# Edmonton Seniors Sector Outreach Worker Toolkit

## Interview Guide

**The toolkit also includes:**

- **Manual**
- **Resource List**

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COUNCIL

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Thanks to all who supported the work of the Edmonton Seniors Coordinating Council Outreach Project. Your commitment of time and energy to graciously share your expertise in this collaborative effort has led to a better set of tools to support workers as they reach out to isolated and at-risk seniors in Edmonton.

Our sincere appreciation to those who contributed to the development of this manual, interview guide and resource list through your participation on committees including the Steering Committee, the Executive Director/Designate Group, and/or Outreach Workers Project Group including staff from the following agencies:

Alberta Health Services–Home Care; Catholic Social Services; City of Edmonton Community Services-Seniors Team; City of Edmonton Family and Community Support Services; Edmonton Aboriginal Seniors Centre; Edmonton Meals on Wheels; Edmonton Senior Centre; ElderCare Edmonton; Jewish Family Services; Mill Woods Seniors Activity Centre; Multicultural Health Brokers Cooperative; Multicultural Women and Senior Services Association; North Edmonton Seniors Association; North West Edmonton Seniors Society; Operation Friendship Seniors Society; Seniors Association of Greater Edmonton; Senior Citizens Opportunity Neighbourhood Association; Seniors Outreach Network Society; South East Edmonton Seniors Association; Strathcona Place Senior Centre; and Westend Seniors Activity Centre.

Additional consultation and input was received from the following organizations and people:

Alberta College of Social Workers; Alberta Health Services–Addiction and Mental Health; Strathcona County Family and Community Services; and Carol Kodish-Butt.

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**With support from:**

agefriendly EDMONTON

THE CITY OF Edmonton

United Way

# Outreach Intake/Supported Referral Form

**Date:** _____

**Name:** _____ Gender: ☐ M ☐ F ☐ Other

Phone #: _____ Alt #: _____DOB: _____

Address: _____ Edmonton, AB _____

**Referral From:** _____

**Phone # :** _____

Relationship to Senior: _____

**Presenting Issue(s):** _____

_____

**Other Issues(s)**: _____

Additional Info gathered if needed:

Aboriginal: ☐ Yes ☐ No Immigrant/Refugee: ☐ Yes ☐ No

Preferred Language _____ Interpreter Needed: ☐ Yes ☐ No

Home Care Involvement: ☐ Yes ☐ N Consent given? ☐ Yes ☐ No

_____

Other Barriers: _____

_____

Home Safety Assessment Needed? ☐ Yes ☐ No ☐N/A _____

**Action(s) Taken/Follow up:** _____

_____

_____

Referrals made and to whom: Supported Referrals: ☐ Yes ☐ No

_____

_____

Applications completed or forms filled out (if applicable/no file opened):

_____

_____

Detailed Assessment Required: ☐ Yes ☐ No

_____

**Intake By:** _____ **Referred to:** _____

Name: _____

| Date | Additional Notes | Signature |
|---|---|---|
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# Detailed Assessment: Demographics (Required)

**Date:** _____

**Last Name:** _____ **First Name:** _____

Phone #: _____ Birthdate: y _____/m _____/d _____ Age: ___

Address: _____ Edmonton, AB _____

Sexual orientation: ☐ M ☐ F ☐ Other Gender Identification _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
☐ Partner ☐ Single

Immigrant/Refugee: ☐ Yes ☐ No Aboriginal: ☐ Yes ☐ No _____

Immigrant Status: ☐ Immigrant ☐ Refugee ☐ Visitor ☐ Other _____

Preferred Languages: _____

Interpreting services required? ☐ Yes ☐ No

Country of Origin: _____ Length of stay in Canada: _____

Religion (if required/important to them) _____

| Referral Source: | Emergency Contact: |
|---|---|
| Name: _____ | Name: _____ |
| Phone: _____ | Phone (H): _____ |
| Agency/Relationship: _____ | (Other): _____ |
| Email: _____ | Relationship: _____ |
| | Email: _____ |

Presenting Issues(s): _____

_____

Senior's Perception of Need: _____

_____

Relevant History: _____

_____

| ☐ Safety Assessment Done | By Phone (Date): _____ | In Home (Date): _____ |
|---|---|---|

# 1. Activities of Daily Living

Eating, washing, dressing, grooming, and using the bathroom.

(Instrumental) Cleaning the house, preparing meals, shopping, doing the laundry, using the telephone, using public transportation, taking medication and managing the budget.

Falls prevention

Tell me about how you are managing your home? Do you depend on someone for regular help? Is there anything about your home which makes life difficult for you?

Have you fallen in the past year? Do you feel unsteady when standing or walking? Do you worry about falling? (If yes, they are considered at increased risk and further assessment is recommended.)

# 2. Food Security/Nutrition

**Food security** refers to the availability and easy access of appropriate, nutritious and affordable food.

How do you manage with meals? With groceries? Are there any days when you are unable to have a hot meal? Tell me what you like to eat and how you prepare your meals.

# 3. Housing

Type of dwelling: single family, apartment, lodge, rooming house, etc.

Living situation: live alone, with others (whom), etc.

Affordability issues: utilities, home repairs, etc.

Appearance: is it clean, well maintained, or otherwise?

Safety and suitability: are there stairs, exits, smoke detectors, etc.?

Relationship with neighbours, landlord, caretaker, etc.

Do you live on your own? Can you tell me about your living situation, any concerns?

# 4. Physical Health

Medical conditions: history and current, perception and understanding of medical conditions.

Medications: types and compliance, self-treatment, self-medications.

Use of medical system: under/over use, accessibility barriers.

Is there anything worrying you about your health? Have you been in the hospital in the past year? Are you confined to your home because of ill health?

# 5. Transportation

Method: Own vehicle (safety issues?), bus (seniors annual bus pass?), taxi, DATS, assisted transportation needed.

Dependence on others and availability of dependable others.

Ability to keep appointments in relation to rides/transportation.

How do you get to where you need to go? Over the last month have there been commitments or things you needed to do and were unable to do because of lack of transportation?

# 6. Financial/Legal

Source of income, receiving supplementary income if they qualify.

Financial management, e.g. banking, budgeting, extraordinary expenses, debt load.

Ability to complete applications forms.

Decision making issues? Legal affairs in order (personal directive, power of attorney, will)?

How well do you cope with the amount of money you have to take care of your needs? Are your legal affairs in order?

# 7. Caregiving

| |
|---|
| Effects of care giving on their physical and mental health, job, etc.<br>Respite from care giving/support. |

How do you feel you are coping? Do you have support from family and friends?

# 8. Grief & Loss

| |
|---|
| Grieving changes e.g. death of a loved person/pet, changes experienced in aging etc.<br>No right or wrong way to grieve/encouragement to follow their own paths.<br>(List of considerations in Outreach Manual to guide if professional help may be beneficial) |

Have you experienced any major losses in the last five years (including the deaths of loved ones or difficult transitions in your life)? Have you had or do you want support in dealing with your grief?

# 9. Mental Health

Many seniors with mental health conditions live productive lives, often stabilized if on medications, but referrals may be needed when changes are observed or their cognitive status is in flux.

Are there indications that a mental health assessment is needed? E.g. depression, confusion, acute anxiety, bizarre behavior.

Keep in mind the 3 D's (Delirium, Dementia, Depression) and understand the differences.

Are you concerned about your mental health? In what ways? Have you sometimes wondered whether you have seen or heard things that others could not see or hear?

# 10. Addictions

Interaction of alcohol with over-the-counter medications and those commonly prescribed for seniors can be an issue.

Further screening tools for alcohol, drug use and gambling are available in the Tools section of the Outreach Manual.

Have you ever had any problems related to your use of alcohol or other drugs? Has a relative, friend, doctor or other health worker been concerned about your drinking or other drug use or suggested cutting down?

# 11. Social/Recreation/Spiritual/Community

Hobbies, interests, social outings, friends, affiliations etc.

Connected to communities e.g. religious, clubs.

What is a usual day or week like for you? Are there activities you would like to do but can't? Where do you feel a sense of belonging?

# 12. Elder Abuse

Control or limiting of rights, freedoms, choices etc.
Fear of being humiliated, hurt, left alone, or of a relationship ending.

It is vital to SEE it! (recognize the warning signs of abuse), NAME it! (talk to the senior and name your concern), CHECK it! (ask questions, check for danger – help with safety planning). Use Risk Management Tool for Older Adults (in the Outreach Manual) after a disclosure of abuse or refer to appropriate community resource.

Sample open-ended screening questions that could be used: *(Source: Helping Hands: A Service Provider's Resource Manual for Elder Abuse in Alberta)*

- Is there anything you'd like to talk about?
- How is everything going?
- Do you ever feel taken advantage of or mistreated? How?
- Tell me about your living situation. Are you happy with it?
- Does anyone close to you ever try to harm or hurt you? Tell me about it.
- Is there anyone who you don't feel comfortable around? Why?

# 13. Reliable Contacts/ Social Supports

Emotional support.

Perception of support systems.

Support in an emergency vs assistance and help occasionally.

Who are the people that you can rely on? Who has made you feel understood, supported, or encouraged? Do you have someone you trust and confide in? Do you have someone to listen to you? Are there people you can depend on to help you if you really need it? Do you have someone to provide advice about a crisis?

# 14. Assessing Social Isolation

| | | | | | |
|---|---|---|---|---|---|
| **over 75 years of age** | ☐ Yes | ☐ No | **living alone** | ☐ Yes | ☐ No |
| **poverty** | ☐ Yes | ☐ No | **experiencing loss** | ☐ Yes | ☐ No |
| **transportation difficulties** | ☐ Yes | ☐ No | **language barriers** | ☐ Yes | ☐ No |
| **poor health** | ☐ Yes | ☐ No | **hearing/vision loss** | ☐ Yes | ☐ No |
| **cognitive impairments** | ☐ Yes | ☐ No | **potential abuse** | ☐ Yes | ☐ No |
| **lack of support** | ☐ Yes | ☐ No | **caregiving** | ☐ Yes | ☐ No |

Do you have someone to do something enjoyable with? Do you participate in activities with family and friends? Do you feel isolated from others? Do you feel left out?

# 15. Cultural Diversity

Potential Issues: Knowledge and understanding of services.

Ability and comfort with accessing services; barriers preventing access.

Trust of system and system barriers.

Interpreter: preference for, need to be arranged, issues of confidentiality.

How much does religion/spirituality guide their lives?

Social isolation.

I would like to hear your story (pick up on risk and protective factors).

Now that we have identified a few areas to work on (such as financial, housing, food insecurity, health), would you like me to share some information about which community or government services may help? (How the service works, what you can expect from the service and how they are not connected to Immigration.)

Would you like to have an interpreter or a community worker/community member join you if you go for this service?

Do you have other concerns about accessing community or government services? (Are you concerned that it would affect your children or family?)

Do you need support in order to access these services, such as transportation, child care if you're taking care of your grandchildren, etc.?

You shared with me that you are of _____ faith. Can you help me understand more about your religion and what I would need to keep in mind when we access services or organize support for you?

# 16. Life History

Education, work experience, achievements, significant events.

Any life events perceived as influencing the situation they are in currently.

What was it like for you growing up?

Were there any special factors that influenced your life? Religion, culture, location?

Tell me about your education? What work did you do after school?

What are the significant events/achievements in your life?

# 17. Coping Skills/Strengths

Past and present strengths/skills.

Ability to cope.

How have you managed to overcome/survive the challenges that you have faced? What do you do to take care of yourself and to cope with stress in your life?

# 18. Action Plan:

**Goal #1:** _____

Client task: _____

OW task: _____

**Goal #2:** _____

Client task: _____

OW task: _____

**Goal #3:** _____

Client task: _____

OW task: _____

**Client Name:** _____ **Signature:** _____

**Outreach Worker:** _____ **Signature:** _____