sometimes No

f. The volunteer is concerned about my safety and well-being.

- Yes, usually Yes, sometimes No

g. Help from volunteer makes me feel safer in my home.

- Yes, usually Yes, sometimes No

3. Partly because of the volunteer's help, I am able to remain living independently.

- Yes No Not sure

4. If you would like, please tell in your own words if the program is important to you and how.

When you have finished this survey, please return it to:
[Enter details here]



Thank you!

Office Use Only: Client ID: _____

Client receives the following services (check those that apply):

Regular phone calls from a volunteer (daily or almost daily) since _____ (date).

Regular visits from a volunteer (at least once a week) since _____ (date).

Occasional services (at least one service) since _____ (date).

What kind of occasional services? (describe briefly): _____
