**Accompanying Research: Call Centers**

Final Report, Dnipro

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# **Call Center PILOT: Overview**

1. **Main Goal**

Reduced subjective loneliness among elderly Jewish Hesed clients in Urals and Eastern Ukraine.

1. **Rationale**

Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family and friendship networks, which results in an inability to actively participate in the community activities. Loneliness may cause serious health-related consequences and is one of the key factors leading to depression.

In an effort to alleviate the sense of loneliness among elderly in FSU countries, we are examining the possibility to operate a call center for Elderly in the FSU (the "Pilot), as further specified.

1. **Pilot Duration & Location**

One-year pilot. The pilot is running in two major cities: Yekaterinburg, Russia and Dnipro, Ukraine (This report is regarding to Dnipro only).

1. **The Services**

The call center will conduct outgoing calls to elderly Hesed clients[[1]](#footnote-1), in accordance with an agreed work plan. The main purpose of the calls is to reduce the subjective feeling of loneliness among elderly Jewish Hesed clients by communicating with the clients, with readiness to listen to the problems and difficulties that the clients are dealing with.

The call center will be in contact with the clients in the city and the distant periphery (sphere 3). In the city, we should explore the option of cooperation with the Hesed and volunteer center as possible. When relevant, the volunteers will connect between the clients and a nearby volunteer center in order to solve some of the problems raised during the conversation with the clients (e.g. broken window).

1. **Operational & Organizational Structure**

* Volunteers: For the Pilot stage, in each center about 20 elderly volunteers will be identified as potential core operators of the call center, most of them at young pension age.

Each call center will be supported by:

* Call center coordinators: Will have the professional capacity, responsibility, discretion and authority to manage complicated calls. Two for each city, 1/2 position each.
* Volunteer community coordinator: The current volunteer coordinator.
* Hesed welfare coordinator: One who is knowledgeable of the relevant clients and of the Hesed work.
* JDC relevant welfare coordinator

The call center will operate about 6 hours a day, for 5 days a week. Each shift will be 6 hours long and will include two volunteers and one call center coordinator. During the shift, each volunteer will have to make about 8-10 calls of about half an hour each.

# **Research Goals**

* Assistance in building an effective, implementable and reflective CALL CENTER model (for additional centers).
* Validation of the main outcome, alleviation of emotional and social loneliness among clients.
* Validation of the secondary outcome, increase in acceptance and social belonging, self-worth and life meaningfulness among the volunteers.
* Quantitative and qualitative examination of meeting model outputs.
* Receiving an in-depth picture of the following subjects:
* Clients: A. First impression and understanding of the service. B. Calls – times, duration, topics (content), initiation, interest and sharing. C. Effect – connection with the volunteer and relief of loneliness and isolation. D. Effect – positive change in mood. E. Strengths and areas for improvement in the service.
* Clients who left: A. First impression and understanding of the service. B. Reasons for leaving.
* Volunteers: A. Background and prior experience. B. Volunteer retention (scope and volunteer experience). C. Quality of response (dynamics, discussion topics and handling acute matters). D. Training and mentoring. E. System. F. Personal contribution.
* Director and psychologist: A. Experience and areas of responsibility. B. Locating, choosing and training volunteers. C. Locating and choosing clients and quality of response. D. Treatment of difficult cases.
* JDC representative: A. Establishment, implementation, operation and maintenance. B. Expansion and sustainability.

# **Methodology**

**Population and research sample**

**Research population:** Clients and Volunteers [Secondary: Key position holders]

**Clients quantitative sample:** Sampling all clients who joined at the beginning of the program and who remained in the program. Sample of 92 clients.All clients agreed to participate in the research.

Table 1: Background characteristics

|  |  |
| --- | --- |
| Characteristic | N (%) |
| Gender (Women) | 73 (79%) |
| Location |  |
| Dnepropetrovsk | 65 (71%) |
| Kremenchug | 11 (12%) |
| Dneprodzerzhinsk | 7 (8%) |
| Novomoskovsk | 3 (3%) |
| Other | 6 (7%) |
| Age M (Range) | 75 (58-93) |
| Live alone | 77 (84%) |
| No family at all | 10 (11%) |
| No family in the city | 35 (38%) |

Table 2: Programs and Services participating

|  |  |
| --- | --- |
| Programs and Services | N (%) |
| Homecare | 6 (7%) |
| Club | 21 (23%) |
| Day center | 22 (24%) |
| Warm home | 5 (5%) |
| Services of the Hesed | 47 (51%) |
| Services of another aid agencies | 5 (5%) |
| Volunteering | 3 (3%) |

Table 3: Functional Economic and Educational background

|  |  |
| --- | --- |
|  | N (%) |
| Requires mobility assistance at home |  |
| Full assistance | 2 (2%) |
| Partial assistance | 3 (3%) |
| No assistance | 87 (95%) |
| Requires assistance when leaving home |  |
| Cannot leave | 4 (4%) |
| Full assistance | 1 (1%) |
| Partial assistance | 7 (8%) |
| No assistance | 80 (87%) |
| Uses hearing aid | 6 (7%) |
| Partial hearing | 18 (20%) |
| Uses glasses | 85 (92%) |
| Short-sighted | 39 (42%) |
| Partial near vision | 51 (55%) |
| No ability to watch television | 8 (9%) |
| No ability to read books | 22 (24%) |
| Difficult financial situation | 21 (23%) |
| Degree |  |
| No degree | 18 (19%) |
| Professional degree | 20 (22%) |
| Academic degree | 54 (59%) |

**Volunteers quantitative sample:** Sampling all volunteers who started at the beginning of the program and who remained as volunteers in the program. Sample of 20 volunteers.All Volunteers agreed to participate in the research.

**Interviews sample considerations:** Representation of clients from the center and periphery, age representation. Approximately half of the interviewees were chosen by the Center and half by the researchers. Clients who left – all those whose reason for leaving was not technical were contacted, out of 16 contacted 13 replied (2 had incorrect numbers and 1 refused).

**Sample framework:** 53 interviews were conducted as detailed in table 1 below, 33 at 5 months from the beginning (T1), and 20 at 15 months from the beginning (T2).

Table 4: Types of interviewees

|  |  |  |
| --- | --- | --- |
| Type | T1 +5 month | T2 +15 month |
| Clients | 14 | 14 |
| Clients who left | 12 | - |
| Volunteers | 4 | 3 |
| Curator | - | 1 |
| Program director | 1 | 1 |
| Psychologist | 1 | 1 |
| JDC Representative | 1 | - |
| Total | 33 | 20 |

**Quantitative instruments**

**Subjective loneliness (Gierveld & Van Tilburg, 2006) [clients]:** The instrument is comprised of two domains, emotional loneliness and social loneliness. The instrument contain 6 items (3 per domain) in a scale of 1 [not at all] – 5 [very much]. The instrument was found to have a reasonable internal consistency [.70 < α >.76] and a good test-retest reliability [*r* = .73]. The instrument has undergone minor adjustments to the specific population.

**MOS Social Support Survey (Sherbourne & Stewart, 1991) [clients]:** The instrument is comprised of four separate domains, from which we used the **emotional support and tangible support** domains. The two domains contains 8 items (4 per domain) in a scale of 1 [Never] – 5 [all the time]. The instrument was found to have a good internal consistency [.91 < α >.96] and a good test-retest reliability [.83 < *r* >.90].

**MOS Social Support Survey (Sherbourne & Stewart, 1991) [Volunteers]:** The instrument is comprised of four separate domains, from which we used the **social acceptance** and **belonging** domain. The domain contains 5 items in a scale of 1 [Never] – 5 [all the time].

**Self-evaluation of life function scale short version [volunteers]:** The instrument is comprised of three separate domains, from which we used two, the **self-worth** and **life meaningfulness** domains. The self-worth domain contain 5 items, and the life meaningfulness contain 8 items all in a scale of 1 [Not at all] – 5 [very much]. The instrument was found to have a good internal consistency [α = .81].

**Qualitative instruments (Interviews)**

**Interview instrument - clients:** The instrument included the following topics: A. First impression and understanding of the service and its goal. B. Times and duration of calls. C. Calls – topics (content), initiation, interest and sharing. D. Effect – connection with volunteer and relief of loneliness and isolation. E. Effect – positive change in mood. F. Initiation and response outside the framework of set calls. G. Conclusion – strengths and areas for improvement.

**Interview instrument - clients who left:** The instrument included the following topics: A. First impression and understanding of service and its goal. B. Reasons for leaving.

**Interview instrument - volunteers:** The instrument included the following topics: A. Background and prior experience. B. Volunteer retention (scope and volunteer experience). C. Quality of response (dynamics and topics of calls and handling acute matters). D. Training and mentoring. E. System. F. Personal contribution.

**Interview instrument - director and psychologist:** The instrument included the following topics: A. Experience and areas of responsibility. B. Locating, choosing and training volunteers. C. Locating and choosing clients and quality of response. D. Treatment of difficult cases.

**Interview instrument - JDC representative:** A. Establishment, implementation, operation and maintenance. B. Expansion and sustainability.

**Process**

The quantitative instrument for the clients were carried out at two times, with the entry into the program and about 15 months from the beginning of the program. The transfer of the instruments was carried out by the volunteers. There was no refusal.

The quantitative instrument for volunteers took place on two occasions, with the entry into the program and about 15 months from the beginning of the program. Self-reporting based on an internet platform.

Interviews with clients were conducted in their homes by prior appointment. During the interview, only the interviewer and a translator were present.

Interviews with clients who left at T1 were conducted by telephone by the interviewer.

Interviews with volunteers and key position holders were conducted at the Center. During the interview, only the interviewer and translator were present.

At the start of each interview, an explanation about the research and the interviews was provided. Interviewees were told who had commissioned the research and interviews and what would be done with the findings (assurance of confidentiality).

Interviews in general were semi-structured – structured, that is, most of the interview was conducted methodically based on the survey instrument. However sometimes, as relevant, changes were made, and questions were added (that were not originally part of the instrument).

**Statistical processing and analysis**

Descriptive statistics

For descriptive statistics, measures of central and dispersion tendencies were calculated; for quantitative scale variables (rational and interval scales), mean and standard deviation were calculated; and for qualitative scale variables (ordinal and nominal variables) calculations of *N* and percentages were calculated.

Statistical inference

In order to empirically test the main outcome, alleviation of emotional and social loneliness among clients, pair t-tests were conducted. In order to empirically test the secondary outcome, increase in acceptance and social belonging, self-worth and life meaningfulness among the volunteers, simple t-tests were conducted. In order to understand the extent of the changes Cohen's *d*' effect size were calculated. Values of 0.10-0.30 represent a small effect, 0.31-0.50 medium effect and 0.51 and above large effect.

Interviews and open-ended questions underwent content analysis

**Key**

* This symbol reflects a positive finding
* This symbol reflects a negative finding
* This symbol reflects a neutral finding

**Limitations**

One center research - The findings are based on the relevant situation of the unit currently, in the Dnipro center, and the external validity of the findings is limited. Application of the recommendations to additional centers should be treated with caution.

# **Meeting Objectives: Logic model Outputs**

* **The current model was formulated for the Pilot with the intention that it would be changed and adapted following the accompanying research results and the findings in the field.**

1. **Pilot operation**

* Identifying suitable professional and volunteers for the call center

From the interviews, it was found that there is a high quality, appropriate human resources-professional infrastructure consisting of volunteers, coordinators and a psychologist.

* Training professional staff and volunteers

The staff completed focused, appropriate training. The quality of the training was examined immediately upon completion of the training (separate report appendix ##). In the framework of the interviews, the relevancy and quality of the training were reinforced.

* Identifying suitable clients for the pilot from the main cities and periphery

From the interviews, it was found that most of the clients need the service and the services makes a significant change in decreasing loneliness. However: A. There are clients who do not need the service or not fit (have mental problems) and should not have been in the service from the outset. B. A clearer definition of the population for whom the service is intended and how to locate and choose them is lacking.

In the field, a decision was made to begin with less difficult situations, people who were in Clubs and not from Homecare. We have the impression that this was the correct decision and that it helped to introduce the volunteers and the staff as a whole gradually to the role. However, the most challenging population from the perspective of loneliness is not receiving services from the CALL CENTER in Dnipro at this stage.

* Creating and training on an MIS infrastructure for the pilot

There is a user-friendly, appropriate and high-quality management system. The volunteers received an explanation and are proficient in using the system. However: A. It is worthwhile adding training in how to use the system to the training stage. B. Some of the system fields need to be adapted [this is expanded upon in the recommendations section].

* Ongoing professional support (local level, HQ and external consultants)

The volunteers receive ongoing support from the program director and the psychologist. The director provides onsite response. The psychologist holds ongoing meetings with the organic teams (shifts) and additional group meetings of 10 volunteers. The psychologist assisted in the training process and provides ongoing and necessary response at the volunteer and system level.

* Volunteer retention activities

In order to retain, and no less importantly, to maintain the volunteers, there are ongoing meetings with the psychologist and group building activities with the volunteers (with which there is great satisfaction on the part of the volunteers). In addition, there are, from time to time, external fun-social activities.

1. **Interaction with clients**

* Outgoing emotional support calls (according to the work plan)

The calls take place at set days and intervals (hours) known to the client. The calls with each client take place with a frequency of once a week for 20-40 minutes (varying a little from client to client).

* Connections to a friend on the other end of the phone line

The definition of who the volunteer is to the client and who the client is to the volunteer requires comprehensive and meaningful consideration. The expectation from a friendship connection is different from the connection format defined in the model (connection once a week, at a time set in advance, one-time connection, ending the connection at a pre-defined time). This issue is also connected with the definition of the goals and the role of the program and the volunteer: permanently relieving loneliness (which never ends) or temporarily relieving loneliness (with a specific objective and time limited). [This is expanded upon in the recommendations section.]

# **Meeting Objectives: Logic model Outcomes**

1. **Pilot operation**

* Professionals staff and volunteers are properly trained to operate the call center

From the interviews, it was found that there is a high quality, appropriate human resources-professional infrastructure consisting of volunteers, coordinators and a psychologist.

* A pool of volunteers is operating the call centers according to the work plan

In accordance with the work plan, a high quality, professional system of volunteers has been established who are satisfied with volunteering and perform high quality, meaningful work.

* Volunteers receive ongoing quality professional support (local level, HQ and external consultants)

The volunteers receive ongoing professional support from the program director and program psychologist, response to specific problems (with clients) and retention and care for the volunteers. However, these interviews are taking place approximately 6 months after the start of volunteering and it is important to examine the long-term impact on the volunteers.

* The required technological infrastructure is available for the call center

The best and most high-quality means available were provided to the volunteers and the program. However, the calls are all placed from one room which is relatively crowded and this is a bit problematic because of noise from the conversations with clients taking place at the same time next to each other. In addition, there are four volunteers on each shift and right now there are only three workstations.

1. **Interaction with clients**

* Relieve social isolation of the call recipients

From the interviews, it was found that the calls are very meaningful for most of the clients and help to decrease loneliness and isolation. We were surprised by the value the clients attribute to these calls and the impact reported. An objective assessment of actual change based on a representative sample will be conducted and presented in the final report.

* Increased social engagement of the call center volunteers

From the interviews it was found that the volunteering is very meaningful to the volunteers, it adds great value and quality to their lives. The volunteers reported good connections with other volunteers and the program staff. An objective assessment of actual change based on a representative sample will be conducted and presented in the final report.

# **Summary of Recommendations**

* The insights and recommendations are based on the interviews. The extent to which the interviews are representative is limited and consideration should be given to the interview findings integrated with other information.
* The recommendations are divided into three levels:

1. It is worthwhile considering – Findings that arose from the interviews, however there is doubt about whether they are representative and / or regarding the implications of implementation in a wider context / in the model.
2. It is recommended – Findings that arose overwhelmingly from the interviews and there is confidence regarding the value and importance of implementing them in a wider context / in the model.
3. It is required – Things that must be done according to the model or where it is clear that not implementing them in the model will harm the program and its effectiveness.

It is clear that the program and the volunteering have a positive and very meaningful emotional-mental health impact, both on the clients and on the volunteers. **Nevertheless, building a model for this program requires a great deal of wisdom, sensitivity, and caution.**

**Program goals**

* **It is necessary** to define the goal of the program, whether it is permanently or temporarily relieving loneliness (isolation); these are two very different goals. Both can be defined as goals of the program and the objective for each client can be determined, however goals must be defined. Permanently relieving loneliness has no endpoint and the emphasis needs to be on meaningful, long-term connection between the client and the volunteer. On the other hand, temporarily relieving loneliness (Helping to get back to the community) does not require a meaningful connection between the client and the volunteer. It is desirable for the connection to be time limited and the goal is creating meaningful connections with others in the community. Defining the target population and the nature of the appropriate intervention should derive from the goals.

**Defining the population, identifying, contacting and selection (prioritization)**

* **It is necessary** to define in the model who are the population / populations and who are the clients, what characterizes them from the standpoint of objective loneliness (physical and functional isolation) and subjective loneliness (experience of isolation and social isolation). The model cannot rely solely on objective data or recommendations from the curator in deciding who is appropriate for the service.
* Because of the fear of speaking with strangers, **it is worthwhile considering** advance contact by someone who knows the potential client, such as the curator.
* **It is recommended** that the initial calls be made based on an organized document (checklist) that explains the service, background, goals, characteristics and an intake that assesses the client’s objective and subjective loneliness and areas of interest. It is recommended that the information recorded on this document constitute: A. a basis for deciding whether the potential client is appropriate and how much the service is necessary for the client. B. A basis for more exact matching between the client and the volunteer.
* **It is necessary**, after the suitable clients have been chosen, to conduct prioritization in accordance with their situations of objective and subjective loneliness**.** A picture regarding the situation of objective and subjective loneliness can be established through 4-5 questions on the intake.
* **It is worthwhile considering,** either as part of the process of selecting a location for a CALL CENTER or after selection, conducting mapping regarding the relevant population/populations, size, needs, etc.

**Service characteristics, timing and topics**

* Some of the clients noted that they would prefer calls at greater frequency or for longer durations. **It is worthwhile considering** more than one format for frequency and duration (not only the uniform format of half an hour once a week) and adjusting the format more precisely to the needs of the client.

**Quality and character of connection**

* From the interviews it was found that the actual connection established in most cases is a personal connection, a friendly connection. In such a connection there is an expectation of a certain level of mutuality. **This requires** deep thought about how the model finds the delicate balance between meaningful friendship, the connection that is established in most cases (even though this was not the intention, this is the connection actually created and this is the connection that has the best ability to relieve loneliness) and a sustainable model from an operational perspective, and no less importantly, a model that cares for the volunteers and preserves the required distance. A practical expression, for example (this is not a recommendation) could be a different format for certain clients, or a two-way connection with certain limits.
* It was found that the actual connection established in most cases is a personal connection with a specific volunteer. This point raises questions and challenges that require consideration. For example: A. What happens when a volunteer quits or is not available for an extended period. B. What is the duration of the connection between a volunteer and a client, whether and how it can be concluded. A meaningful connection that ends suddenly or one-sidedly can have significant implications – **consideration of the topic is required, and an appropriate solution must be defined in the model.** In this context, it is recommended to examine the long-term implications of the connection and of its cessation, and to examine this through long-term research.
* **We recommend** integrating a process of defining measurable goals and objectives at the specific client level into the model. The definition needs to be done in cooperation with the professional staff and be examined and updated.
* From the interviews, it was found that sometimes there are things related to the connection that the client does not feel comfortable saying to the volunteer. **It is worthwhile considering** introducing into the model a party who would be follow up on the connection from the viewpoint of the client. Currently this is done (well) from the viewpoint of the volunteer only (with the assistance of the director and the psychologist), however the clients have difficulty telling the volunteer what is working less well in the connection and conversations.
* Some of the clients were very interested in meeting the volunteer, a meeting between the client and the volunteer could have meaningful implications, for good and bad. **It is worthwhile to give consideration** to this in planning regarding the connection that the program wants to enable to develop.

**Clients who leave the program and concluding the service**

* Clients who need the service were defined as leaving due to reasons that are not relevant. **This requires** defining criteria for clients who leave. It should include the client’s explicit statement and this should be introduced into the operating model. The program cannot rely solely on a lack of ability to establish contact in defining the client as a client who left.
* **We recommend** defining client status as follows: Active, Frozen (temporary status), Under clarification (situation of lack of notice / information) and Left. (And not as currently defined in the system, “refused communication”).

**Selection and training of volunteers**

* All the volunteers previously volunteered at the Center and the curator knows all of them. This familiarity has value from the perspective of the ability to choose the volunteers who have suitable potential. However, **it is important to see** that the matter does not shrink the pool of potential volunteers, that is, that volunteers are only chosen from a closed group.
* **It is important to make sure** that personal acquaintance is not the only consideration in choosing the suitable people for volunteering (that was not the case here in Dnipro, in Dnipro was a comprehensive process before the volunteers were chosen).
* **We recommend** building a systematic process and tools (a kind of selection test) for choosing those who are suitable for volunteering and defining this in the operating model.
* **It is recommended** that the psychologist be embedded in selection of volunteers.
* **It is worthwhile considering** adding organized training in how to use the software and / or integrating this into the training stage.
* From the perspective of physical and cognitive effort, **we recommend** adapting the training and the seminars to the volunteer population (senior population).
* **We recommend** explaining to the volunteers, in the framework of instruction, the importance of documentation, both for monitoring and research purposes.

**Matching clients with volunteers**

* **It is worthwhile considering** whether the process of matching the volunteer and the client should be done with the volunteer, giving the volunteer a say on the subject.
* Because the volunteers mainly do not have concrete experience and the implications of the volunteering, for the clients and for the volunteers, can be far-reaching, **it is recommended**, where possible, that volunteers without experience begin with the easier cases and only later, when they have gained experience, work with harder cases.

**System (software)**

* There are a number of variables that are not well defined and **we recommend** adding closed categories to them to maintain uniformity.
* **We recommend** examining which variables there is value in entering for each conversation and which variables are unnecessary and create a burden.
* **We recommend** adding into the program database an anchor variable (such as identity number) that will enable connection with existing information in the broader database that is not the program database.
* **It is worthwhile considering** receiving specific feedback from the volunteers about the system and about data entry.

**Core staff**

* **It is necessary** to define within the model the mandatory professionals and roles for each CALL CENTER.
* The implications of the connection for the clients and the volunteers are in the category of “lifesaving.” In addition, the quality of the connection and the ability to problem solve is very much dependent on the psychologist. **It is required** to have a psychologist in the model (and in every CALL CENTER) and the psychologist’s supervision and consultation is necessary for the clients, the volunteers and the project.
* Because the psychologist works more at the micro level and the director is likely to be lacking professional knowledge, **it is worthwhile considering** introducing a social worker into the model, someone with professional knowledge and ability to see the big picture.

**Expansion to more Centers**

* **It is necessary** to define the significant components for successful operation of a CALL CENTER and to choose the location of Centers in accordance with the quality of these components.
* As in any model, **it is recommended** to find the balance between the need for something structured and systematic which can be replicated, and the need for something flexible that enables adaptation and specification to the field and to the specific CALL CENTER.
* **It is recommended** to consider the implications of CALL CENTER service at a distance, how it differs from a local CALL CENTER and what is necessary / what needs to be done differently in order to provide a quality response. A CALL CENTER at a distance makes it possible to reach regions where it is not possible to establish a CALL CENTER and to pool resources for cost savings.

# **Clients lonliness alleviation**

**Dropping out**

From 177 clients that started the program dropped (after 4 calls or less) the program 62 (35%) Clients. 19% dropped for technical reasons that are not related to the program, but it is likely to reflect a reality that is expected in new centers that will open. Only 10% chose not to continue with the program and 6% were found unsuitable (and the service was usually stopped after one call). Although it is a very low percentage that expresses big success of the program, clearer criteria may create even better match and reduced the percentage of dropping out.

Table 5: Reasons of leaving

|  |  |
| --- | --- |
| Reasons of leaving | **N (%)** |
| Technical reasons | 34 (19%) |
| Deterioration in a state of health that makes it impossible to communicate | 17 (10%) |
| Health-condition Improvement | 12 (7%) |
| Other | 5 (3%) |
| Refuse to continue | 17 (10%) |
| Criteria mismatch | 11 (6%) |

**Subjective Loneliness**

* The positive change in the emotional loneliness of the clients, even though statistically near significance, is low (*d*' = 0.11). However, this finding should be treated with carefulness, since self-reported emotional loneliness was somewhat low at the entrance.
* A statistically significant and meaningful positive effect (*d*' = 0.40) was found in the social loneliness of the clients.
* Overall a statistically significant and meaningful positive effect (*d*' = 0.28) was found in the subjective loneliness of the clients.

Table 6: Subjective loneliness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | T0 Entrance | T2 +15 month | Effect size | P-value |
| Emotional loneliness |  |  |  |  |
| I experience a general feeling of emptiness \* | 62% | 65% |  |  |
| I miss the company of people around me \* | 41% | 48% |  |  |
| I often feel rejected (ostracized) \* | 82% | 89% |  |  |
| Emotional loneliness \* M (SD) | 3.8 (0.7) | 3.9 (0.7) | 0.11 | .088 |
| Social loneliness |  |  |  |  |
| There are people I can count on in an emergency | 53% | 67% |  |  |
| There are many people I can count on | 45% | 51% |  |  |
| There are enough people I feel close to | 42% | 60% |  |  |
| Social loneliness M (SD) | 3.3 (1.2) | 3.7 (1.2) | 0.40 | <.001 |
| Subjective loneliness M (SD) | 3.6 (0.8) | 3.8 (0.8) | 0.28 | <.001 |

\* After scale reversal

Percentage represent value of 4 or higher.

**Social Support**

* The positive change in the tangible support of the clients, even though statistically significant, is low (*d*' = 0.18). However, the intervention (phone calls) can improve the tangible support indirectly only.
* A statistically significant and meaningful positive effect (*d*' = 0.36) was found in the emotional support of the clients.
* Overall a statistically significant and meaningful positive effect (*d*' = 0.28) was found in the social support of the clients.

Table 7: Clients social support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | T0 Entrance | T2 +15 month | Effect size | P-value |
| Tangible support |  |  |  |  |
| Someone to help you if you are bedridden | 57% | 54% |  |  |
| Someone to escort you to the doctor | 48% | 53% |  |  |
| Someone who helps you make food when you cannot | 48% | 54% |  |  |
| Someone to help you with daily tasks when you are sick | 47% | 59% |  |  |
| Tangible support M (SD) | 3.4 (1.3) | 3.6 (1.3) | 0.18 | <.05 |
| Frequency of respondents with lack of tangible support \* | 43 (47%) | 33 (36%) |  |  |
| Emotional support |  |  |  |  |
| Someone you enjoy spending time with | 58% | 72% |  |  |
| Someone you can turn to for advice on personal problems | 51% | 61% |  |  |
| Someone who knows and understands the problems you are dealing with | 53% | 62% |  |  |
| Someone who makes you feel loved | 60% | 71% |  |  |
| Emotional support | 3.6 (1.1) | 3.9 (1.0) | 0.36 | <.001 |
| Frequency of respondents with lack of emotional support \* | 32 (35%) | 22 (24%) |  |  |
| Social support M (SD) | 3.5 (1.1) | 3.8 (1.0) | 0.31 | <0.01 |
| Frequency of respondents with lack of social support \* | 34 (37%) | 27 (29%) |  |  |

\* Lack of support defined as average value of 3 or below

Percentage represent value of 4 or higher.

# **Clients interviews**

Interviews were conducted with 28 clients; 14 interviews were conducted 5-6 month from beginning and 14 interviews 15-16 months from beginning. Table 2 below presents the background characteristics of the interviewees. Table 8 below shows the background characteristics of the interviewees.

Table 8: Background characteristics of interviewees

|  |  |
| --- | --- |
| **Characteristic** | **N (%)** |
| Gender (Women) | 24 (86%) |
| Location (Dnipro)[[2]](#footnote-2) | 22 (79%) |
| Age [Range] | 65-90 |
| Live alone | 24 (86%) |
| Family |  |
| No family at all | 4 (14%) |
| No family in the city | 10 (36%) |

**Initial contact: First impression and understanding of the service and its goal**

**The goals of this topic were:** A. To examine the initial interaction – was it inviting to receive the service? B. To see whether it was clear to the client what the service is and what the client is meant to receive in its framework, making it possible for the client to make an educated decision about whether the service is indeed something the client needs.

**Question:** Can you describe your first impression from the first call in which the CALL CENTER was explained to you? Do you remember who you spoke with (what was their role)?

It was very pleasant; I remember who called. Even before they called me, the curator explained to me that they were going to call me and that the goal was to encourage me as someone who lives alone. They prepared me for the call.

I felt satisfaction and hope with the first call. Before the call with the CALL CENTER, the curator contacted me and told me that they were going to contact me. I was happy that someone was interested in me.

The curator called me, presented the program. Afterwards a volunteer called me. I couldn’t open up at first. She asked me more and more questions and I slowly started to tell her about painful subjects. I like this kind of conversation because it doesn’t happen often, especially for someone who is alone.

She was so kind, to an old person like me when someone takes an interest in you it is a wonderful thing.

For the first moment I was afraid, but the first sentences calmed me and made a connection – very quickly I felt good and warmth.

**Question:** Did you understand the goals of the CALL CENTER program?

I immediately understood that it was about communication, I understood that this could support me. I saw that this was practical. I saw that they could help me. For example, they helped me immediately with my electricity.

They explained it to me in detail. I connected immediately; Everything was understood. They explained to me that they call people who live alone so that they will feel that they are not alone. So that they will feel that they are part of a community. They explained that this is psychological and moral support.

I understood that they care about me, that they are interested in a person who is alone and who doesn’t have anyone (physically) close – it really touched my heart, I was moved – it was so nice. [How did they explain the goal?] I understood that the primary goal is to help me to overcome depression, to help me to cope.

**Findings**

* In many instances the curator (whom they know) was the first one to make contact and told them a bit about the program, how it works and its goals. The advance preparation with someone they know was valuable and this made the initial interaction with the volunteer easier (the clients expressed fear of speaking with strangers) and made it easier to understand what the program was about.
* Even when there was not an advance contact with the curator, all the respondents noted that the communication was pleasant and good and, in most cases, a positive connection was established in the first call.
* All the interviewees reported that at the end of the call they understood the general goal of the service, assistance with relieving loneliness and understood how it would work in practice.

**Recommendations**

* Because of the fear of speaking with strangers, it is worthwhile considering advance contact by someone who knows the potential client, such as the curator. [In some of the interviews it was found that only when the curator explained the program was there openness and understanding, and the fear of speaking with people they don’t know on the telephone was also noted.]
* It is recommended that the initial calls be made based on an organized document (checklist) that explains the service, background, goals, characteristics and an intake that assesses the client’s objective and social loneliness and areas of interest. It is recommended that the information recorded on this document constitute: A. a basis for deciding whether the potential client is appropriate and how much the service is necessary to the client. B. A basis for are more exact matching between the client and the volunteer.

**Calls: Time and duration**

**The goals of this topic were:** A. To assess whether the times of calls are convenient and B. whether the duration of the calls is appropriate.

**Question:** Regarding the times of the calls (hours and days), are they convenient for you? If not, why? What would you change?

We set a day in advance and whether morning, afternoon or evening. I don’t want to change anything. These were convenient times for me.

They call me every Thursday, once a week. It doesn’t make a difference to me which day, I don’t work, I’m at home; every day is convenient for me. I have a little problem, I don’t know when between 9-14 [they will call], I would prefer a clearer hour. [Why didn’t you say so?] That would not be tactful, I can’t tell them this.

A set day, at a set time and I look forward happily to the call.

They call me on Monday, in the first part of the day. Sometimes I am busy, and I ask them to call me later. The times are convenient for me.

I have time, I’m free, they asked me when was convenient for me and set the time accordingly. They call me at the set time and it’s wonderful. They call me once a week.

Yes, convenient. We set a day and time.

I am not particularly busy, it’s fine for me whenever is convenient for her. [We have] a set time.

**Question:** Regarding the frequency of the calls, are they convenient for you? If not, why? What would you change?

Once a week is suitable for me, more is not necessary.

We talk once a week, that’s enough.

I live alone, I’m lacking communication. It could be that once a week is enough, but I would like it to be longer. Maybe if she had four clients she would have more time ☺ [Would you actually want more times per week?] I live alone, I don’t have so many events to recount, to talk about, so that once a week from this perspective is good.

I would be happy for them to call more, but I understand that there are people who need it more. I would be happy if they called more.

I still have acquaintances who call me, I feel that once a week is enough, it’s the right amount.

Once a week is enough for me.

I understand that they are busy, but I would be happy to speak more often.

**Question:** Regarding the duration of the calls, are they convenient for you? If not, why? What would you change?

It varies. When there is a lot to talk about then it is long and when there isn’t, it’s short – we speak about half an hour, the length is enough for me.

The volunteer tells me “our time is up” and I answer, I would keep talking to you.

For about half an hour, 40 minutes. Sometimes there’s a very interesting subject and we go over a bit. Yes, it’s a suitable time frame.

We talk for about a half hour, the conversation is so pleasant, I don’t feel the time passing. Sometimes we go over a bit. It’s enough time.

We speak from 20-30 minutes, for me it’s enough, I am a pretty introverted person.

Half an hour to an hour, definitely enough.

**Findings**

* The calls take place on set days and time range, in some cases with precise times, except in one case where it was noted that the days and times are not set. All the clients, except for one, noted that this arrangement is suitable for them. One noted that she wants a set time and not a time range, and sometimes when the call comes it is not convenient and she requests that they call at a different time.[[3]](#footnote-3)
* The calls take place with a frequency of once a week, except for one interviewee who noted that she is called twice a week. Some of the interviewees said that this frequency is enough, some said that they would prefer greater frequency (but they are aware that there are other clients).
* The most common duration is half an hour. For some of the clients it is a little less and for some a little more. (The duration of the conversation seemed to be an indicator of the quality of the connection between the volunteer and the client, but this needs to be checked).
* Many of the clients reported that the duration of the call is suitable for them, some reported that they would prefer to speak for longer, but they are aware that there are other clients.

**Recommendations**

* Some of the clients noted that they would prefer calls at greater frequency or for longer durations. It would be worthwhile considering more than one format for frequency and duration (not only the uniform format of half an hour once a week) and adjusting the format more precisely to the needs of the client.

**Calls: Topics (content), initiative, interest and sharing**

**The goals of this topic were:** A. To examine the topics and whether they are appropriate. B. Who initiated the topics of discussion and the content of the call? C. Were the topics of the call interesting? D. The level of openness to raising topics to share.

**Question:** What are the most common / regular topics of the call?

We began with getting to know the family history, about the family, what I need, what my needs are. We exchange recipes, the topics are varied.

The physical situation, what moves me, makes me happy, worries me, whether there are problems or difficulties, politics. It’s important to me to note that in every topic I was at the center – and that’s good. I like humor and music (he is a musician and a doctor). [Does that come up in the conversation?] Yes, it makes me happy that I make her laugh. A day without laughter and without music is wasted.

What I do day to day, how my day passes, who my friends are and who I have been in touch with. What the family situation is. Where I visited, synagogue, health situation, what books I am reading, what shows I watch.

We start with the health situation, what happened during the week, movies on television, concerts at Hesed, whether I visited Hesed, about music, books, recipes, on my emotional state, who visited me, whether I need help.

We talk about the summer home, maintaining health, recipes and food, family life, it’s mutual, I know what is happening with her and she knows what is happening with me.

Interpersonal relationships in the family, my daughters-in-law, books I read, theater and plays, music and concerts.

There isn’t a set topic – me, the family, the grandchildren, it changes. I feel that I have known the volunteer for many years.

**Question:** Who initiates the conversation topics?

The volunteer usually initiates the conversation topics. She does ask me what else I would like to talk about, but she initiates. I feel that the volunteer always comes prepared, that she knows what she is going to talk about with me – I understand this from the way she asks things. In the conversation, I feel the empathy and the inclusion.

The initiative is shared, it really flows.

The volunteer asks questions and I answer her, it develops mutually, it flows.

It flows, there isn’t one person who leads; it develops. It is very sensitive and very positive.

She mostly initiates the topics.

The volunteer is mostly the one who initiates [Does she succeed in hitting topics that interest you?] The first time that she spoke to me, she asked me what I was interested in and thus she knows what I am interested in. She’s not really a partner (she’s not knowledgeable about these topics) for some of these topics but she is interesting.

**Question:** Are the conversation topics interesting to you? Are there other topics that you would be interested in talking about?

**Question:** Are there topics that you would like to share, but you avoid raising them during the conversation?

I am always interested in the topics we raise – the other side senses well what I need, what I am interested in. I don’t feel that there is a need for additional topics, we are not there yet. I feel that the volunteer understands my need, she is skilled, and she identifies what I need and am interested in. The volunteer projects professionalism, she leaves a good feeling.

All the topics interest me. But in order to go deeper it’s important that an old friend be sitting opposite – that’s not the situation. The topics are quite superficial, I stop myself, in order to be friends you need to eat salted tuna together, we are not there. There are sensitive topics, my deceased husband, my parents of blessed memory, I cannot talk about them. I won’t talk to the volunteer about matters that get into the womb or the soul. [[4]](#footnote-4)

[The political topics you are so interested in, that are so important to you, do they come up?] Infrequently, too little, political topics are not so interesting to her.[[5]](#footnote-5) I would like to talk more about my life and my interests – to my regret the conversation is short and mainly about daily matters connected with my health, I would like more, I would like other topics. I am not able to tell her that I want to talk about other topics and the conversation is very short, 20 minutes.

She is not at the same level as me from the perspective of knowledge of topics that interest me, but we talk and there is interest. There are topics that I would like to add but the other side doesn’t connect, for example I draw, and the volunteer said that drawing is for children – from this I felt that we don’t have common ground for conversation. (I draw in the framework of a class at Hesed).

**Findings**

* There are many varied topics of conversation and they are suitable for the clients and volunteers
* Volunteers are mostly good conversationalists on the topics that arise.
* Initiating conversation and topics is mostly mutual, both by the volunteer and the client. In the cases where the initiative is mostly from the volunteer, it is done through attentive listening to the needs and desires of the client.
* The conversation flows and the conversation dynamic is suitable for the clients and volunteers.
* Most of the clients reported that the topics that come up in conversation are interesting to them and that they are satisfied with the conversation that develops around these subjects.
* In some instances, it was clear that the conversation does not fully meet the clients desires. The reasons for this are: A. A gap in knowledge between the client and the volunteer. B. Different areas of interest C. Difficulty speaking about the connection itself (how to improve it). and D. Lack of a feeling of deep connection.

**Recommendations**

* Based on the findings that arose from interviews with clients and volunteers (later in the report), it appears that deeper understanding of the client and their areas of interest on the one hand, and of the volunteers on the other, will make better matching possible. It is worthwhile considering introducing to the model (in the framework of the intake questionnaire) several questions about areas of interest and other preferences. In this context, it is recommended to include the volunteers in the process of dividing the clients and thus to improve the matching.
* From the interviews, it was found that sometimes there are things related to the connection that the client does not feel comfortable saying to the volunteer. It is worthwhile considering introducing into the model a party who would be follow up on the connection from the viewpoint of the client. Currently this is done (well) from the viewpoint of the volunteer only (with the assistance of the director and the psychologist), however the clients have difficulty telling the volunteer what is working less well in the connection and conversations.

**Effect: Connection with the volunteer and relief of loneliness**

**The goals of this topic were:** A. To assess the quality and depth of the connection with the volunteer. B. To assess the effect of the service, how much it helps relieve loneliness.

**Question:** Do you feel a change or any kind of progress from conversation to conversation?

**Question:** Do you feel a meaningful connection has been created between you and the representative?

The connection has become much stronger, it strengthens me, it supports, it encourages me – I look forward to [speaking with her] a lot. [Would you like to meet the volunteer?] Very much,

Without a doubt, I would want that so much, I would like to look her in the eye.

I feel progress, my mood is lifted, I go out and I think I am not alone in the world, I have backup, people who care about me. I feel that it is mutual, yes, they turned to me and they are volunteers, but the experience is that I also contribute something to the volunteer. A connection has been created, the conversations are meaningful, there is true interest, heartfelt blessings one to another – I feel that she is my friend, a real friend. [What caused the good connection?] I love her intonation, I don’t see her, but I feel her smile – she is a wonderful, warm, friendly woman.

Yes, I look forward to the conversation, it does me good; we have gotten very close to each other throughout the time. A meaningful connection has been established…[Would you like to meet the volunteer?][[6]](#footnote-6) The connection is very meaningful, very good. I would very much like to meet her. I would like to hug her. [If you were to meet would it heighten the connection?] I am sure that it would strengthen the connection even more. I know that she sings so beautifully, I would very much like to see her and to see her sing.

On the one hand the subjects interest me, on the other hand, if I knew her better, if she was closer to me, I would open up more.[[7]](#footnote-7) If I saw her, I would have a better sense of her. It would be good if there was a physical meeting, we are still strangers – I don’t feel comfortable opening to a stranger, we are still not at that place. This idea of speaking on the telephone is good, but something is lacking for me, when they called at first, I didn’t think at all about what I wanted. I still get out, I go to Hesed, maybe people who don’t go out need it more. The communication for me is not so meaningful, I go out, I get to the center, I am on the internet, I don’t need this communication so much. People like me need meetings not phone calls. [Why do you continue?] It’s not entirely superfluous, it makes a certain contribution, it is interesting to me – it’s just not so meaningful. I hear stories about others and then I say, things aren’t so bad with me.

In the beginning it was just regular, now I have gotten used to it and I have opened. At first there was suspicion and afterwards we got used to it. Yes, the volunteer is appropriate to me in age. If there was someone younger it would be harder. The subjects are appropriate. The conversations are varied in the right way. They recall a lot of memories.

[Have you met the volunteer?] Of course, I met with the volunteer, I come to the Hesed and I meet her there, I know her face to face. Very intelligent, very educated, very fun to talk.

[Have you met the volunteer?] We're scheduled to meet next week. This is our private initiative, not something organized. The volunteer will come here to see me, I'm not getting out.

**Findings**

* Most of the clients reported a good and meaningful connection with the volunteer, a connection that developed over the course of the calls. In isolated instances that this did not happen, the clients should not have been in the program from the outset.
* Most of the clients see the volunteer as a true friend and report that the connection is very meaningful for them and helps relieve loneliness.
* Some of the clients expressed a great desire to meet the volunteer (and some of the volunteers also expressed this desire).
* Some clients already met the volunteers and meet them from time to time.

**Recommendations**

* Some of the clients were very interested in meeting the volunteer, some already met and doing it from time to time. A meeting between the client and the volunteer could have meaningful implications, for good and bad. It is important to consider this in planning regarding the connection that the program wants to enable to develop.

**Effect: Positive change in mood**

**The goals of this topic were:** To assess the effect of the service, how much it helps to improve mood (including impact of ending the conversation).

**Question:** Does your mood improve after the call?

**Question:** Were there ever instances when you were depressed after the call?

I suffer from depression and anxiety. These calls give me relief. They don’t cause depression. Neither does the fact that I have to wait a week for a call. I want to say that I am very grateful that there is a service like this. It does me a lot of good.

I understand that I have to talk to someone else. I’m not sorry when it ends, [I am] always positive.

I feel progress, my mood lifts, I go and think I am not alone in this world, I have backup, people care about me. I feel it is mutual, they did contact me, and they are volunteers but the experience is that I also contribute to the volunteer. It is a bit sad when it ends, but I say to myself, not terrible, we’ll talk again in another week.

Yes, I feel a lot better after the call. My mood lifts after a call. There is a feeling that someone cares about me, it gives me strength, encourages me. I sometimes feel that the call went by too fast, I’m a little sorry when it ends.

The communication is not so meaningful for me. I get out, I get to the center, I’m on the internet, I don’t need this communication so much. People like me need meetings, not phone calls.

Sometimes I am depressed when I get up in the morning, it’s hard. And then we talk, share, it is easier. It’s impossible to say that I am happy all the time. People talk about cancer everywhere (she related that she recovered). People live. My mood improves, I want to live, not to think about it. When I talk it distracts me from my health and worries about my children.

**Findings**

* Most of the clients reported that the conversations and the connection contribute to positive mood and help them overcome depression. In isolated instances that this does not happen, the clients should not have been in the program from the outset.
* The clients reported that ending the call is done well and even though there is sometimes a bit of sadness when the call ends, the end of the conclusion of the conversation is done in a way that leaves them in an optimistic and good place.

**Initiative and response outside the framework of regular calls**

**The goals of this topic were:** To assess the need and the response to communication outside the framework of regular calls. It was later clarified that clients cannot call, and contact is one way (only the volunteers can call) and only at times that have been set. However, some volunteers gave their personal phone number to the clients and some volunteers calls their clients not during the CALL CENTER hours.

**Question:** Have you initiated calls to the CALL CENTER (beyond calls that were arranged in advance)? If so, what were the goals of these calls? If you wanted to initiate and did not, why not?

No, I have not initiated calls, but I very much want to go and meet them. After I meet them face to face, maybe I will initiate. [What if there was a technical problem, would you feel comfortable contacting them?] I have no need, if there’s a problem I know who to turn to and I don’t turn to Hesed.

There were times I missed calls because they called right when I was on the telephone, you can’t call them back, it’s not possible to call – I would very much like it to be two-way. [What other goals did you have for times you wanted to call?] I am sometimes under stress, I feel very difficult isolation, I need to speak with someone. It would be very desirable if I were able to speak with someone when I need to. Sometimes I physically don’t feel well, and I want to say that. For example, the bus driver was rude to me, it was very hard for me, I had to tell someone, and I didn’t have anyone, it’s very hard. [Do you have someone else to speak with, maybe the curator?] No, he has 450 people and he has a different role.

I tried but it is not possible. They told me it is one way. [How much does it bother you that it is one way?] I have a lot of experience taking care of people, I worked in connections between people, I have interesting things to tell. Yes, it’s a bit difficult for me that it is one way, I also want to feel that I am meaningful to the other person, to help the volunteer.

I tried but it is not possible. I wanted to ask the volunteer how she is feeling. Another time she called, and I couldn’t answer and when I wanted to call her back, I couldn’t. They explained to me that it is one way. They explained to me that if I need something, I call the curator. [How much is it lacking that the connection is not two ways?] I accept it, this is the situation, I understand it.

If I need to talk, I call my curator.

I have never contacted them myself. For this, there is a curator. I don’t have questions like that. I manage, I have enough intelligence.

I do not have a need for that, I don’t need to share everything with everyone. I sometimes need practical assistance and calling the call center won’t help me. I have a sister who lives nearby, her husband also passed away and she supports me.

I also have her phone and I initiate calls too. It good to know that someone remembers me, thinking about me. She's a very educated woman. We can talk about everything, from love to politics. I have a computer and I'm communicating with friends from all over the world. I call her when I'm bored, I miss her.

Sometimes the volunteer also calls from home to check on me, when she knows that there is something going on with us, that there is something significant — very worried about us. I'm so excited there are such people, so worried about us, also in technical matters she gives help.

[Do you have her phone number?] Yes, and I call her periodically. I'm calling when I have questions and requests. When I call it around a specific matter, not a conversation. But sometimes it becomes conversations, it is a very flowing and open woman.

**Findings**

* From the interviews, it was found that some of the clients feel the need for a two-way connection outside the fixed framework (of a set day and hour and one-way). For some of them the need for immediate connection is on acute occasions.
* Some of the clients have their volunteer phone number and phone calls initiated, from both sides, not during CALL CENTER hours.
* For some of them, the framework (fixed times, one-way) creates an incomplete experience. The connection created (even if unplanned) is a friendly connection and in friendly connections mutuality is important and it is important for all parties to feel significant.
* Despite what is stated above, most of the clients feel that the connection is friendly, deep and meaningful.

**Insights and recommendations**

* Based on the current model and the findings of the interviews, we recommend clarifying the goals of the volunteers in relation to the clients at the program level – what do we want to achieve through the connection, what is the operational meaning of the broad concept of “relieving loneliness”; what is the applied meaning of relieving loneliness? What is the behavioral expression of relieving loneliness? (It is possible to receive assistance from quantitative tools for measuring loneliness and isolation.)
* We recommend integrating a process of defining measurable goals and objectives at the specific client level into the model. The definition needs to be done in cooperation with the professional staff and be examined and updated.
* From the interviews it was found that the connection that is created in a large number of instances is a personal, friendly connection. In this context, there is an expectation of a certain level of mutuality. This requires deep thought about how the model finds the delicate balance between meaningful friendship, the connection that is established in most cases (even though this was not the intention, this is the connection actually created and this is the connection that has the best ability to relieve loneliness) and a sustainable model from an operational perspective, and no less importantly, a model that cares for the volunteers and preserves the required distance. A practical expression, for example (this is not a recommendation) could be a different format for certain clients, or a two-way connection with certain limits (Which is already exist with some of the matches).
* From the interviews it was found that the actual connection established in most cases is a personal connection with a specific volunteer. This point raises questions and challenges that require consideration. For example: A. What happens when a volunteer quits or is not available for an extended period. B. What is the duration of the connection between a volunteer and a client, whether and how it can be concluded. A meaningful connection that ends suddenly or one-sidedly can have significant implications – consideration of the topic is required, and an appropriate solution must be defined in the model. In this context, it is recommended to examine the long-term implications of the connection and of its cessation, and to examine this through long-term research.

**Summary: Strengths and areas for improvement**

**The goals of this topic were:** A. To assess the strengths of the service overall. B. To assess the areas for improvement in the service overall.

**Question:** What are the positive things about (strengths of) the CALL CENTER?

I feel that they care about people, they care about me, someone thinks about me – it is amazing, it is the most meaningful thing. I am grateful.

It is important to me to note that in every topic I was at the center – and that’s good. I look forward to every call, it is vital, it is positive. The connection is getting much stronger. It strengthens me, it supports me, it encourages me – I really look forward to her calls.

You can only say good things (very emotional). It is wonderful, I want it to always be there, it is very meaningful for me – without this I was sad. They care about me, I feel that there is someone who thinks about me, it is so meaningful.

Personal interaction, caring, sensitivity, attention, patience for the phenomena of this age, we can speak freely and still [they are] very patient toward us.

It is very important for me to know that someone cares about me, remembers me. The most important thing is that I can communicate with someone who is pleasant to me.

The person I speak with represents the CALL CENTER well, she’s very good, very professional. I feel that [people] worry about me, that someone cares about me, and that is the most meaningful thing.

That they are good, they are available. That is important. When someone comes with their troubles/bereavement, they can help. If I have a problem, they can solve it. The volunteer can help with everything other than material assistance. (She expresses a lot of enthusiasm about receiving phone calls from the volunteer.)

What’s positive is that it’s a very pleasant woman. The framework of the CALL CENTER – makes less of a difference to me. I have been with her from the beginning. It’s nice for me. I have her home number.

When my husband passed away, I worried. I called Hesed and no one came, and no one called. When the volunteer called it was a kind of attention…that someone…(starts to cry). She called in August and spoke to me about the Israeli holidays.

**Question:** In your opinion, what would be worthwhile to change and to improve in the CALL CENTER to provide a better response?

I would like it to be two way, that the call would be longer, that there would be an opportunity to see [each other].

As it is now is wonderful, if you expand it, I would not be opposed, but I don’t know – what [there] is very good.

I would very much like to see her.

It would be worthwhile to invest more in the fit between the volunteer and the client and afterwards to see if it is still suitable, to make changes possible.

[Would you be interested in continuing with someone else?] Yes, that could help. [Why don’t you ask?] I don’t want to insult [anyone], she’s a wonderful woman. It’s important to find a way to choose suitable people without leaving. [How much is connection with people like you lacking, with similar interests?] Communication with people like me is lacking, people with interests like mine, but it’s never boring for me, I always find what to do. Again, I would very much like people who are similar to me in level and interests.

I don’t know what more they can do. It would be good if sometimes they would have a meeting for us, so we could see the people who work at the CALL CENTER, the volunteers, in person. There is a women’s club at the synagogue, I meet with a group there and it is very nice for me, it would be nice if here also from time to time we had meetings.

I don’t have suggestions, it’s hard for me to say. I would like to see the volunteer.

I would very much like to meet the volunteer. We were supposed to meet and it didn’t happen. I have health problems and I cannot get out.

**Question:** Would you want to add something to the service you receive in the framework of the CALL CENTER or the work of the center in general?

No, it seems to me that you have asked everything, you are proficient with your questions, it’s great to know that there are people like you who think of us.

I don’t want to talk about what you didn’t ask, only to tell you that you are doing holy work. There are no words, it is so meaningful for me, I thank you so much.

There is a need to operate this in other places as well. There are many isolated people.

I have friends in Russia, in Israel. I prefer to meet rather than to talk on the telephone. For me it’s another friend, I acquired another friend. I have good neighbors, I have friends from all over the world. I have relatives in Dnipro, I have friends in Kharkov, it’s not hard for me.

I would like activities too.

**Findings**

* For most of the clients, the communication is very, very important and helps significantly in relieving loneliness.
* The communication is mainly professional, high-quality and precise for the client.
* Among most of the clients, a feeling of friendship and deep connection with the volunteer has been created.
* As part of the connection, many of the clients are interested in meeting the volunteer who calls them. Some, as mentioned earlier, already met their volunteers.

**Recommendations**

* It is worthwhile considering whether and when it is appropriate, if at all, to hold a meeting between the volunteer and the client or between volunteers and clients. Despite the strong desire of some of the clients on the subject it is important to consider all the potential components and impacts to such a meeting. This advance consideration is part of the broader consideration of the meaning of the connection between the volunteer and the client. .

# **interviews with Clients who left**

Interviews were conducted with 12 clients who left (whose reason for leaving was not technical).

Attempts were made to contact 15 clients who left the program. Out of 15 attempted contacts, 12 responded (2 had inactive numbers and one refused to participate). Table 9 below shows the background characteristics of the interviewees.

Table 9: Background characteristics of clients who left

|  |  |
| --- | --- |
| **Characteristic** | **N (%)** |
| Gender (Women) | 10 (83%) |
| Location (Dnipro) | 9 (75%) |
| Age [range] | 62-78 |
| Date of leaving program |  |
| Beginning of June-July | 9 (75%) |
| Beginning of August | 2 (17%) |
| Beginning of September | 1 (8%) |
| Number of calls |  |
| 1 | 3 (25%) |
| 2-4 | 5 (42%) |
| 5-10 | 4 (33%) |
| Median number of calls | 4 |

After contacting the clients, it became clear that not all of them were clients who had wanted to leave. Four women (33%) had not intended to leave the program and were definitely interested in returning. Accordingly, we made a division in the way we treat the clients in the report, between clients who are interested in returning (and never intended to leave) and clients who made the choice to leave.

**Clients who are interested in returning (and did not intend to leave)**

**Initial contact: First impression and understanding of the service and its goal**

**Question:** Can you describe your first impression from the first call in which it was explained to you about the CALL CENTER?

**Question:** Did you understand the goals of the CALL CENTER activities?

I don’t remember my first impression and I did not understand the goal of the program. They suggested to me to speak and have a conversation and I agreed.

The communication was okay, but I am very sick, I don’t remember the goal of the program, communication between people?

The telephone can suffer all. Communication is when you see the person with your eyes, see his look and it is the same person.

I lead a relatively more active lifestyle and I don’t want to ‘drive people crazy.’

**Findings**

* None of the respondents thought in the initial conversation that the program was not suitable for her. However, two of the interviewees expressed doubts regarding the quality of telephone communication.

**Reasons for stopping communication and expression of desire to continue**

**Question:** What were the reasons you decided not to continue the service?

I didn’t leave the program, they just stopped calling me. It could be connected to the fact that I went overseas and of course I was not available for 3 weeks, they would call and see that I didn’t answer and they thought I didn’t want to talk. The woman I spoke with was very nice, the communication was pleasant…she should call and we will continue to speak.

There was a period in which I was hospitalized. I spoke with the curator and I told her that I can talk and that I am not refusing communication.

There was a very difficult and busy period in which my daughter and her baby came to live with me (after the death of her husband) and I was busier, I wanted to support her more and devote time to her. They called several times when I couldn’t answer. Now I am more available and willing to return to telephone communication.

I’m interested in talking and participating in the program, but my telephone doesn’t work, my home phone was cut off because we didn’t pay the bills.

**Findings**

* None of the interviewees indicated any kind of problem with the service or the volunteer. Based on the conversations, these were instances in which there was a lack of understanding on the part of the Center and an incorrect assumption that the client was refusing to participate in the program.

**Insights and recommendations**

* Clients who needed the service were defined as leaving due to reasons that are not relevant. This requires defining criteria for clients who leave. It should include the client’s explicit statement and this should be introduced into the operating model. The program cannot rely solely on a lack of ability to establish contact in defining the client as a client who left.
* We recommend defining client status as follows: Active, Frozen (temporary status), Under clarification (situation of lack of notice / information) and Left. (And not as currently defined in the system, “refused communication”).

**Clients who left and are not interested in the service**

**Initial contact: First impression and understanding of the service and its goal**

**Question:** Can you describe your first impression from the first call in which it was explained to you about the CALL CENTER?

**Question:** Did you understand the goals of the CALL CENTER activities?

The program is intended for people who are bedridden, in need of communication, helpless.

The first conversation was interesting, we found conversation topics in common. After that she called me and I was on the light rail or walking and when I get home I’m tired and want to rest, or I’m just busy. It’s for people who sit at home and don’t go out.

The impression was ok, it was inviting, I understood the goal, but in the meantime I go out to work and I don’t need it.

I’m not lacking in communication, I don’t want to answer endless questions.

At first I agreed to participate in the program and I tried, but it was not comfortable for me to find an appropriate set time. (An active woman who goes out a lot).

I didn’t think anything initially, I answered the questions and they apparently understood that I was not suitable. (An independent woman who is active and works. Despite this started the program.)

**Findings**

* In most of the cases of clients who left, it would have been possible to identify at the outset that the service was not needed.

**Insights and recommendations**

* This requires defining in the model clear criteria about what the service is and who the appropriate clients for the service are. The model cannot rely solely on objective data or recommendations from the curator in deciding who is appropriate for the service.

**Reasons for stopping communication**

**Question:** What were the reasons you decided not to continue the service?

I’m not interested in telephone conversations in the framework of the program and not interested in a telephone friend. I have enough close friends and people who I speak with and I don’t need to conduct a conversation with someone I don’t know. It’s excellent that there is such a program for people who need it.

I’m active, I go out, I go shopping alone, I can’t choose a fixed time for calls. But even if I could call myself, I wouldn’t do it.

I have enough communication. I go out to work.

I have a large social circle, I have too much communication! I am interested in receiving information about activities of the center.

I’m not helpless, I could be a psychologist myself. I don’t want to waste time in the mornings. Maybe I could be a volunteer if there is an incentive and suitable conditions.

They called me several times. But I myself don’t call that a conversation. I don’t see any meaning in the conversations – in my eyes they are idle conversations and chatter.

**Findings**

* There were two groups of people, those who are not lacking communication – they have a social and/or family circle. They are active and independent and get out of the house. The second group do not believe in communicating by telephone, especially with someone they have never seen.
* None of the interviewees indicated any significant problem on the part of the volunteer (time of call, duration, content, problem with the volunteer themselves) but rather they left because the service is not suitable for them.

**Insights and recommendations**

* We recommend using the initial intake document to make a distinction between people who are not in need of additional communication (who go out, have a circle of friends, etc.) and those people who are living in isolation who do not believe in using this kind of communication to relieve loneliness. Those who do not need communication should not be in the program from the outset. Those who do not believe in communication of this kind may experience things differently after trying it out.

# **volunteers Acceptance and social belonging,**

# **self-worth and life meaningfulness**

**Acceptance and social belonging**

* A statistically significant and meaningful positive effect (*d*' = 0.56) was found in the acceptance and social belonging of the volunteers.

Table 8: Acceptance and social belonging

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Statement \* | time point | T0 Entrance | T2 +16 month | Effect size | P-value |
| Someone who shows you love and affection | 50% | 95% |  |  |
| Someone to love and make you feel wanted | 65% | 95% |  |  |
| Someone to have a good time with | 90% | 95% |  |  |
| Someone to get together with for relaxation | 65% | 90% |  |  |
| Someone to do something enjoyable with | 53% | 85% |  |  |
| Acceptance and social belonging M (SD) | 4.0 (0.7) | 4.4 (0.6) | 0.56 | <.05 |

Percentage represent value of 4 or higher.

**Self-worth and life meaningfulness**

* No change was found in the self-worth of the volunteers, nevertheless, a meaningful positive change was found in one of the items; felling respected by others.
* A statistically significant and meaningful positive effect (*d*' = 0.70) was found in the life meaningfulness of the volunteers.

Table 9: Self-worth and life meaningfulness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | T0 Entrance | T2 +16 month | Effect size | P-value |
| Self-worth |  |  |  |  |
| A feeling that I am respected by others | 45% | 80% |  |  |
| A feeling that I have something to offer and contribute | 75% | 80% |  |  |
| A feeling that there are things I'm good at | 55% | 65% |  |  |
| A feeling that I am appreciated by others | 55% | 65% |  |  |
| A feeling that I can learn new things | 95% | 90% |  |  |
| Self-worth M (SD) | 3.9 (0.5) | 3.9 (0.5) | 0.00 | n.s |
| Life meaningfulness |  |  |  |  |
| A sense of loneliness \* | 63% | 85% |  |  |
| A sense of peace and calm | 30% | 60% |  |  |
| A sense of joy | 40% | 55% |  |  |
| A sense of hopelessness about the future \* | 45% | 70% |  |  |
| A sense of meaning in life | 55% | 70% |  |  |
| A sense of sadness \* | 58% | 65% |  |  |
| A feeling that what I'm doing is interesting | 90% | 90% |  |  |
| A sense of getting enjoyment from the thing I do | 90% | 95% |  |  |
| Life meaningfulness M (SD) | 3.8 (0.6) | 4.1 (0.5) | 0.70 | <.05 |

\* After scale reversal

Percentage represent value of 4 or higher.

# **VOlunteers interviews**

Interviews were conducted with 7 volunteers; 4 interviews were conducted 5 months from beginning and 3 interviews 15 months from beginning [all the volunteers are women]. The interviewees were chosen by the Center.

**Background and prior experience**

**Question:** We would be happy to hear what attracted you to volunteering in the field and with this population.

I have been volunteering for two years, I help the curator, I would call clients, invite them to activities, etc. – I’m already connected. One of the times when I was at Hesed, I was helping out, I heard about the CALL CENTER pilot. I already work with people and they suggested that I try it – I really love it. The atmosphere is wonderful and I decided to try. It was interesting to me, my parents are no longer alive; I dedicate this to their memory. It’s consistent with what I feel about my parents. When they suggested it to me, I was very happy.

The curator invited me to this program, I was a volunteer for her. I really loved the idea. [Why?] It’s not just that I give my warmth, they give me a lot of warmth. For example, I will be traveling to Israel soon, I worry about who will talk to them; I will miss them.

I requested it, I have the ability to speak; it’s something in my family. I learned from my father to help seniors. I love children and elderly people and I understand that old age is not a beautiful thing. I heard about the program and took an interest. The psychologist comes, gives professional lectures, the CALL CENTER has special training sessions. People request material assistance, we try to see how it is possible to help, give advice (for example, call the government representative).

**Question:** Do you have prior experience with working (not necessarily for pay) with senior citizens?

I worked with the curator, and in my life, my parents, my mother and father-in-law, all my life I have been around senior citizens.

I have been volunteering as an assistant to the curator at Hesed for two years.

**Findings**

* All the volunteers in the project volunteered previously in the Center.
* All the volunteers are senior citizens and know the client population, some of them worked/volunteered previously with this population.
* The curator knew all the volunteers personally before they began volunteering.

**Insights and recommendations**

* All the volunteers previously volunteered at the Center and the curator knows all of them. This familiarity has value from the perspective of the ability to choose the volunteers who have suitable potential. However, it is important to see that the matter does not shrink the pool of potential volunteers, that is, that volunteers are only chosen from a closed group.
* It is important to make sure that personal acquaintance is not the only consideration in choosing the suitable people for volunteering (that was not the case here, there was a comprehensive process before the volunteers were chosen). [Further discussion of the process of locating and choosing volunteers is found in the section on key position holders.]

**Volunteer retention: Scope of volunteering and volunteer experience**

**Question:** What is the current scope of your volunteering? (Which days of the week, how many hours each day)?

One day, once a week, I am responsible for 7 people, I work from 10:00 in the morning until 15:00 in the afternoon.

I volunteer on Fridays, I work about 7 hours.

I work on Thursdays, 10:00-14:00, in between the calls I take a break of 10 minutes after I write up the call.

Once a week, Wednesdays. I also volunteer at Hesed on Sundays in general.

**Question:** Are you satisfied with the scope of the volunteering (the number of days and hours per week)? If not, what would you want to change?

**Question:** Do the number and duration of the calls as they are currently, meet your desire and abilities?

I feel it is enough, sometimes I continue after volunteering at the CALL CENTER, I continue with the curator, as I did in the past. The scope in the call center is appropriate for me. [Isn’t five hours speaking with people hard?] Yes, at first it was hard for me, I didn’t know the people, but slowly I started to find topics.

It’s suitable for me but I would be happy for an additional day. When we started it was harder, now that I am aware and with experience, I think I would be happy with an additional day.

I am satisfied. I think it’s correct. Less than that is impossible and more than that would be emotionally difficult.

It’s enough for me once a week from 10:00-14:00, although I try to come early. They are already waiting to be called more than once a week. My husband opposes this (he is 10 years older than her), he wants me at home. For me it is a holiday to get out of the house. It is a wonderful collective, they are my friends, I knew them before. I love the work.

There are eight people I'm calling. In order to improve the conversation, I am better with six, so I will have more time for each conversation. The minimum you need is 20 minutes, less than that has no value and no better.

**Question:** What is lacking for you in the volunteering that could upgrade it? What would make you say “this is volunteering that I want to continue”?

We have four people on a shift and there are only three workstations, we are seeking a solution, one of us is always waiting – they are trying to find a solution, currently there are only three computers.

In general, nothing is lacking. [Nevertheless?] It would be nice if there were social meetings.

I will continue as long as I can. I spoke about what was missing for me with the psychologist – for example pictures of on the wall (the walls were bare), and we hung up the pictures (there is a photograph of each shift according to days).

A computer is lacking – we have four places and three workstations, we need another workstation. Sometimes someone talks too loud, we are sensitive to this.

**Question:** Do you encounter situations in which the work is frustrating or you feel helpless? If so, how frequently and how do you cope with these situations? Do you have someone to turn to in these situations?

I turned to the psychologist because there was a case that depressed me and it helped me. We had one-on-one meetings. Sometimes there’s a residue that stays with me from a shift, even at home – it’s too much. They told us to go out the door and forget but some of us became real friends and there are some who have my phone number and one even calls me. The work is frustrating maybe sometimes when we don’t have a way to help.

Sometimes the clients don’t get things that they request and we cannot help. It doesn’t happen to me but sometimes it happens. There are things that are organized – window cleaning, wheelchairs, they request a lot of material assistance.

**Question:** Who do you think is suited to volunteer in this kind of activity? What are the desired qualities?

Good hearted people, who are empathetic and have love for others, a high intellectual level, broad education, someone who knows how to articulate, who is open to receiving training, who is willing to invest in preparation, preparation for the calls. I want to give an example, I have a client who is 88 years old, an architect. She is very intelligent. It interests me a lot to speak with her – I find myself making efforts to reach her level, I prepare myself for the call. [How do you prepare for the calls? Where do you prepare?] After I finish a call, I do an analysis, I do the preparation here, based on things that came up in the last call. There are times when I search for things at home on the internet.

Young people can’t talk like this with older people. We are the same age. The oldest of the clients is 15 years older than me, I am close to her age, I can for example speak with her about the prices that were in the Soviet Union. You need a good approach to people, sensitivity, you need to be a fair person first and foremost. You must not get insulted in any way, you must be restrained because sometimes you hear unpleasant things. You must be diplomatic, not interrupt.

It is necessary for someone to have the ability to speak the words correctly, the clients are people with difficulty in hearing and understanding, one must be clear. Some volunteers do not speak clearly and there is difficulty in understanding them. It is important that there be a broad education and knowledge. For example, I have a client who is a theatre woman, very well-educated, at first, they gave her to some volunteer and the client said I don't fit this project, so they asked her to try me as a volunteer. I felt in two first conversations in the test, but today she's my client and we're in a good relationship and she continued. Beyond that, there are people with very specific areas that need to be matched between the client and the volunteer.

**Findings**

* Volunteering is one day a week, on a set day, for 4-7 hours.
* All the volunteers reported that they are satisfied with the scope of the volunteering, the number of hours, and the number of people. One volunteer was even interested in increasing the scope of her volunteering (an additional day).
* Due to the nature of the work, there are difficult and sad cases. From the interviews it was found that the volunteers have someone to turn to and there is meaningful support from the psychologist, the director and the volunteers themselves. However, at this stage we cannot examine the long-term impact of the volunteering on the volunteers. [Comprehensive discussion of the support for the volunteers is in the section on key position holders.]
* For each shift there are 4 volunteers and only 3 workstations, that is, there is always one volunteer waiting.
* The room is small, and even though the staff have headsets, the workstations are right next to each other and this makes it hard to hear and concentrate.
* It is important to note in this context that the project and the volunteers got the room that belonged to the drivers (the best room there is) and in the current situation they are getting the best possible conditions.

**Quality of response: Dynamics and conversation topics and handling acute matters**

**Question:** What are the common conversation topics?

Most often, health, current events and news, what happened during the last week (since we spoke), who visited, what problems came up. News is not such a healthy topic – the news is always not good, it’s always negative. It’s desirable to speak about positive things, if the client insists on talking about the news I continue. Another topic is culture, art, literature. Another topic that comes up is cuisine – that’s everything, according to what interests the client.

[Their] mood, how did the week go, beyond that each one has their own topics and we touch on them. I also prepare a little for the people and the topics.

.Usually the clients remember how it was in the past, for then they were young. Raising their children, their work, about people who have died. Sometimes I have to carefully change the subject.

**Question:** Who chooses the conversation topics? How are the topics chosen?

Usually it starts with a question about [their] health situation, I see how it progresses from there, sometimes me, sometimes the client, mostly the client.

You have to follow the client, they should speak. It’s to connect with our topics, to listen to when is important to them. I choose when the client doesn’t want to talk. I talk about the weather, and then the conversation warms up. I had a client who didn’t want to talk and in the end she couldn’t stop talking. In the end we found a topic in common – fishing. She was a client who had the call once a week, her television and that was it.

They more often start the conversation. I try to be supportive.

**Question:** Do the topics change from what was planned in advance? If so, who initiates it?

In preparation for a call I do devote some thought to what topics to speak about (in light of the previous conversation, the news…) I do this so that the conversation will be more meaningful. But the conversation topics change according to how the conversation develops.

**Question:** Do you feel during the conversation that there is a friendly/meaningful connection with the clients? In what instances yes (what characterizes these instances) and in what instances not? Please give examples.

Yes, they look forward to the call, they want to talk, they share – I feel that a meaningful connection is created. [Is a meaningful connection created with everyone?] There are those who have complete trust and there is a meaningful connection, there are those who have fewer points of contact and then the connection is less deep, less meaningful. [How were clients matched with you?] I don’t know, the choice was arbitrary, they didn’t check if there are topics of contact – I think however that it is not right to put time into this. Even with people with whom ostensibly there was no match, we found common topics.

I didn’t think that the conversations could create a meaningful connection at this level. There are things that the clients don’t even tell their children – so as not to worry them, their neighbors – because they have pride, the curators don’t have time to listen. I know that there are secrets between us. Now it is impossible to leave them.

[What is your opinion about a client meeting you once, what would that do to your connection?] I think that it could advance it, it could be said that we are like family. [Let’s say there is a client with less of a good fit, what can be done with that?] I don’t want to switch, for me it’s a challenge to understand why I am not succeeding. [How were the clients you care for chosen?] The curator chose them for me, I did not have a choice. [Are all the people you take care of really experiencing difficult isolation?] Five of them, yes. One, no. [Is this something you say, reflect to the staff?] No, but we were told that at the end of the year we would assess with whom we would continue and not continue. [What will happen when you travel to Israel for two weeks, what will happen with the clients?] I prepared them in advance, there will be someone replacing me, he has been updated but it clearly won’t be the same.

Almost everyone begins cautiously, the change is about the fourth conversation, so the trust has already been established. Some matches "stays" in the fourth conversation, it stays at the level of trust. I give respect to their will, we talk only about general things. I assume about 20% of the people are like that. I have one, I asked directly if I should keep calling, she said yes, yes, go ahead.

**Question:** Are the instances that require professional treatment and referring the call to the curator well defined? What are the criteria?

An incident like that never happened to me, but there was an instance of an instrumental need (an electrical problem) and I did approach the curator. There was an instance of a client with a broken leg and she needed ambulatory services and I notified the curator. [Do you have the tools to identify emotional distress?] I have not had instances of emotional problems or something like that that I needed to refer. [Do you know how to identify problems like that?] Now, after more than half a year, I feel that I can identify emotional distress. For example, someone had money stolen from her account, I was speaking to her and I felt that something happened (even though she didn’t tell me) and nevertheless I identified distress and managed to get out of her that she has no money, and I also managed to lift her spirits by our speaking about how this is not the greatest loss.

I had a client with whom I did not find a connection after three calls. I turned to the director and told her that they are requesting material assistance only, and as an exception they allocated her money for tests. Since then, she has been grateful and continued to speak with me as usual. The psychologist said that if there is an extreme case of depression, it requires a psychologist. I did not have any cases like that.

Some people are not only lonely, they have mental illness they don't fit – We're not the right people to help them. In one case I was with an inappropriate client, he did not fit in the first place and still I was told to keep contacting him. The answer we received "when a client start we must finish a month. What's happening is that the Curators sends the people, but they are not professional in that matter.

[Did you give your phone?] The two most loved ones. If I give everyone it will be a problem, they'll talk to me nonstop. [Have you met the clients?] Yes, the one who wanted to leave and transferred to me, we go together for concerts periodically. At the retreat I met one

[אנשים אמרו שזה מאוד חשוב לנו לראות זה יוצר אמון, מה דעתך?] דעתי היא שדווקא הדיוקן שנבנה בעקבות השיחות הוא שמשמעותי. אני גם חוששת שהפגישה אירוע השיא ואז חוזרים רק לשוחח עלול לפגוע. מעבר לכך יש לנו מתנדבת מדהימה אבל נראית לא כל כך טוב, אני חוששת שדברים יתקלקלו או שתהיה אכזבה אחרי שקליינטים יפגשו אותה. אם זה CALL CENTER אז שיישאר CALL CENTER (חשוב לשמור למי שרוצה מהמתנדבות על אנונימיות).

כל הקליינטים שלי מדנפרו הגיעו להכיר אותי. נפגשנו כמה פעמים. זה מאוד עזר. זה הקל עליהם לדבר איתי. יש אנשים מהפריפריה שלא רואים אותי, אך היו רוצים. נתתי להם את המספר האישי שלי, הם מתקשרים אבל הם יקרים לי, הם צריכים אותי. צריך להיפגש לעיתים קרובות יותר, במיוחד עם הבודדים. חסד זו הכתובת היחידה שלהם.

**Question:** Were there clients whom you needed to refer to the curator for care? How many? What were the reasons?

There were cases where people requested a referral to a doctor for tests or ultrasound, they were referred to the program director and by her to the curator.

Yes, I helped with a sofa for a client, we also helped a cancer patient with medicines – I turn to the program director who contacts the curator.

**Findings**

* The conversation topics vary from client to client and from call to call. The most common topics are current events, health, family, Judaism (mostly around the holidays) and the client’s specific interests.
* In the clients’ experience, the volunteers more often initiate the conversation topics and in the volunteers’ experience, the clients more often initiate the conversation topics. In any event, the impression is that the conversation flows, is interesting, and each person feels comfortable directing and raising topics.
* Similar to the picture received from the clients, the volunteers reported that a friendly and meaningful connection was created with most of the clients (and even with those where there was less connection, trust and respect were created).
* Similar to the picture received from the clients, the volunteers also raised the issue that not all the clients need the service and currently neither the clients nor the volunteers know how to end a connection which is not needed.
* There is no process of matching the clients with the volunteers. The matching is done randomly and adjustments are not made after the fact either.
* חלק מהצמדים נפגשים, אין מדיניות ברורה בנושא ואין אחידות. חשוב לומר כי חלק מהקליינטים מגיעים לחסד והמפגש לעיתים בלתי נמנע

**Insights and recommendations**

* **It is necessary** to define the goal of the program, whether it is permanently or temporarily relieving loneliness (isolation); these are two very different goals. Both can be defined as goals of the program and the objective for each client can be determined, however goals must be defined. Permanently relieving loneliness has no endpoint and the emphasis needs to be on meaningful, long-term connection between the client and the volunteer. On the other hand, temporarily relieving loneliness (Helping to get back to the community) does not require a meaningful connection between the client and the volunteer. It is desirable for the connection to be time limited and the goal is creating meaningful connections with others in the community.
* רצוי להגדיר מדיניות ברורה ואחידה בנוגע למפגשים ובנוגע לנתינת טלפונים אישיים של המתנדבות
* There is a need to consider how to conduct matching between volunteers and clients and how to continue to make these matches more precise, as necessary, after the start of the service. This can be done through an intake that examines A. the relevance and necessity of the service for the particular client. B. it will help to examine and define goals that can be set with the client (and to examine whether they are met). C. to become familiar with the client’s areas of interest and to make a more precise match between the client and the volunteer.
* It is worthwhile considering whether the process of matching the volunteer and the client should be done with the volunteer, giving the volunteer a say on the subject.

**Training and supervision**

* The translator was part of the staff who conducted the training.[[8]](#footnote-8) Even though the impression is the that training was good and meaningful and additional validation was received from the quantitative findings on the topic, it is possible that this made it difficult for respondents to open up and give honest feedback on the topic.

**Question:** Do you feel you have the necessary tools to work as a CALL CENTER volunteer? What is lacking for you?

At present and with what I do, I feel that it is enough for me. [Nevertheless?] Sometimes the topic is exhausting and it’s very hard [So what do you do?] I talk to my granddaughter, I talk to my husband. I overcome it.

I went through many courses but the seminar changed my ability to communicate with people. It turned my world around.

I have all the tools. Everything depends on good treatment, the way I am treated and the way I treat the clients. They treated us differently from the rest of the volunteers – they give us special benefits. There is no place like Hesed.

We lack psychological knowledge, but at our age it’s hard for us to acquire new knowledge. The psychologist comes but we open things up in a humane way. The seminars they had helped us, we had no idea what it was at all beforehand. Long seminars – it’s very hard to sit for 8 hours of study. For me, at my age, it’s hard.

**Question:** Do you used the knowledge and tools you acquired in the training? Please give examples**.**

I do use the skills that I acquired. For example, they taught me to be attentive, I acquired that in the training and it stays with me a lot. For example, if the topic is very difficult, thanks to the training I know to change the subject, to take it to more positive places.

We had simulations, we imagined a conversation back to back. We know how to end a call after 25 minutes, to say that we need to finish soon. In the training they talked to us about the graph of stages of grief.

It was wonderful. We received theoretical and practical knowledge and we use it.

**Question:** Looking back, do you recommend changing / improving anything in the training? If so, what?

I would be happy to receive instruction on the topic of release, letting go, techniques for how to “let go” of it; releasing stress – for example song, dance, something physical, maybe exercise. Here we sit and also at home. Something more physical is needed.

I liked it a lot. Especially the practical studies. The people who conducted the training were very emotional, we need to learn from them.

[Would you like to engage in the training of the new volunteers?] Yes, very, I do It a little bit, not systematic, not as a guide, sharing information. Yes, it was very interesting to guide, to tell and learn from my mistakes along the way.

**Question:** What ongoing supervision do you receive? On what topics? What is lacking for you in the ongoing supervision?

For example, yesterday there was a meeting with the psychologist, we raised a topic and discussed it. [How often does this happen?] About once every two weeks. [Is there other mentoring?] I like to consult with the director and the curator, it’s not official and not fixed times; it’s at my own initiative. [On what other topics do you receive mentoring?] When we meet with the psychologist, we talk a lot about coping with stressful situations, burnout (for us, the volunteers), we do breathing exercises and meditation, physical exercises – to relieve tension. I love movement and it’s important to me to move to reduce tension.

The psychologist, always, she gives us practical ideas, consultations (also inspiration – for example poems).

**Findings**

* The volunteers feel that they were trained well. They received theoretical background and also practical tools to perform the volunteering. Moreover, they have high-quality, ongoing response, and also in acute situations.
* The need to use physical techniques for both physical and mental release on an ongoing basis was raised (beyond what takes place in the meetings with the psychologist).
* Additional findings about training appear in the specific report on the topic of training.

**Insights and recommendations**

* From the perspective of physical and cognitive effort, we recommend adapting the training and the seminars to the volunteer population (senior population).
* We recommend considering integrating veteran volunteers into training of new volunteers.

**System (software)**

**Question:** Does use of the computerized system make the work process more efficient? How so? What could improve the response that the computerized system provides you in the work?

I am a computer person, the system is comfortable. There is something “telephone friend” I don’t know what that is [a required field in the database that is not currently relevant but still must be filled in]. There are things that are set, they don’t change, and yet every conversation you have to fill them in. For example, there’s a question about whether there was a loss, yes [the person] had a loss 10 years ago – why do I have to fill that in again every time? Or if it means a recent loss, then it should say so, it should be clear (so that there is consistency). Other than that, the system is good, from my perspective nothing needs to be added. It is important to also have training on the system.

The system is good.There are things I don’t understand, for example, what is a “telephone friend”? There’s also a problem with the time – there’s no option to write the time that you need to call back (meaning, to call the client back if the conversation doesn’t take place) – there’s a date, but it’s not possible to enter a time.

I don’t understand why everything needs to be documented.

**Findings**

* The volunteers feel that in general the system is comfortable and easy to operate.
* There are fields in the system that are not relevant and/or it is not clear what needs to be entered in them.

**Insights and recommendations**

* It is worth considering adding organized instruction on the system and / or integrating it into the training.
* There are a number of variables that are not well defined and we recommend adding closed categories to them to maintain uniformity.
* It is recommended to check which variables there is value in entering for each conversation and which variables are unnecessary and create a burden.
* “Refused communication” is used both for those who from the outset are not interested in the program (those who during the program decided to stop), and those who are interested in communication but for various reasons the communication was stopped. We recommend breaking this down into separate categories (as detailed above in the recommendations in the section on clients who left the program).
* We recommend adding into the program database an anchor variable (such as identity number) that will enable connection with existing information in the broader database that is not the program database.
* We recommend explaining to the volunteers, in the framework of instruction, the importance of documentation, both for monitoring and research purposes.
* It is worthwhile considering receiving specific feedback from the volunteers about the system and about data entry.

**Personal contribution**

**Question:** Do you feel satisfaction from your work? Does it meet your expectations?

Yes, I am satisfied with the work.

At the end of the calls I am in a better mood and it gives a sense of satisfaction.

Yesterday I felt very satisfied because it gave me a good “charge”.

**Question:** What do you receive as a volunteer (not necessarily material), can be anything?

I enjoy work. Sometimes in a good mood. Everyone has problems at home. Sometimes I come here with my mind full and then I forget the problems and really work as necessary. If people (clients) are in a bad mood then it is really hard…I cope with it, disconnect. My son comes to me. But with elders it’s sometimes easier than with the women’s club.

**Question:** Do you feel that the work as a volunteer in the center has contributed to you personally? In what way?

I am retired, I have a day that the family knows that I work, that I am a volunteer and they respect that. I really love the activities here at Hesed. I come here happily, leave happy, love to participate in activities here – the volunteering keeps me here, connected.

It helps me to fulfill myself, to be attentive, when I started to volunteer I realized that this is something I want to do, it is part of me. The energy here is wonderful, the atmosphere here is excellent.

I felt that I could help someone without seeing them. Friends are something meaningful for me, my children are grown, I am only a grandmother, at home my help is not so great, but here I am significant and I am part of a collective, a society, I am an active person who is suddenly retired. All my friends are in different towns.

**Findings**

* The volunteering is very meaningful for all the volunteers. Both the work with the clients and the positive connection among the volunteers contribute to their great satisfaction with the volunteering.

**General**

**Question:** What is the main goal of the CALL CENTER in your opinion? Does it achieve its goal?

To bring light to isolated people, and psychological support. The goal is achieved according to the clients – they are calmer and more secure. They look forward to the day of the call, free up time to talk, write things down so they don’t forget to tell me.

The goal is to give people who are isolated and ill a moment of happiness and communication, happy communication, joy. Our country is pessimistic. It is very hard here and we try to build up their morale.

**Question:** In your opinion, do the Center activities relieve the feeling of loneliness among the clients? Please give examples.

A client from Kamianske said, “what luck that they invented the CALL CENTER”, she feels protected.

I am not sure that it is 100% perfect. Maybe in a few more months, they will bring us new ideas for the CALL CENTER, new possibilities. 20 minutes is very little, despite this the CALL CENTER provides a breath, a taste of fresh air. At the beginning they didn’t look forward to the calls, now they do. For example: “I was a hero thanks to you” – that’s what an isolated client said to us. He had a better feeling. The operation was a success. The man wants to live.

**Question:** Would you like to add anything regarding your work at the CALL CENTER or regarding the Center activities?

How the CALL CENTER works in Dnipro – it wouldn’t work this way in any other place. The director wants us to be a cohesive group – we have a culinary academy and we do an organized day every so often where each on prepares something and shares the recipe. We took a trip together in nature, we rested, became closer and learned. I live opposite but the women who live farther are very creative. I love the community here. I brought two friends to the CALL CENTER. They are exactly the material that they were looking for her. “For a hungry cat – even thanks brings joy”.

**Findings**

* The positive connection among the volunteers has great importance for the successful retention of volunteers and the quality of achievement.
* The volunteers feel that the volunteering helps relieve loneliness among the clients.

# **Key position holders interviews**

Interviews were conducted with three key position holders - the CALL CENTER director, the psychologist who supervises the program, and the JDC representative in Dnipro.

**CALL CENTER Director**

* The interview was accompanied by great tension and fear on the part of the interviewee that we were not successful in relieving, which overshadowed the level of openness and honesty.

**Experience and areas of responsibility**

**Question:** Please describe your areas of responsibility and your work in the context of the CALL CENTER.

I am responsible for the organization, the schedule, to make sure everyone can work quietly, calmly, in their own time. The curator also helps with organization. [Do the volunteers call the same clients or does it change?] It’s always the same client and volunteer. But sometimes it is worthwhile to change and we do a re-matching. [How did you identify this?] The volunteer comes and says that it is not going well and then we sit with the volunteers, with the others, and decide. It happens infrequently, during the whole period there were two instances. [How is the connection with all the volunteers being women and some of the clients being men?] There’s not a problem, it’s the same, it doesn’t disturb.

**Question:** In the framework of your work as it is currently (regarding work hours, staff, division of work) would you want to change anything? If so, why and how?

Currently I would not change anything.

**Question:** Do you have prior work experience (not necessarily paid work) with senior citizens? If so, what?

I have been working at Hesed for 23 years. For 20 years I was the director of the material programs. Then I left and currently I am a volunteer. The transition was very natural. "I live at Hesed".

**Findings**

* The CALL CENTER Director has a great deal of experience in achievement and management as a volunteer at Hesed.
* As was found in the interviews with the volunteers, there is no process of matching clients with volunteers. The matching is done randomly and even after the fact it is rare that there is a re-examination.

**Locating, choosing and training volunteers**

**Question:** Is there a connection between the volunteer center and the CALL CENTER? If so, how is it expressed?

The volunteer center provided us the volunteers. After the seminar was over, we again recruited reserve volunteers. After the seminar we did simulations – we put a big emphasis on active listening.

**Question:** Do the volunteers have the tools to work at the CALL CENTER? What are they lacking?

All the people received everything and they have everything, also skills and also means. [What do you do to maintain the reserve (those who don’t work as volunteers now but are suitable)?] The reserve volunteers participate in all the CALL CENTER activities.

**Question:** Were the criteria for identifying volunteers clear to you? Was the process done correctly in your opinion? Would you change/improve anything?

We chose based on the human factor, whether they are mentsches. The team is comprised of musicians, educators and computer people. [How were they actually chosen?] The psychologist interviewed them. In addition, we met them. There was also a questionnaire we worked with, mainly it was prior acquaintance was the main thing – they were not new people, we knew everyone. [Was anyone not accepted?] There was a committee and we decided who to accept, after the seminar two people did not continue. The psychologist also spoke with each person. We made the decisions together. The choice was between assistants to the curator, those who previously helped the curators, they are all active in Hesed. There’s a great advantage in recruiting volunteers from among those we know well, from those who worked with the curators – I don’t see how it would be possible otherwise.

**Question:** Would you change/improve anything in the process of volunteer training?

I wouldn’t change anything in the training. But the training is compulsory. We would like to do another training in January.

**Question:** In your opinion, is there are a lack of professionalism among the volunteers? If so, why? In what areas?

From the outset we wanted volunteers to have computer and communications skills, and also desire and motivation. The volunteers must also be former volunteers (she means that because of this there is no lack of professionalism). They all received some training on the computer.

**Findings**

* The director’s experience, similar to the experience of the volunteers, is that the training prepared them well for the volunteering.
* As found in the interviews with the volunteers, all the volunteers were recruited from within Hesed, they all previously worked with the curators.

**Locating and choosing clients and quality of response**

**Question:** What is the process of locating clients? Who is responsible for this process?

The curators give a list of clients whom they consider suitable, they send them for the assistance of the JDC representative and he sends it to Jerusalem.

**Question:** Does the process make possible quality identification of people who need this service? How could the identification process, if needed, be improved?

**Question:** What in your opinion is the most appropriate client audience to receive the CALL CENTER response? What are the criteria?

Someone who has no one to talk to, sometimes even temporarily – if they broke and arm or a leg. Sometimes the need is short term. There are those who go away, in the first months many of the connections were cut off. If, for example, the person doesn’t hear well, that’s a human factor.

**Question:** What kinds of support does the CALL CENTER currently provide? What kinds of responses are still lacking?

For example, first aid – one of the clients said that his heart was hurting and they set up an appointment for him with a doctor at the Jewish hospital and he went. Or someone who needed electrical outlets and technical things then the volunteer center was mobilized. One time we organized a wheelchair for someone. Sometimes the clients request more financial assistance, and we cannot help. Most of them know the limits directly and the clients do not request because we emphasized that this is for communication needs only.

**Question:** How many people are there, in your estimation, in the center who need the services of the CALL CENTER and are not receiving them?

We have no idea. We cannot take on more than we have (she threw out the number 180). We work from 10:00-14:00, and the calls last from 20-25 minutes. The clients prefer calls in the morning and are aware of our ability limitations.

**Findings**

* The model is lacking a clearer definition of the population that the service is intended for and as a result a clear, systematic process to identify, assess suitability and prioritize clients is not conducted.
* There is no information regarding the population/number of people that the service could assist.
* As stated, a clear definition of the goal / goals of the CALL CENTER is lacking, whether it is relieving loneliness for people who are permanently living with isolation and will not be able to return to community activities, or providing assistance with returning to the community for people who are temporarily isolated (as the result of an event, illness or injury, bereavement or similar situation). It is obvious that the goal is also not clear to the director.

**Insights and recommendations**

* As stated, it is necessary to define the goal / goals of the program, whether it is permanent or temporary relief of loneliness.
* It is necessary to define the population and the clients, what characterizes them from the perspective of objective loneliness (physical and functional isolation) and subjective loneliness (experience of social isolation).
* It is necessary, after the suitable clients have been chosen, to conduct prioritization in accordance with their situations of objective and subjective loneliness**.**

**Treatment of difficult cases**

**Question:** Are the cases that need professional treatment and referral to the curator well defined? What are the criteria?

Yes, there were cases where counseling for the volunteer was necessary, for example when clients passed away. The psychologist works with the volunteers approximately 8 hours per month. Sometimes the volunteers contact the psychologist themselves.

**Question:** How frequently are there difficult cases in which the volunteer has to refer the call to you to handle?

It often happens that there is not good communication, especially at the beginning, and then the volunteers come to me and I look for another solution. Or there’s another problem – for example the volunteer complained about a client that it is impossible to understand her, then I called her myself and we spoke. It became clear that she was not in a good mood. There were only a few cases like that, 1-2 over 6 months. If the curator is needed, they always come to me, the connection always comes through me. Sometimes we tell clients to contact the curators directly, if that is more correct. Everything works according to the rules.

**Question:** Have you encountered cases in which the volunteers felt depressed as a result of the cases they were exposed to during their work?

Something like that has not happened. Everyone has encountered difficult cases, but the psychologist helps them with this . No CALL CENTER can exist without a psychologist. [What is the scope of the psychologist’s work?] 8 hours a month with the group and individual meetings as needed.

**General**

**Question:** What is the main goal of the CALL CENTER in your opinion? Does it achieve its goal?

The goal is to “Beautify” the life of isolated people, that is our direction. We succeed in this. Only half a year has passed. People wait for the phone call, people really need the program. The secret of our success – we knew each other before the seminar. We went through a “psychology school” (at Hesed). We should recruit volunteers who were here or who helped the curators. The first evaluation survey of the volunteers must be before the process, not during it.

**Question:** In your opinion, do the Center activities relieve the feeling of loneliness among the clients?

Yes, there are people who are completely isolated and they tell us directly that their mood improves as a result of the calls.

**Question:** In your opinion, what else can be done to turn the CALL CENTER into a place that clients will know they can turn to for a response as needed?

I would not want the CALL CENTER to turn into something more than assistance in relieving loneliness. If it became a place where people actively turn to, it would be about specific problems. We are talking about psychological not material assistance. Therefore, it is preferable that we call them. Or change the whole model. I don’t have the power to help more than the curator. No volunteer would be able to handle that.

**Question:** Would you like to add anything regarding your work at the CALL CENTER or regarding the Center activities?

*She spoke about the importance of starting gradually – taking cases that are (relatively) less difficult. She spoke a lot in praise of the CALL CENTER.*

**Question:** Does use of the computerized system make the work process more efficient? What is lacking to improve the response that the computerized system provides the CALL CENTER?

The volunteers like the computerized system. Without the system they could not manage, they enter information there about what they spoke about with people. The system is excellent also for “idiots”. (She did not note anything lacking.)

**Findings**

* The director feels that the volunteering helps to relieve loneliness among the clients.
* The CALL CENTER began with less difficult cases, people who were or are part of clubs and not people from Homecare.

**Insights and recommendations**

* In our opinion, the decision to start the project and volunteering with less difficult cases was very much correct. However, within this pool (of less difficult cases), criteria need to be defined and choosing clients must be prioritized accordingly.
* It is worth considering whether it is correct to adapt the service to the more difficult population (Homecare) and if so, how and by whom. In general, their loneliness and isolation are greater.

**Program psychologist**

**Role and areas of responsibility**

**Question:** Please describe your areas of responsibility and your work in the context of the CALL CENTER?

I supervise the people in the program, I give them support, for the professionals, the volunteers – I try to help prevent burnout. I try to give the volunteers models, patterns for conducting conversations. They are not obligated to use them but it gives them a basis. After that they use their experience on the basis of what I gave them. I compare it to driving, I teach them to drive and afterwards they progress with the abilities and skills. When they encounter difficulties we discuss them. We do this in small groups. We analyze all kinds of situations in our discussions. [How often does this take place?] Twice a month for an hour and a half for a group of 10 and once a month for the organic group of 4 volunteers. The large group works less well, the work with small groups is higher quality. The large group turns into something administrative and also something of a marketplace [noisy] – the small groups are preferable.

**Question:** In the framework of your work as it is currently (regarding work hours, staff, division of work) would you want to change anything?

I feel they need me and I create the feeling that they are important and we need them. I work as a volunteer at another place and through this I very much understand their side, the other side. [Is there one-on-one work? In acute cases?] We have one client who talks to the volunteer only about sexual subjects. I have individual discussions with her and analyze that case, how she can conduct the conversation and help her professionally, how to change the subject, to set boundaries, to protect yourself. Sometimes I speak with him, I have the ability to set boundaries for him. [Are there other cases in which you talk to clients?] We had a client who was very isolated and very tense. The client demanded that they call her during hours that the CALL CENTER doesn’t operate – I talked to her and took care of it.

In the large groups it is hard for the volunteers to bring up personal things. In our culture people don’t have a lot of experience in conducting conversations with a psychologist, the volunteers have no experience communicating with a psychologist. [We want to open another CALL CENTER. What is critical for the psychologist to do? To be involved?] There is great importance to having the psychologist involved from the outset, in the establishment. When a psychologist is there from the beginning, she has greater commitment and familiarity. [The matching between client and volunteer is done without planning, randomly, how can the psychologist help? Should the psychologist help?] I don’t think it is critical that the psychologist be involved in this but it can help. What I do think is that we need to give the volunteers information about the clients and let them choose – it is important to give them the choice, that is part of the matching.

[There are fewer men clients and also a greater dropout rate, is it possible to do something different with men or should we accept the situation?] There are a lot of men who continued; those who didn’t drop out at the beginning are continuing. With time and with experience the women volunteers understood better how to deal with men.

[Is the psychologist critical, without the psychologist are we putting the volunteers at risk?] Without a psychologist there will be burnout and a risk to the volunteers. The psychologist provides them a container, protects them, creates boundaries, takes care that they don’t take [the work] home.

יש לי 24 שעות בחודש וזה מספק מבחינת הליווי של 36 מתנדבים. יש לי מפגש קבוצתי של כולם פעם בחודש, יש לי פגישות עם קבוצות קטנות, סופר וויז'ן קבוצות של 4 (לא כדאי יותר) וגם מפגשים אישיים. כרגע זה מספק אבל בתחילת התוכנית היה טוב שיהיה יותר מפסיכולוג אחד משני תחומים שונים, רצוי ניסיון ומעל גיל 35.

**לא הייתה נשירה ובכל זאת האם רואים אלו שהם שינויים אצל המתנדבים?** המתנדבים מזדקנים, הם עצמם מתקרבים לסטטוס של הקליינטים. **אז איך לדעתך צריך להתמודד עם זה, הרי לאורך זמן זה צפוי?** אולי צריך להגדיר מראש שזה לתקופה מוגבלת ובוחנים מחדש, לא להציג את זה כאילו זה לכל הזמן + צריך להציע משהו במקום. אני גם נותנת להם כלים לעשות אינטרוספקציה על עצמם, להכיר יותר ולהשלים עם ההזדקנות.

**Findings**

* The psychologist holds ongoing meetings with the organic teams (each volunteer shift) and in additional holds group meetings of about 10 volunteers.
* The psychologist assisted with the training process and provides ongoing and necessary feedback at the volunteer and program level.

**Insights and recommendations**

* The implications of the connection for the clients and the volunteers are in the category of “lifesaving.” In addition, the quality of the connection and the ability to problem solve is very much dependent on the psychologist. It is required to have a psychologist in the model (and in every CALL CENTER ) and the psychologist’s supervision and consultation is necessary for the clients, the volunteers and the project.
* כדאי לשקול להגדיר מראש למתנדבות שההתנדבות הינה לתקופה מוגבלת ולשוב ולבחון בתום תקופה. כמובן יש למצוא פתרונות רגישים ומתאימים למתנדבות שסיימו.

**Locating, choosing and training volunteers**

**Question:** Were the criteria for identifying volunteers clear to you? Was the process done correctly in your opinion? Would you change/improve anything?

It is important that the psychologist identify the volunteers, it is important that they be appropriate people, verbal people. [When the volunteers were chosen, were you consulted?] I was part of the committee that chose who was suitable to be a volunteer. [Were there also one-on-one meetings with you beforehand?] No, there were meetings where I spoke generally about what was expected in the project but not one-on-one. [How did you choose the people?] We went over the lists and said this one is appropriate, this one is not and we sat together [talking about] who we would invite, who not – it was quite intuitive. The key criterion was who wants to work in this and after that who will be most effective – the ability to converse back and forth, communicative, we did simulations and the potential volunteers also understood better whether they were more suitable. [What would you add to the process of choosing volunteers?] To invite everyone who is interested, to explain the content of the program, what the program is for, people who are interested will come. Of course not everyone who is interested in suitable, we did everything so that they would not think we are taking them out of this track – that they wouldn’t be insulted. In retrospect, I think that it is important the that psychologist speaks with each person. We should create a questionnaire to assess whether [people are] appropriate for the CALL CENTER. [How did you deal with those who wanted to volunteer but were not found suitable?] They continue to come to our meetings about dealing with stressful situations. (This was something that was happening from the beginning and we are continuing with it). [What about men, were no suitable men found?] After the age of 50 the men here disappear, they hardly come here, to Hesed, one man shows up to meetings out of 80 people! He was completely unsuitable. [Do men create more burnout for the volunteers?] Sometimes but sometimes precisely the opposite – they create more interest, more of a challenge.

**Findings**

* Although the program gives the impression that there was an in-depth, quality process to locate and choose volunteers, the process is not systematic and tools are lacking for examining suitability.
* The process for handling people who wanted to volunteer but were found unsuitable was ethical and professional.

**Insights and recommendations**

* It is recommended that the psychologist be embedded from the first stages, including in selection of volunteers.
* We recommend building a systematic process and tools (a kind of selection test) for choosing those who are suitable for volunteering.

**General**

**Question:** In your opinion, do the Center activities relieve the feeling of loneliness among the volunteers?

For some it is relieving loneliness, for some it is preparation for the future, each one is good hearted, unlimited goodness and one of their needs is to share the good they have; this is a real need and it is met. They want to help and it is very much expressed and actualized.

**Question:** Would you like to add anything regarding your work at the CALL CENTER or regarding the Center activities?

I am diligent in continuing to ask the volunteers why they are doing this, what is important in volunteer work of this kind. The answers really help me to help them and to stay balanced.

**מה לדעתך לגבי המפגשים האישיים בין הקליינטים למתנדבים?**

זה לא חד משמעי, יש פלוס ויש מינוס, במנטליות שלנו הגבולות נזילים, אין הפרדה ברורה בין עבודה לחיים פרטיים. אני מאוד מנסה לראות שמצליחים לשמור על איזשהו מרחק. לדוגמא אני מציבה כללים, לא לתת טלפון לא לבקר בבית. יחד עם זאת בפועל הוחלפו טלפונים, המתנדבים נותנים טלפונים. יש למתנדבים בעיה לשמור על גבולות, חלקם מיד פותחים את הדלת לרווחה, אינם מבינים את הצורך לגבול, אחרים מבינים אולם אינם מצליחים. גם הקליינטים מציבים לעיתים תנאים שמקשים, "אני לא אדבר אתך עד שאני לא אדע...". יחד עם זאת בלי מפגש אישי קשה מאוד ליצור קשר משמעותי. מה שעוד קורה זה שהמתנדב הופך להיות כתובת עוד דברים, עניינים טכניים וכיו"ב, וגם כאן המתנדבים מתקשים לשים גבולות.

**אם היו מגדירים גבולות ברורים מראש האם אפשר להצליח לשמור עליהם?** זה משהו בתרבות, חושבת שלא, אבל אני רואה בזה יתר חיובי מאשר שלילי.

**איך היה אחרי המפגש בין קליינטים למתנדבים?** זה חיזק את הקשר, יצרו חוויה משותפת זיכרונות משותפים.

**האם קריטי שיהיה מפגש אישי כחלק מהמודל?** כדאי מאוד, אבל לא חובה.

**JDC representative in Dnipro**

**Establishment, implementation, operation and maintenance**

**Question:** Are the goals, objectives and target audience of the CALL CENTER clear?

To me they were clear, but there was no coordination of expectations between the headquarters and the field. There were differences in understanding and nothing final was sent out to the field and the field interpreted the goals, the need, for itself. The initiators were not the people who continued and this also created a gap. To date we have not received a summary of the project goals. Today we understand the goals and the way it needs to work. The training seminar is critical to this role and it was very successful – this is critical. The training was very helpful in defining who the volunteers are and thanks to this suitable volunteers were chosen. But if I was not who I am, someone who understands social work and comes from the field, it would not have worked. You have to have a professional here. In the initial discussions you have to have professionals who understand the field. The initial work has to be with professionals and the staff and only afterwards with the director of Hesed.

**Question:** Is the implementation and operation method of the CALL CENTER program clear?

I had the feeling that this is a laboratory – but it was excellent because the headquarters also said that this is a pilot and it was clear to me that after the initial stage was successful things would be organized. We knew that we were going into a new area, I liked the way it developed and I was happy that this is not a finished product. It was enough for me to get started, I liked that it wasn’t imposed and there was consultation with professionals. The training was very successful, the seminar was excellent, but there has to be a continuation and also a professional address (not R. the program director and not A. The person I put in charge of the project). There must be a psychologist and that’s good, but it’s not enough. There needs to be a regular contact person whose field this is, who sees at a systemic level what other trainings are necessary, what areas are lacking, not only the aspect of one-to-one (which is the psychologist’s role).

**Question:** What actions were required of you in establishing the CALL CENTER?

My role was important and unique. I had to assess whether the field needs the project, mainly when even then there was so much stress in the work of Hesed. We are in a situation where any project can "bury" us. We deal with so many things and programs. I had the ability to see the added value despite the heavy load and the programs. I conducted optimization – making the system more efficient and less expensive without harming the impact, I checked whether there are suitable bodies, whether there are suitable existing volunteers (we could not conduct the project without volunteers and a history of volunteerism). I understood that this infrastructure is present in Dnipro. Practically, my goal was to identify the need, the existing resources and to see whether it was appropriate. The headquarters understood me, I received a supportive framework; they came toward me with what I requested and also did not impose on me things that I did not think were right. It is very important that there is on the one hand something structured but that it has flexibility that also gives the field the ability to make adjustments.

**Question:** What actions were required of you in implementing the CALL CENTER?

My role is to convey to the headquarters the importance, their initiative is something important, and it must be continued. Beyond that, it is important to me to convey to the field that this is not [just] another project, it is something big, meaningful, and there is also where to aspire to, we started, we still don’t understand what awaits us. We started with easy clients, we want to continue with the difficult ones, with the Homecare. I also need to insist that we did not receive everything that was promised us. Beyond that it is important to let the donors and the field know what is happening in the project. Beyond that to turn this into Best Practice. In addition, that there should be one coherent team in the project. My role was also to define the roles. To know how to distinguish between what is internal to the office and what is [about] the client. (This is something you have to pay attention to in our culture). Personally I very much believe in the project.

**Findings**

* As was found in the other interviews, the goals at the project level are not sufficiently defined.
* In the opinion of the Joint Representative, the model lacks a responsible professional from the field of social work with experience working with senior citizens.
* The program chose to begin with the easier cases and not with the difficult ones (Homecare). This step (this initiative) seems meaningful for successful implementation.

**Insights and recommendations**

* As in any model, it is recommended to find the balance between the need for something structured and systematic which can be replicated, and the need for something flexible that enables adaptation and specification to the field and to the specific CALL CENTER.
* Because the psychologist works more at the micro level and the director is likely to be lacking professional knowledge, it is worthwhile considering introducing a social worker into the model, someone with professional knowledge and ability to see the big picture.
* Because the volunteers mainly do not have concrete experience and the implications of the volunteering, for the clients and for the volunteers, can be far-reaching, it is recommended, where possible, that volunteers without experience begin with the easier cases and only later, when they have gained experience, work with harder cases.

**Expansion and sustainability**

**Question:** In your opinion, what are the required roles for operating a CALL CENTER?

There must be a coordinator from the JDC because the existence of the project is dependent on the JDC and the donor. (If it was Hesed’s money this would not be necessary, but here it is necessary.) There must be a project director. There must be someone is an assistant to the director (mainly on the technical sides), there must be a psychologist and the psychologist must be from the field of elderly, volunteering… There must be a supervisor who provides professional support. There must be someone who deals with training, cultivation, maintenance, compensation and motivation for volunteers. There also needs to be someone who provides a professional response in an ongoing way (this could be the supervisor). We also need someone to provide technical support (we have these people but I’m not sure that this exists in every center), an expert on JDC databases and information systems. (To make a distinction between areas, internal, support for internal (volunteers) and support for infrastructure). There must be good interaction with other programs, and there must be programs from which volunteers can be located. The identification of volunteers from existing programs as we do is worthwhile. You also need to pay attention to be sure there are no similar programs, so there won’t be duplication of services.

**Question:** Could the CALL CENTER serve another area (different from the area where the CALL CENTER is located)?

Yes, definitely, that could create a bit of competition, it would be necessary to have good interfaces, but that definitely could work. [Would the distance be a problem?] Not everyone has a mother or father in his (small) center, it won’t get lost as long as there is good communication between the centers. Actually, in the places where Hesed is closing, this could be a very good solution.

**Question:** What are the required/necessary preconditions from a Center in order to be a quality platform for operating the program? To operate a CALL CENTER successfully?

An infrastructure of volunteers, values of volunteerism, willingness and desire of the management, an atmosphere of desire to help and not competition for clients (for example the Homecare should not be against the curator), it’s important that the program director of the program the client belongs to doesn’t feel threatened, clear goals of the center about what constitutes assistance to the client, physical plant conditions (volunteers must be in a separate room), suitable equipment, compensation, support and messages, it needs to be a separate project, a budget, support in cases of SOS.

**Findings**

* In the opinion of the representative, the following roles are necessary in every CALL CENTER: Program director and assistant (mainly for the technical aspects), coordinator (working with the Joint), psychologist, counselor (social worker), and technical support / computer person.
* In the opinion of the representative, the following components have to exist in a Center in order to establish a CALL CENTER there: programs that will provide an infrastructure of volunteers, values and atmosphere of volunteerism, physical conditions (room, equipment), ability to compensate (the volunteers), and defining the project as a separate project.
* In accordance with the approach of those who formulated the model, in the opinion of the representative a CALL CENTER can serve another region (different from the region where the CALL CENTER is located). This possibility could expand the capacity to provide solutions for regions without the appropriate infrastructure.
* The program in Dnipro chose to begin with the easier cases and not with the difficult ones (Homecare). This step (this initiative) seems meaningful for successful implementation.

**Insights and recommendations**

* It is necessary to define within the model the mandatory professionals and roles for each CALL CENTER.
* It is necessary to define the significant components for successful operation of a CALL CENTER and to choose the location of Centers in accordance with the quality of these components.
* It is recommended to consider the implications of CALL CENTER service at a distance, how it differs from a local CALL CENTER and what is necessary/ what needs to be done differently in order to provide a quality response. A CALL CENTER at a distance makes it possible to reach regions where it is not possible to establish a CALL CENTER and to pool resources for cost savings.

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1. "Hesed" is a local Jewish welfare organization that provides food, medicines and homecare services, as well as social programs to its elderly clients. [↑](#footnote-ref-1)
2. In a service of this type, significant differences are not anticipated between clients from the center and clients from the periphery. [↑](#footnote-ref-2)
3. It later became clear that this is someone who is not in need of the service at all and this could be an indication for the service providers (for the program). [↑](#footnote-ref-3)
4. This is from a midpoint assessment. The current impression is that a deep and meaningful connection has been created between most of the clients and the volunteers. [↑](#footnote-ref-4)
5. Because of the sensitivity, there is a prohibition against speaking about political topics. [↑](#footnote-ref-5)
6. This is not part of the program and the model. It was asked because it came up a lot in the framework of the interviews and relates to the thinking on the topic of the meaning of the connection and precisely defining it. [↑](#footnote-ref-6)
7. This is from a midpoint assessment. The current impression is that a deep and meaningful connection has been created between most of the clients and the volunteers. [↑](#footnote-ref-7)
8. This fact was made known to the researchers only after the beginning of the interviews. [↑](#footnote-ref-8)