

SUMMARY REPORT

BETTER AT HOME STAKEHOLDER ENGAGEMENT: PROGRAM EVALUATION FINDINGS AND CONSIDERATIONS FOR IMPROVING AND SUSTAINING BETTER AT HOME



United Way



United Way helping seniors
remain independent.

Better at Home is funded by the Government of British Columbia.

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UNITED WAY OF THE LOWER MAINLAND

Table of Contents

INTRODUCTION.....	3
1.1 STAKEHOLDER ENGAGEMENT PROCESS	3
1.2 THIS SUMMARY REPORT	5
1. PART ONE – WHAT WE HEARD	5
1.1 Question 1: Which consideration(s) in the evaluation report do you believe are critical to act on in order to improve and sustain Better at Home? And why?.....	6
1.1.1 Theme 1: The role of Better at Home within the continuum of care for seniors	6
1.1.2 Theme 2: Adequate and sustained funding.....	12
1.1.3 Theme 3: Adequate human resources.....	15
1.2 Question 2: Did you see anything else in the evaluation findings that suggest a change or action is necessary (that may not be reflected in the evaluation considerations)? If so, what change or action, and why?	18
1.2.1 Theme 1: Considerations about Age Differences of Seniors	18
1.2.2 Theme 2: Cultural Diversity	18
1.2.3 Theme 3: Local Better at Home Advisory Committees	18
1.2.4 Theme 4: Volunteer Recognition	19
1.2.5 Theme 5: Program Consistency Across Communities	19
1.2.6 Theme 6: Community Engagement Process.....	19
1.3 Question 3: Are there specific evaluation considerations that [your broader stakeholder group] can help support or influence? If so, which ones and how?	20
1.3.1 Seniors.....	20
1.3.2 Service providers.....	21
1.3.3 Provincial Advisory Committee.....	22
1.3.4 Provincial staff.....	22
1.3.5 Executive Directors	22
1.3.6 Local staff	24
1.3.7 Other	25

1.4	Question 4: If further evaluation or data gathering activities were undertaken for Better at Home, what would be the purpose (why)? What would the information be used for and by whom?	25
1.4.1	Theme 1: Needs and unmet needs of seniors	27
1.4.2	Theme 2: Achievement of Better at Home’s primary objective and cost consequences to the health care system	27
1.4.3	Theme 3: Effectiveness or cost benefit analysis and the value of delivering Better at Home via the non-profit sector	28
1.4.4	Theme 4: Statistics about the non-profit sector.....	28
1.4.5	Theme 5: Impact on quality of life of seniors receiving Better at Home services	28
1.4.6	Theme 6: Social and economic trends across BC communities compared to Better at Home data	29
1.4.7	Theme 7: Outreach to seniors via Better at Home.....	29
1.4.8	Theme 8: Waitlists for Better at Home services	29
1.4.9	Theme 9: Better at Home volunteers	30
1.4.10	Theme 10: Better at Home data collection	30
2.	PART TWO: WHAT WE’VE DONE TO IMPROVE AND SUSTAIN BETTER AT HOME....	31
2.1	Initial key program elements	31
2.2	Program development changes already completed	32
2.3	Program development changes underway	33
3.	PART THREE: WHAT WE PLAN TO DO.....	34
	Appendix A: Better at Home Program Evaluation – Considerations for the Future	36
	Appendix B: Guiding Principles – Better at Home	40

INTRODUCTION

United Way of the Lower Mainland's Better at Home program, launched in 2012, provides simple non-medical support services to seniors in BC. Funded by the BC Government, the program's goals are to help seniors live longer in their own homes while remaining socially connected to other people in their community. Services are delivered by local non-profit organizations through volunteers, staff, and contractors and the type of services available are based on community needs. Today, seniors have received services through 67 Better at Home programs across BC.¹

To support Better at Home's development, evaluation activities were completed in Fall 2014 during early stages of the program's implementation. Seven stakeholder groups from the first 16 funded Better at Home programs took part in the evaluation which was led by external consultants. The final report, "Better at Home Program Evaluation: Summary of Evaluation Findings and Recommendations Report, September 2014", was shared publicly in October 2014 (<http://www.betterathome.ca/sites/default/files/Better%20at%20Home%20evaluation%20report%20-%20public.pdf>). The report includes 21 considerations put forth by the evaluators that focus on improving and sustaining Better at Home (Appendix A).

Following the evaluation work, United Way led an engagement process to seek the perspectives of key Better at Home stakeholders about the evaluation considerations and about priority actions to improve and sustain Better at Home. Stakeholders' perspectives were informative and diverse, and included insights about Better at Home's goals and strategies, day-to-day operations, and important contextual factors that influence the program. This document summarizes the key themes and messages that we – United Way – heard from stakeholders through the engagement process. This document also describes what we have done and plan to do as we continue to collaborate with others to develop Better at Home for the benefit of BC seniors.

Lastly, and most importantly, Better at Home's success depends on the wisdom and support of many stakeholders, from our provincial government funders to a broad range of community-based organizations, the people who deliver Better at Home services, and the seniors who receive them. We sincerely thank everyone who participated in the stakeholder engagement process.

1.1 STAKEHOLDER ENGAGEMENT PROCESS

The stakeholder engagement process was a series of conversations held with 144 Better at Home stakeholders² between October 2014 and February 2015, including:

¹ As of 30th September, 2015, there are 67 funded Better at Home programs across BC. Sixty-three of these were providing services as of the end of September, 2015.

² United Way recognizes that these 144 stakeholders do not represent an exhaustive list of all stakeholders involved with, or interested in Better at Home. Rather, this group represents stakeholders closely involved with the program whose respective groups participated in the evaluation activities completed in Fall of 2014 for Better at Home.

- **Seniors participating in Better at Home programs:** 15 seniors participated in two in-person focus groups. One group represented urban perspectives, while the other represented rural perspectives. In this report, this group is referred to as “seniors”.
- **Local Better at Home staff:** 86 program coordinators, assistants, and managers of local Better at Home programs participated in the engagement process as part of Better at Home’s 2014 Provincial Meetup. In this report, this group is referred to as “local staff”.
- **Executive Directors of Better at Home Lead Organizations:** 13 Executive Directors representing Better at Home programs located in both urban and rural BC communities participated in the engagement process through an online/webinar focus group meeting. In this report, this group is referred to as “Executive Directors”.
- **Better at Home service providers:** 17 service providers, including volunteers and paid contractors, participated in the engagement process via three focus groups. The volunteer focus groups were held in-person and those involved represented urban and rural perspectives; most were also seniors. Many of the volunteers provided Better at Home transportation services, while some provided other services (in addition to transportation), such as grocery shopping, light yard work, light housekeeping, and friendly visiting. The paid contractor focus group was held through a webinar and represented urban and rural perspectives. Most of the paid contractors provided Better at Home housekeeping services, while a few provided minor home repair services. In this report, this overall stakeholder group is referred to broadly as “service providers”, or more specifically as “volunteers”, “paid contractors”, or “contractors”.
- **Better at Home Provincial (United Way) staff:** 7 provincial office staff members who provide coordination and management oversight to the overall Better at Home provincial program participated in the engagement process via two in-person focus group meetings. In this report, this group is referred to as “provincial staff”.
- **Better at Home Provincial Advisory Committee members:** 6 representatives³ of Better at Home’s Provincial Advisory Committee participated in the engagement process through an in-person focus group meeting. In this report, this group is referred to as “Provincial Advisory Committee members”.

An external consultant facilitated meetings with all but two of the stakeholder groups: local staff and provincial staff. Local staff comprised a large group; these stakeholders were therefore organized into smaller, self-facilitated working groups during the 2014 Better at Home Meetup. The two provincial staff meetings were facilitated by United Way’s Better at Home Provincial Manager. The Provincial Manager also attended all stakeholder meetings. Each stakeholder group meeting was 2-3 hours in length. The meetings included: a presentation about the evaluation report; an overview of the evaluator’s 21 considerations for improving and sustaining Better at Home; a brief update on evaluation activities completed and being planned for Better at Home; and dialogue on the four questions described below.

³ Four of the representatives were from the 2014/15 committee, one was from the 2013/14 committee, and one was a former United Way staff person who had played a senior leadership role for Better at Home and regularly attended Provincial Advisory Committee meetings.

1.2 THIS SUMMARY REPORT

This summary report is structured around three parts.

PART ONE: WHAT WE HEARD, describes stakeholders' responses to the following key questions⁴:

1. Which considerations in the report do you believe are critical to act on in order to improve and sustain Better at Home? And why?
2. Did you see anything else in the findings that suggest a change or action is necessary (that may not be reflected in the considerations)? If so, what change or action, and why?
3. Are there specific considerations in the evaluation report that [your stakeholder group]⁵ can help support or influence? If so, which ones and how?
4. If further evaluation or data gathering activities were undertaken for Better at Home, what would be the purpose (why)? What would the information be used for and by whom?

PART TWO: WHAT WE'VE DONE describes actions taken by United Way to improve and sustain Better at Home. These actions relate to the evaluation considerations and/or to important learnings and evidence gathered outside of the formal evaluation process (e.g. through United Way's experience and observations in managing the program and from advice gathered less formally from other key stakeholders).

Lastly, PART THREE: WHAT WE PLAN TO DO explains our main areas of work ahead as we continue to collaborate with others to develop Better at Home for the benefit of BC seniors.

1. PART ONE – WHAT WE HEARD

This section summarizes stakeholders' responses to the four questions noted above. Therefore, it is structured around each question and refers to relevant considerations in the evaluation report (Appendix A). Prior to answering the first question several stakeholders advised that while it may seem critical to act on all 21 of the evaluation considerations, caution should be taken not to act "too prematurely", because the evaluation findings represent an early snapshot of information gathered from only 16 Better at Home programs at the start of Better at Home's implementation. Overall, stakeholders firmly indicated that evaluation consideration #21⁶ is the most critical to act on in order to improve and sustain Better at Home. Following stakeholders' introductory comments, conversations shifted to the four primary questions as discussed below.

⁴ Questions that draw attention to "considerations in the report" or "the findings" or "the report" are referring to the "Better at Home Program Evaluation: Summary of Evaluation Findings and Recommendations Report, September 2014" (<http://www.betterathome.ca/sites/default/files/Better%20at%20Home%20evaluation%20report%20-%20public.pdf>).

⁵ This question was tailored to each stakeholder group that participated in the engagement process.

⁶ "Adequate and sustained funding is at the heart of program sustainability. Funding through government channels is central to the sustainability of Better at Home. It is therefore recommended that efforts to secure government commitment continue both in terms of philosophical support for the program, as well as adequate and ongoing funding for Better at Home in the months and years ahead."

1.1 Question 1: Which consideration(s) in the evaluation report do you believe are critical to act on in order to improve and sustain Better at Home? And why?

Stakeholders' responses to this question focused on three themes: (1) **the role of Better at Home within the continuum of care for seniors**, (2) **adequate and sustained funding**, and (3) **adequate human resources**. While these themes are undoubtedly interconnected, they are described here separately, along with sub-themes. Each of the three themes concludes with a summary that refers to considerations in the evaluation report.

1.1.1 Theme 1: The role of Better at Home within the continuum of care for seniors

This theme emerged through stakeholders' discussions about the many needs of seniors and concerns that Better at Home is being perceived as a "panacea" solution to achieving the program's primary objective of enabling seniors to live independently in their own homes for as long as possible. This theme is built upon the following key areas of stakeholders' discussions: ***seniors' needs; integration; Better at Home's specific goals; the role of service providers and local staff; and reaching seniors.***

Seniors' Needs

Stakeholders closely involved in front-line delivery of Better at Home services (i.e. Executive Directors, local staff, service providers, and seniors) affirmed that Better at Home is providing much-needed supports to seniors. This was reinforced by personal stories from seniors about the positive benefits they were experiencing through Better at Home, and personal stories from service providers about what they have been experiencing and observing as they engage with seniors in the program. Furthermore, Better at Home's primary objective—to enable seniors to live independently in their homes for as long as possible—was viewed as "excellent" and the "right" goal to pursue.

Stakeholders strongly cautioned, however, that Better at Home can only play a limited role in helping seniors to live independently in their homes because of the diverse and complex needs of seniors, and because of the program's current design and level of funding. Those involved in front-line delivery of Better at Home services and Provincial Advisory Committee members emphasized that seniors need *more* of the kinds of supports offered via Better at Home, *and different* supports (not offered via Better at Home), in order to live independently in their homes for as long as possible. Therefore, Better at Home cannot address all of the needs of seniors, *not even all of their non-medical needs.*

Executive Directors further explained that the non-profit sector is being increasingly approached by seniors with complex, interconnected needs that are often not met. Affordable housing, healthy food, medical transportation, and mental and physical health care were examples provided. Several Executive Directors expressed concern that Better at Home has opened "a floodgate" of expectations and assumptions by stakeholders from the seniors-serving sector (particularly the health care system) about the role of Better at Home in meeting seniors' needs. Some local staff expressed concerns that the "inundation of referrals" from the health sector to Better at Home is "inappropriate for the scope of the program". Some also noted that as a result of Better at Home, there is the perception that non-profits are now delivering non-medical services that were once provided to seniors through the health care system. Some Executive

Directors were surprised that evidence of “offloading”⁷ onto Better at Home was not reflected in the evaluation findings⁸ as some are now experiencing this from health authorities, and they worry this will continue. Furthermore, one Executive Director explained that they are concerned about how to address their waitlist for Better at Home.

Service providers noted that through their involvement in Better at Home they have seen “a lot” of seniors who are in need of mental health supports, meal preparation, nutrition advice, personal care, extensive housecleaning, help with housing, viable transportation options, help with finances, help picking up prescriptions, and more. They further explained that many seniors are very frail and that in fact “mobile folks [seniors] are the exception”. Additionally, many seniors need help accessing the services they require and are entitled to. For example, service providers explained that some seniors do not know where to turn to for help, require assistance with decision-making, and need help “navigating” larger systems like government programs and health care services. And service providers have observed that many of the seniors they have engaged with via Better at Home have little or no money to pay for very basic needs.

Seniors explained that to live at home independently, seniors—especially those who live alone—need much more than Better at Home offers, including essential supports such as eyeglasses, hearing aids, dentures, dental work, mental health care, panic buttons, home care, and affordable housing. Seniors urged that supports must be accessible and affordable. For example, one explained that in their rural community, there is a four-to-six-year wait for subsidized, seniors-oriented housing. As a result, some seniors in their community live in homes that are unaffordable and too difficult to maintain; these seniors often end up in the hospital while waiting for appropriate housing. Consequently, lack of appropriate housing creates more needs, including needs for programs like Better at Home.

Finally, some Executive Directors noted that the current Minister of Health’s interest in Better at Home is positive. They recommended that Better at Home leaders continue to keep the Minister apprised of and engaged in the successes and challenges faced by Better at Home stakeholders as they carry out the program’s mission.

Integration

Given the complex and interconnected needs of seniors, stakeholders from all groups firmly underscored that Better at Home *must* be integrated within a strong continuum of care for seniors. Integration, especially at a “systems level” was viewed as critical. This was referred to as strategic integration, collaboration, and coordination with other provincial services, especially health care (including Divisions of Family Practice). Executive Directors emphasized that this type of integration should not, and cannot be the sole responsibility of staff in local communities. Furthermore, Executive Directors wondered about the Provincial Government’s plan for seniors and expressed interest in participating in strategic conversations about the Province’s approach to seniors’ care and Better at Home’s role within that. One Executive Director stated: “I am interested in the bigger picture discussion with the health authorities and having the conversation regarding a continuum of services for seniors and the genuine opportunity that Better at Home provides and also the limitations of the program so they are keenly aware that this is not the panacea they may want to believe it is. For example, it may be

⁷ “Offloading” was in reference to health authorities that are struggling to meet the needs of seniors and are referring seniors to Better at Home even though the needs of the seniors extend beyond the scope of Better at Home.

⁸ It was discussed that this may have been due to the fact that the evaluation focused on 16 local programs during the initial stages of Better at Home’s overall provincial rollout and implementation.

that this program is not suited to the most vulnerable seniors and never will be because the resource base is too limited and their needs are too complex.”

While “systems level” integration was deemed critical, local integration was also viewed as important. Seniors and an Executive Director provided an example of good local integration whereby their Better at Home lead organization works with other organizations to provide coordinated services. This lead organization has “spread the funding around” and the local staff person plays a pivotal role in connecting seniors with other services. Conversely, one senior described negative impacts of poor integration as s/he transitioned from hospital to home: “I was referred from one organization to the other”, resulting in a ten-week waiting period to receive housekeeping from Better at Home. “The number of organizations and people were very confusing...having someone to help sort out the system would have been very helpful”.

Service providers and provincial staff explained that local integration is important to the success of Better at Home. Service providers suggested that Better at Home has opportunities to integrate and make linkages with, for example, local hospitals and care providers, service clubs, police and fire departments, faith-based groups, assisted living facilities, and municipalities. One service provider would like to see improved linkages between Better at Home and seniors’ informal caregivers, such as family members. Executive Directors and local staff also discussed the importance of local integration, including integration with other organizations *and* within their own organizations. However, they explained that integration—internally or with other local entities—is difficult (or impossible) when funding within the non-profit sector is cut or reduced.

Better at Home’s Specific Goals

In addition to questioning the role of Better at Home within the larger landscape of care for seniors and advocating for integration, some stakeholders questioned Better at Home’s *specific* goals as described in the evaluation report: “The program’s goals are to help seniors live longer in their own homes while remaining socially connected to other people in their communities.” Executive Directors, local staff, service providers, and seniors wondered whether helping seniors to “remain socially connected to other people in their community” was indeed a primary goal, an implied goal, or if it should be a goal at all for Better at Home. Provincial staff further noted that the current Better at Home Project Charter states the program’s goals differently: “The ultimate outcome of the program will be more seniors able to live independently and in good health in their own homes longer than is presently the case.”

Overall, stakeholders agreed that social connectedness is an important factor in reducing isolation and vulnerability and improving the quality of life and wellbeing of seniors and people in general. Provincial Advisory Committee members and some Executive Directors emphasized that research evidence demonstrates that seniors who feel socially connected with and supported by others generally live longer, healthier and happier lives. Some further noted that isolation within BC’s seniors’ population is occurring, which is likely leading to negative outcomes for seniors.

At the same time, Executive Directors, local staff, service providers, and seniors expressed a number of concerns about setting social connectedness goals for Better at Home. For example, stakeholders from these groups explained that measuring and evaluating social connectedness outcomes are complicated. Several emphasized that some seniors have no interest in being socially connected with others—including having someone to call and knowing where to go for services—and that this is a senior’s right and personal choice. As one service provider explained, “not all seniors want to socialize—this is a huge assumption.” Another noted that “not everyone

wants to be socially engaged...[some seniors] are happy on their own”. Seniors explained that social connectedness is important, yet the approach to supporting this requires thoughtful consideration and should be, for example, age appropriate. Executive Directors further explained that achievement of social connectedness outcomes can be complicated as the non-profit sector is being increasingly approached by seniors with complex and interconnected needs.

From an integration standpoint, stakeholders from all of the groups explained that many non-profits already focus on social connectedness outcomes for seniors through other programs and services. For example, one Executive Director emphasized that “Better at Home is an adjunct to what we [non-profits] are already doing” to promote social connectedness for seniors. Some seniors explained how their Better at Home program is situated within an organization that offers luncheons, outings, and other programs for seniors to “get out” and socially engage with others. Their local Better at Home staff person plays an active role in linking seniors to programs within and outside of the organization that provide opportunities for seniors to engage with others and “get out”. Seniors viewed this as a good way to help their peers build social connections. Stakeholders questioned if it would be wise to use Better at Home resources to try and achieve social connectedness outcomes and wondered if perhaps improved integration of Better at Home with other programs would be more cost effective.

Executive Directors, local and provincial staff, and service providers highlighted that activities to promote social connectedness are not a strong component of Better at Home’s current basket of services.⁹ Rather, Better at Home focuses on “going into seniors’ homes to provide services”. Even Better at Home transportation services focus on travel to appointments, not on social outings.¹⁰ Executive Directors explained that it may be difficult for non-profits to promote social connectedness outcomes for seniors solely through Better at Home due to the current level of Better at Home funding. Some expressed concerns about using Better at Home funds to achieve social connectedness outcomes as this could “erode” funds within the non-profit sector for programs that focus on helping seniors to build social connections. They noted that funding for programs to promote connectedness is difficult to acquire, thus unfortunately, lack of funds for adjunct programs could undermine Better at Home’s integration with programs that purposely focus on promoting social connectedness for seniors. Stakeholders recommended that more clarity is needed as to whether or not Better at Home should (or can) help seniors achieve social connectedness outcomes. Furthermore, they advised that if this is an intended outcome, then there may be implications for the program’s design, delivery, integration, and funding.

The Role of Local Staff and Service Providers

Within the context of the information described above, many stakeholders, particularly provincial staff, acknowledged that Better at Home local staff and service providers play critical roles to enable Better at Home’s success. As described earlier, many of the seniors that local staff and service providers engage with through Better at Home require extra support because they have complex and interconnected needs that cannot be met by Better at Home alone. As a result, some volunteers explained that they are occasionally unsure of their boundaries when providing Better at Home services to seniors. For example, some are unsure of what to do

⁹ Better at Home’s current basket of services includes light yard work, friendly visits, light housekeeping, minor home repairs, grocery shopping, snow shoveling, and transportation to appointments. Programs may add additional non-medical services to the basket after approval from the provincial office.

¹⁰ Some seniors and Executive Directors wondered if Better at Home transportation services could be expanded to include transport to social outings.

when seniors ask for additional help (which may be a different type of service or require more of the service provider's time), or when they notice that a senior has needs that extend beyond the scope of Better at Home. Almost all of the volunteers in the stakeholder groups explained that they often rely on local staff to provide role clarity, solve problems, and address concerns. Some volunteers suggested that having more guidance or protocols to follow when faced with this kind of uncertainty would be helpful.

Contractors also rely on local staff and on their own employers for support when they face uncertain situations with seniors in Better at Home programs. Many contractors, and to a lesser extent some volunteers, explained that they too often play "case management" roles to support Better at Home seniors. Examples of case management included reaching out to seniors' family members, ensuring a weekly check-in with some seniors, liaising with community supports on behalf of a senior, providing information and referrals, and listening to and helping seniors make decisions. This, however, requires additional time; up to 5-6 hours per week for some contractors.

Service providers explained that they "bridge the gap" between seniors, local staff, and other services. Additionally, they emphasized that local staff play important "matching"¹¹ and case management roles to support Better at Home seniors. Both service providers and local staff emphasized that case management support is needed for seniors within Better at Home. Seniors affirmed this by explaining that some seniors do require extra assistance such as help finding resources and "navigating systems". Service providers explained that case management support often goes unseen because it extends beyond providing a specific Better at Home service (e.g. housekeeping or transportation). They emphasized that the need for case management support increases as seniors become more vulnerable.

Some Executive Directors and local staff explained that while they implement guidelines and protocols for service providers to follow when carrying out their roles, they remain concerned about having service providers, especially volunteers, provide services to seniors whose needs extend beyond the scope of Better at Home (e.g. seniors who are "very frail", or living in "destitute" housing conditions, or struggling with mental health challenges). This prompts ethical concerns for Executive Directors in particular, which led some to question whether or not Better at Home should (or can, in its current state) support seniors who are significantly vulnerable.

Finally, volunteers recognized the value and importance (and length of time and skill required) of building trusting relationships with Better at Home seniors. For this reason, some suggested that service provider roles be expanded to include different types of Better at Home services. For example, instead of a senior having two different service providers to receive light yard work and friendly visiting, perhaps the senior could receive both services from a single service provider that has established a positive relationship with the senior. This may be easier and more comfortable for seniors and service providers.

Reaching Seniors

Service providers, local staff, and seniors suggested that Better at Home should do more to raise awareness amongst seniors about Better at Home, and do more to reach out to isolated and vulnerable seniors. At the same time, stakeholders from each of these groups recognized

¹¹ This pertains to local staff abilities to successfully match service providers' skills and personalities with seniors' needs and personalities.

challenges associated with these goals. Seniors explained that it is often difficult for seniors to ask for help. They wondered if Better at Home could make it “more comfortable” for seniors to seek help from Better at Home; for example, by making the program’s promotional language more inviting. They suggested that seniors in Better at Home programs could play a role in helping other seniors feel more comfortable seeking help from Better at Home.

In terms of reaching out to vulnerable and isolated seniors, service providers and seniors noted that it may be difficult to “find” these individuals. Volunteers suggested that volunteers and seniors may be able to help do this through their peer circles. However, as one volunteer (also a senior) suggested, “it seems that isolation of seniors is probably a difficult task to address—including getting them out of their house...[and] delicately finding those most in need”. Local staff supported this and recommended taking “gentle approaches” to reach out to isolated seniors so that seniors do not feel pressured into receiving services. Provincial staff agreed that more could be done to reach out to isolated and vulnerable seniors, and suggested that Better at Home marketing target more diverse groups.

Increased efforts to reach out to more seniors, particularly vulnerable and isolated seniors, relates to stakeholders’ concerns about meeting waitlist demands and to concerns about Better at Home’s role in meeting the needs of seniors who are significantly vulnerable. While some stakeholders noted that they are hesitant to promote their program for fear of building unmanageable waitlists, others suggested that waitlists are valuable because they can help illuminate seniors’ needs and the programs’ capacities (or lack thereof) to meet those needs. Furthermore, if Better at Home’s intended program participants are vulnerable and isolated seniors, and if efforts are increased to enroll more vulnerable seniors, the need for case management types of support may increase as the program grows.

Summary

Stakeholders are concerned that Better at Home is perceived as a “panacea solution” to helping seniors remain living independently. Better at Home alone cannot address this. Stakeholders want more clarity on the role of Better at Home within the larger continuum of care for seniors. Integration—at provincial and local levels—is critical to Better at Home’s success.

Stakeholders also want more clarity on the specific goals of the program and the question of whether or not Better at Home should (or can, with current capacity levels and current level of funding) help seniors achieve social connectedness.

Furthermore, to support vulnerable seniors, some form of case management support is often provided informally by contractors and local Better at Home staff. Several stakeholders suggested that more should be done to reach out to isolated and vulnerable seniors; however, this may increase the need for case management.

Recommendations: In addition to gaining clarity on Better at Home’s role within the continuum of care for seniors, the following evaluation considerations¹² are critical to improving and sustaining Better at Home:

- #2 Encourage Better at Home communities to strengthen and build upon the non-profit and health sector in order to further embed non-medical supports for seniors across BC.

¹² A full description of all considerations is included in [Appendix A](#).

- #7 Identify and apply strategies aimed at connecting with isolated and vulnerable¹³ seniors in Better at Home communities.
- #16 Direct greater effort at strategies that encourage community and social engagement of seniors at the local level.
- #17 Consider engaging with other groups and sectors to explore additional service needs for seniors and potentially work together to address those needs.

1.1.2 Theme 2: Adequate and sustained funding

This theme focuses on stakeholders’ perspectives about the financial sustainability of Better at Home. It takes into account stakeholders’ discussions about: ***provincial funding for Better at Home; fiscal restraints within the non-profit sector; Better at Home funds and diverse communities; and financial implications of the Better at Home sliding fee scale.***

Provincial Funding for Better at Home

All stakeholder groups firmly underscored that adequate and sustained funding is critical to Better at Home’s success. Seniors, for example, emphasized that “without funding there is no program” while contractors explained that the program will “not survive on a volunteer basis”. Executive Directors noted that significant effort and resources—at provincial and local levels—have been invested in Better at Home; therefore, it would be a waste not to build on the progress made so far. Local staff noted that seniors have become reliant on Better at Home; therefore, lack of funds to sustain the program could negatively impact those receiving and waiting for services. They explained that uncertainty of funding for Better at Home results in negative consequences. For example, this impedes their abilities to plan for growth, creates hesitancy to integrate and build key relationships with other groups, and results in reluctance to promote the program and reach out to seniors about Better at Home for fear of creating unmanageable waitlists. Some local staff and Executive Directors further noted that “many programs are already at program capacity...we can’t grow anymore...[as it is] not sustainable”.

Seniors pointed to the cost-saving potential of Better at Home for the BC Government, noting that “...in the long run it [Better at Home] is saving the government dollars because people don’t go into care”. Similarly, Executive Directors noted that “government is getting a good bang for their buck” through Better at Home’s reliance on volunteers. At the same time, Executive Directors firmly stated that while Better at Home lead organizations are encouraged by the Provincial Office to secure additional resources to supplement their local programs, Better at Home’s financial sustainability rests squarely on the BC Government or other funders.

Fiscal Restraints within the Non-Profit Sector

While all stakeholder groups emphasized that adequate and sustained funding is critical to Better at Home’s success, Provincial Advisory Committee members, Executive Directors, and service providers stressed the importance of remaining attentive to the fiscal needs of others within Better at Home’s larger environment. Stakeholders from these groups explained that many non-profits are experiencing fiscal constraints that negatively impact their operations and planning. Provincial Advisory Committee members recognized that if Better at Home lead organizations (or programs and organizations that Better at Home partners or integrates with)

¹³ Within the context of Better at Home, ‘vulnerable’ refers to seniors that are experiencing one or more of the following factors: living alone, on low income, 85 years or older, belong to an ethno-cultural community that may not be prevalent or well supported in BC. Better at Home does not target seniors who are vulnerable due to mental health challenges or severe health issues given that Better at Home is not a medically focused program.

lack sufficient resources to support their operations, Better at Home may be put at risk. Executive Directors and local staff strongly emphasized that funding reductions (from various revenue sources) is a “big problem” that impedes many aspects of the non-profit sector, including the integration of Better at Home with their own programs and with other programs. Seniors further added that Better at Home leaders must be aware of “cuts to others” because competition for funding can lead to community conflict.

Better at Home Funds and Diverse Communities

Stakeholders pointed out that communities are diverse in many ways and that Better at Home funding for local programs must be tailored to, and adequate for, local community contexts and needs, particularly in light of rural and urban differences. For example, it can be difficult to find service providers in rural communities simply due to lack of available contractors or willing volunteers. Furthermore, in rural and remote communities, service providers must travel greater distances to reach seniors’ homes or to take seniors to appointments; this consumes great amounts of service provider time and increases program costs to provide the service. One contractor explained the difficulties of providing a Better at Home service in a remote community, noting that the distance traveled and time required meant that the originally agreed pricing structure was not competitive.

Provincial staff further discussed the challenges of providing long-distance transportation services to appointments (particularly medical appointments) for seniors living in rural and remote communities. They question if this can be sustainable, especially if vulnerable seniors become increasingly dependent on the service (particularly for medical appointments). Related to these concerns, some local staff suggested that remote communities could bring in needed service providers (e.g. doctor, dentist, etc.) for a regular “Day of Health” as this would lessen the need for long-distance transportation. Volunteers also noted that seniors in rural communities often live on acreages, thus they have larger volumes of land and often have many buildings to maintain. Therefore, these seniors may require more services than seniors living in urban environments.

Provincial Advisory Committee members advised that Better at Home leaders gain deeper understandings of costs to deliver Better at Home across diverse communities, especially in rural and urban communities, and gain more insights about cost variances amongst programs due to local factors. Seniors, local staff, and service providers shared this perspective. Additionally, local staff suggested that the following factors be considered when determining funds for local programs: types of Better at Home services being delivered by the local program; volumes of seniors in the local program; waitlist volumes; and volumes of seniors in the local population (this latter opinion was shared by volunteers). Seniors added that the ages of seniors in the local population should be taken into consideration because older seniors may need more support and communities with more older seniors should receive additional funding. Furthermore, the extent to which low-income seniors (who are therefore eligible for full or partial Better at Home subsidy) are approaching Better at Home should be considered when determining local funding.

Financial Implications of the Better at Home Sliding Fee Scale

Seniors explained that Better at Home’s sliding scale¹⁴ is “excellent” as it “makes it fair for everyone”. They expressed concerns about the overall lack of affordable services and resources

¹⁴ When programs charge for a service, they are required to use a sliding scale fee for service model. Seniors with an income above the average income for BC seniors are required to pay 100%. Seniors that receive no more than the

available to seniors today, particularly as many live on low incomes. Therefore, they stressed that Better at Home services must be affordable. Several explained that many seniors find it difficult to pay for basic needs, such as housing, hearing aids, dental services, eyeglasses, and medications. One commented that many seniors “are poor” and if the “majority of people [seniors] can’t pay [for services], then you are depending on the income of government...and there needs to be enough subsidy [for services]”. Executive Directors noted that the Better at Home sliding fee scale is a helpful tool for their organizations to use to manage fees for Better at Home services and one emphasized that the scale’s design (i.e. categories) should be flexible for non-profits to adjust to their local contexts.

Executive Directors and local staff emphasized that seniors who have the personal resources to pay for Better at Home services are not the majority of seniors approaching the program. Instead, low-income seniors who are eligible for full or partial subsidy based on Better at Home’s sliding scale represent most of the seniors who seek Better at Home services. Therefore, the sliding fee scale has implications for BC seniors¹⁵, the Better at Home budget (provincial and local), and abilities to address waitlist demands.¹⁶ For these types of reasons, Provincial Advisory Committee members advised that provincial program leaders gain more insights into the extent to which the Better at Home sliding fee scale is relevant to Better at Home’s financial sustainability.

Summary

All stakeholder groups firmly underscored that adequate and sustained funding is critical to Better at Home’s success. Given the extent to which seniors have already become reliant on Better at Home services, lack of sustainable funding could negatively impact seniors.

Stakeholders advised UWLM to remain aware of the fiscal restraints faced by the non-profit sector, as these restraints impact the program, particularly Better at Home’s integration with other organizations and sectors and integration within Better at Home lead organizations.

Stakeholders urged that Better at Home funding must be tailored to and adequate for local contexts and needs, especially with regard to rural and urban differences.

Finally, stakeholders support the ongoing use of the Better at Home sliding fee scale. However, as most of the seniors approaching the program are eligible for full or partial subsidy this has financial impact.

Recommendations: Consideration #21 was viewed by all stakeholder groups as the most critical to act on. In addition, the following evaluation considerations were identified as critical to act upon in order to improve and sustain Better at Home.

- #1 Remain attentive to fiscal constraints faced by other groups and organizations at the community level, and assess the impact on Better at Home services on an ongoing basis.

maximum Old Age Security (OAS) and Guaranteed Income Supplement (GIS) can access Better at Home services for no charge. Local programs determine the details of other fee categories.

¹⁵ In addition to sharing their perspectives about the Better at Home sliding fee scale, some service providers noted that some seniors are confused about the costs or process of paying for Better at Home services and suggested that improvements could be made in this area; for example, by allowing seniors to use coupons, pay online, or pay by cheque.

¹⁶ The extent to which Better at Home waitlists are comprised of seniors who are eligible for full or partial Better at Home subsidy influences the number of seniors that can be served.

- #5 Examine the current funding formula and adjust to align with the phase of implementation and the diverse needs of rural/remote communities.
- #14 Continue with the sliding fee scale. Consider incorporating an additional category to the scale.
- #21 Continue efforts to secure government commitment, both in terms of philosophical support for the program, as well as adequate and ongoing funding for the future.

1.1.3 Theme 3: Adequate human resources

This theme reflects stakeholders' shared sentiments that Better at Home's success depends on adequate human resources, particularly at the local level, including staff and service providers. This does not suggest that the capacity of non-profits to deliver Better at Home rests *solely* on human resources, but rather that human resources are an essential component. Furthermore, "sufficiency" of human resources was described as having enough (volume), and having the appropriate skills, knowledge, and experience (competencies) to deliver a Better at Home program. Three areas of discussion – ***staff workload and competencies; service provider recruitment, retention, and competencies; and ideas for volunteer recruitment*** – comprise this theme.

Staff Workload and Competencies

Executive Directors explained that the implementation and management of a Better at Home program creates substantial workloads for local staff. Several expressed the desire for full-time program coordinators. Executive Directors, local staff, Provincial Advisory Committee members, and service providers stressed the importance of not "overextending" or "burning out" local staff due to insufficient funds for human resources.

Local staff explained that some of their peers invest unpaid personal hours into their Better at Home program which can lead to "burnout" and "frustration". Some expressed the need for additional staff resources in order to meet waitlist demands and United Way's expectations for program recruitment and service delivery volumes. Some noted that the nature of their workload and required competencies are broad, and therefore the work should not be that of "one person". Service providers recognized the breadth of roles that local staff play within Better at Home and the range of skills and competencies they must have, including, for example, abilities to: manage volunteers and contractors, liaise with others to support Better at Home's integration, provide case management supports to seniors in Better at Home programs, and deal with a range of challenges. Local staff noted that their wages should be commensurate with the required skills and experience. At the same time, a few local staff expressed the desire for more training from Better at Home about how to "navigate the system" and about other resources that are available to seniors.

Service Provider Recruitment, Retention, and Competencies

Executive Directors explained that recruitment and retention of service providers can be challenging for some Better at Home lead organizations. For example, the most sought after Better at Home service is housekeeping, however, it can be difficult (sometimes impossible) to recruit service providers for this service. Most lead organizations rely on paid contractors, if they are available and affordable, to provide housekeeping. Other programs rely on their own staff.

Some lead organizations strive to pay a living wage¹⁷ to contractors and staff. Upholding this organizational principle is important in terms of recruiting and retaining competent human resources. However, some lead organizations find it difficult to strike a balance between paying a living wage and providing more subsidized services in order to meet seniors' needs. Furthermore, staff service providers can be difficult to retain if they are casual workers. These types of issues create challenges for lead organizations to meet the Provincial Better at Home program expectations for recruitment and service delivery volumes, serve seniors currently enrolled in their programs, and address waitlist demands.

Seniors emphasized the importance of recruiting and retaining volunteers for Better at Home and expressed appreciation for the services they had received from Better at Home volunteers to date. From their perspective “without volunteers, there is no program”. One senior noted that in their community “we have a high percentage of volunteers...transportation would not be offered without volunteers”. Several recognized challenges associated with volunteer recruitment. For example, one commented that people today have less time to volunteer. Another senior from a rural community explained that younger people often leave their community to find work elsewhere, therefore diminishing the number of potential volunteers. And while seniors urged that “without volunteers, there is no program”, contractors stated that Better at Home cannot survive on volunteers alone.

Seniors and service providers underscored that the retention of Better at Home service providers (especially volunteers) depends on how well service providers are supported in their roles. For example, they urged that service providers (especially volunteers) must be appropriately reimbursed for personal expenses when providing Better at Home services (e.g. vehicle fuel and mileage, fuel for gardening equipment, materials for yards and gardens). Volunteers further explained that they would benefit from additional supports and information: like parking passes for people with disabilities so they may park appropriately when transporting physically challenged seniors; car adaptations to help seniors transfer from vehicles; clarity about insurance-related matters for volunteer drivers; and additional orientation and training for those who desire it—for example, about dementia and mental illnesses. Volunteers and seniors firmly noted that volunteer recognition is critical to retention. And some volunteers suggested that Better at Home programs should “advertise for more volunteers” so as not to “overburden” current volunteers.

Service providers described key competencies associated with providing services to seniors within Better at Home. For example, they explained that it takes skill to cultivate positive, trusting relationships with seniors. One volunteer explained that “treating seniors with dignity” is “the most important” aspect of providing Better at Home services to seniors. And as noted earlier, seniors who are more vulnerable require additional case management types of supports which service providers (particularly contractors) are providing to seniors in Better at Home programs. From a competency perspective, contractors explained that their professional training and experiences enable them to offer case management support for Better at Home seniors.

Lastly, service providers suggested that they could benefit from opportunities to connect and debrief with each other, and share information, ideas, and best practices. One contractor

¹⁷ “A living wage is the hourly amount a family needs to cover basic expenses, such as food, clothing, shelter and transportation. Living wage calculations are based on a two-parent family with two children...and each parent working full-time.” (www.livingwageforfamilies.ca/our-work/what-is-a-living-wage/)

explained that within Better at Home, “professionals need to be talking more with each other and also with the local advisory committee”. Related to this, one Executive Director wondered if all volunteers involved with Better at Home understand the full scope of the program and suggested a forum be established for them to share ideas and resources. These suggestions prompted questions as to how Better at Home might further engage service providers in the program’s mission. Lastly, some local staff expressed the desire for more support from the provincial program on volunteer training.

Ideas for Volunteer Recruitment

Given the extent to which Better at Home relies on volunteers, and given United Way’s influence and connections in the community and experience engaging volunteers in its mission, Executive Directors wondered if United Way could do more to support volunteer recruitment and training for Better at Home, for example, through a unified approach or joint recruitment initiatives. Members of the Provincial Advisory Committee also wondered whether this was possible.

Seniors shared ideas about volunteer recruitment. Some recommended taking an intergenerational approach by involving junior and high school students in local programs. Seniors suggested that this approach could be mutually beneficial for younger people and seniors because seniors “have a lot to share with and teach younger people”. One senior described how Better at Home can help inspire and enable seniors who are receiving services from the program to “give back” to the program through volunteerism. This person noted that “the first week people helped me; I didn’t have to take so much meds and could [do activities of interest] again for the first time in many years...now I have energy to give back and that makes me feel good.” Several seniors asked how they could be involved as a volunteer with Better at Home. Conversely, some explained that older seniors are often “past the volunteer age. We have done our volunteering.” And volunteers suggested that their stakeholder group could potentially help recruit volunteers for Better at Home.

Summary

Recruitment of human resources, particularly service providers, is challenging and competitive due to local factors, and can be especially challenging in rural and remote communities. Some Better at Home lead organizations find it difficult to balance paying a living wage and providing more services.

Stakeholders explained that the provision of case management duties is essential within the Better at Home context, and this requires certain competencies and skills. Other key competencies include staff abilities to successfully “match” volunteers to seniors, and service providers’ abilities to build relationships with seniors and treat seniors with dignity.

Some stakeholders wanted to know if United Way could play a greater role in assisting with volunteer recruitment. Some service providers expressed the desire to share experiences, while local staff expressed the desire for more support from the provincial program on volunteer training.

Recommendations: The following evaluation considerations are critical to act upon in order to improve and sustain Better at Home:

- #10 Support local Better at Home programs to identify barriers and solve problems related to service provider recruitment and retention.

- #11 Continue current methods to prepare and train incoming service providers, such as orientations and job shadowing.
- #12 Ensure appropriate level of human resources to support the program at the local level.

1.2 Question 2: Did you see anything else in the evaluation findings that suggest a change or action is necessary (that may not be reflected in the evaluation considerations)? If so, what change or action, and why?

Stakeholders' responses to this question focused on aspects of Better at Home that were either not prominent in the evaluation findings or were not found in the evaluation findings. Instead, the responses were based on stakeholders' experiences or assumptions about the program. Responses pertained to six themes, and reflect areas that stakeholders believe should (or should continue to) be acted upon in order to further improve and sustain Better at Home.

1.2.1 Theme 1: Considerations about Age Differences of Seniors

Seniors explained that the word "senior" includes a wide age-group of people, and that Better at Home should take this into consideration when further developing the program. Related to this, some further explained that *if* a goal of Better at Home is to encourage social connectedness for seniors, then ideally, older seniors prefer opportunities to socialize with peers of a similar age whom they can "relate to" and share life experiences with. And they need to do this in quiet and physically accessible settings. Some older seniors find it difficult or impossible to organize their own social activities; therefore, they need help with this. As one senior explained, "when you reach my age, you don't have the ability to serve tea and cookies in your home to your friends. You want to go to a place where they do that for you".

1.2.2 Theme 2: Cultural Diversity

Local staff and members of the Provincial Advisory Committee noted that the topic of cultural diversity was not highlighted in the evaluation report. For example, the report made no mention of implications for Better at Home services or service providers in meeting the culturally diverse needs of seniors in Better at Home programs. One Executive Director explained that their Better at Home program intentionally strives to attract ethnically diverse volunteers in order to support diversity. Provincial Advisory Committee members and provincial staff emphasized the importance of recognizing, understanding, and appropriately responding to diversity across Better at Home communities. Seniors noted that honoring diversity and striving to meet the needs of culturally diverse seniors is important to do within the context of Better at Home. Furthermore, some local staff noted that many seniors are Deaf or Hard of Hearing, therefore efforts made to include this population are important.

1.2.3 Theme 3: Local Better at Home Advisory Committees

Some Executive Directors noted that they did not see anything in the evaluation report about local Better at Home advisory committees. One explained that they have had challenges recruiting appropriate committee members, including seniors, and, that having too large a committee has also been difficult. Some Executive Directors wondered if this aspect of the program could be addressed differently or in better ways. Provincial staff wondered whether local programs would like assistance to develop their local advisory committees. Provincial Advisory Committee members wondered if it may be beneficial for Better at Home if their members connected with and supported local advisory committee members, particularly with regard to advocating for Better at Home.

1.2.4 Theme 4: Volunteer Recognition

Executive Directors were surprised that there were no considerations about volunteer recognition in the evaluation report given the critical roles that volunteers play for Better at Home. They further suggested that the Better at Home provincial program do more to recognize the important contribution that volunteers make to Better at Home. For example, by describing the volume of volunteer resources invested into Better at Home in more detail, and calculating the monetary value that this resource represents for Better at Home. Volunteers emphasized that volunteer recognition is critical within the context of Better at Home.

1.2.5 Theme 5: Program Consistency Across Communities

Some stakeholders highlighted aspects of the evaluation report that explain how Better at Home is tailored to the unique needs and diversity of local communities and seniors, therefore resulting in a non-standardized program across the province. Some Executive Directors and a Provincial Advisory Committee member questioned this province-wide “inconsistency”, and wondered if it would be beneficial to make Better at Home programs more consistent and more “seamless” across communities in order to help make the program more attractive to funders, and more sustainable. As one stakeholder noted: “if things become too unique in each community Better at Home might not appeal to government”.

1.2.6 Theme 6: Community Engagement Process

Some stakeholders discussed the evaluation findings and related considerations (#3 and #4) in the evaluation report about the Better at Home community engagement process¹⁸, in particular evidence that indicated the community engagement process may have “led to tension between potential lead organizations”. Some Executive Directors were surprised that little was noted in the evaluation report about the selection process for Better at Home lead organizations and associated tensions that were experienced in some communities. A member of the Provincial Advisory Committee group wondered if this was a larger issue than was reflected in the evaluation report given the challenges that non-profits face in securing funding. Seniors noted that “fighting” for funding amongst organizations can create conflict in the community, therefore, Better at Home must continue to be aware of funding dynamics within the larger environment.

Provincial staff also reflected on the evaluation findings about the community engagement process. They acknowledged that in some communities, the process was not always easy, and that while the process was presented as non-competitive, sometimes it did evolve in a competitive way. From a community development and capacity-building standpoint, however, provincial staff viewed the process as valuable because it helped communities to examine and resolve existing community tensions and conflict, and was often the first time that some groups had come together to discuss issues facing seniors.

Provincial staff considered different approaches in response to evaluation consideration #3 (see Appendix A). For example, they wondered if in order to help ensure that stakeholders are well informed about the community engagement process, perhaps key stakeholders could be informed of the process *before* launching the full process within the broader community. This approach, however, could reduce involvement and input from seniors in the community, which provincial staff saw as a concerning drawback to the approach. Provincial staff wondered if

¹⁸ After locations for Better at Home programs were identified, a local community developer was selected to map out community assets and needs with seniors and other local community stakeholders, and support the lead organization selection by the community.

communications to stakeholders about the community engagement process could more clearly acknowledge that existing community conflict and unresolved issues can emerge through the process.

1.3 Question 3: Are there specific evaluation considerations that [your broader stakeholder group]¹⁹ can help support or influence? If so, which ones and how?

Question three sought insights from stakeholders about the potential role(s) they see their respective stakeholder groups playing to address the evaluation considerations. Most of the stakeholders' answers to this question, however, focused on the role they could see their stakeholder groups playing to support Better at Home's development and mission (as opposed to specific evaluation considerations). Therefore, this section summarizes, in point form, responses from each stakeholder group and makes references to evaluation considerations where applicable. A few additional suggestions from stakeholders are noted at the end of this section.

1.3.1 Seniors

Stakeholders from this group explained that seniors involved in Better at Home programs could potentially play the following roles to support Better at Home's development and mission, and help act on evaluation considerations:

- **Act as “program ambassadors”, advocates, and vocalize support for Better at Home.** This was described as “talking to others about Better at Home”, “describing benefits” of the program, and “raising awareness” of the program with, for example, other seniors, family members, doctors' offices, and community organizations.
- This group expressed concerns that some seniors find it difficult to ask for help from others, therefore, seniors involved with Better at Home could **share their experiences of the program and life in general with seniors not in the program.** “Relating” to their peers may in turn **help other seniors feel comfortable asking for support from Better at Home.**
- Some seniors in Better at Home programs may know of isolated seniors who are not aware of Better at Home; therefore, seniors in Better at Home programs can **help reach out to isolated seniors** to let them know about the program. (Relates to evaluation consideration #7 – see Appendix A.)
- **Act as advisors** to Better at Home. Stakeholders from this group noted that “experts” responsible for Better at Home must understand seniors, seniors' experiences, and seniors' diverse needs. One senior further remarked that seniors' viewpoints are often undervalued, and noted, “people think we're fools, that we don't know anything”. Therefore, seniors should be consulted about Better at Home's development.
- **Help recruit volunteers** for Better at Home through seniors' personal networks. (Relates to evaluation consideration #10 – see Appendix A.)

¹⁹ This question was tailored to each stakeholder group that participated in the engagement process.

1.3.2 Service providers

This stakeholder group, of both volunteers and paid contractors, explained that service providers could potentially play the following roles to support Better at Home's development and mission, and help act on evaluation considerations:

- **Advocate for and raise awareness about Better at Home.** This was described in various ways such as being spokespersons for Better at Home, participating in local committees, profiling and promoting the program, making others aware of the program, and helping “bridge gaps” between local groups and local Better at Home staff. From a marketing standpoint, it was suggested that Better at Home transportation drivers be provided with magnetic signage about Better at Home for their vehicles as a means to **help raise seniors' awareness of Better at Home** and **help attract volunteers to the program.** (Relates to evaluation considerations #2, #7, #15 – see Appendix A.)
- **Help seniors, potential volunteers, and others (e.g. family members) connect to Better at Home programs in or near their own communities.** This may **help to engage more seniors** in Better at Home, and **help to recruit more volunteers.** One stakeholder recommended that service providers should be viewed as a “network” and provided with a contact list for all Better at Home programs across the province so they can refer and connect people to Better at Home. (Relates to evaluation considerations #7 and #10 – see Appendix A.)
- **Assist with information and referral.** For example, if service providers were provided with more information about community services available to seniors in their communities, they could pass along relevant information to seniors. (Relates to evaluation consideration #17 – see Appendix A.)
- **Act as caring “eyes and ears”** for Better at Home by checking in on seniors as needed, and relaying back important information to local staff about seniors in the program. As one stakeholder explained, “If I haven't heard for a long time [from a senior], then I check in”. The underlying sentiment was to “bridge the gap” between seniors and local Better at Home staff to ensure that local staff have an awareness about the needs of, or any concerning issues about seniors in Better at Home programs. (Relates to evaluation consideration #17 – see Appendix A.)
- **Act as advisors to Better at Home,** especially at the local level. Through their ‘front line’ experiences, service providers can offer valuable perspectives and advice to Better at Home program leaders and managers.²⁰
- Service providers expressed a desire to have opportunities to engage with other Better at Home service providers so that they may **learn from each other's Better at Home experiences, share ‘best practices’ and ideas, and support each other.** (Relates to evaluation consideration #18 – see Appendix A.)

²⁰ With regard to acting as advisors to Better at Home, several service providers offered advice and ideas during the focus group sessions. For example, they advised that local programs consider coordinating different volunteers to drive seniors to and from appointments when a long wait time is anticipated (e.g. a senior needs to be dropped off in the morning and picked up in the afternoon). Currently some volunteer drivers are waiting much of their day to provide this service. Additionally, volunteer drivers could benefit from having parking passes for people with disabilities so that they can park appropriately for seniors who are physically challenged, and different car adaptations (special handles) to help seniors in/out of vehicles. Some volunteer drivers also desire clarity about insurance-related matters.

1.3.3 Provincial Advisory Committee

Better at Home's Provincial Advisory Committee has a mandate to support sustainability, integration, and access to non-medical home supports for seniors (particularly seniors from diverse populations and those who are vulnerable and most at risk). In addition to these roles, stakeholders from this group explained that their respective stakeholder group could potentially play the following roles to support Better at Home's development and mission, and help act on evaluation considerations:

- **Help determine Better at Home's future direction and advocate for that vision.** One stakeholder urged that this should include **advocating to ensure that all seniors across BC have access to Better at Home's services.** (Relates to evaluation considerations #5, #12 – see Appendix A.)
- **Advise on data and information gathering for Better at Home, including research and evaluation activities.** Stakeholders from this group viewed this as particularly important in order to be involved in determining Better at Home's future direction, and in assuming advocacy roles (as per the point above). (Relates to evaluation consideration #20 – see Appendix A.)

1.3.4 Provincial staff

This group plays a wide role in supporting Better at Home through their day-to-day responsibilities. In addition to their daily duties, stakeholders from this group explained that they could potentially play the following roles to support Better at Home's development and mission, and help act on evaluation considerations:

- **Support Better at Home's integration** with other services and supports, particularly by working more closely with BC's health authorities. (Relates to evaluation considerations #2 and #17 – see Appendix A.)
- Work more closely with local organizations to **identify ways to reach out to isolated and vulnerable seniors.** (Relates to evaluation consideration #7 – see Appendix A.)
- **Continue tailoring their support to local programs based on local diversity and needs.** (Relates to evaluation consideration #8 – see Appendix A.)
- **Reinforce communications to local programs about Better at Home funding, and advocacy efforts underway to ensure Better at Home's sustainability.** Perhaps **coach local programs about how they could be involved in advocating for Better at Home.**
- Further **encourage and support local staff to share knowledge and information amongst themselves about their Better at Home practices and experiences, and further encourage their participation in Better at Home learning opportunities** that are provided by the provincial office. Perhaps **offer follow-up orientations and webinars.** (Relates to evaluation consideration #18 – see Appendix A.)

1.3.5 Executive Directors

Stakeholders from this group explained that Executive Directors involved in Better at Home programs could potentially play the following roles to support Better at Home's development and mission, and help act on evaluation considerations:

- **Participate in discussions about provincial strategies and plans to support the needs of seniors, and advise on how Better at Home can fit within those plans.**

- **Act as advisors on the role that non-profits can play in Better at Home, and more specifically, advise on the role that Better at Home lead organizations can play in Better at Home.** (Relates to evaluation consideration #13 – see Appendix A.)
- Some Executive Directors in the non-profit sector already **advocate for the effective care of seniors**. Perhaps they could do this further, and in conjunction with BC’s Seniors Advocate. Executive Directors involved with Better at Home could also **undertake advocacy activities specific to Better at Home**. Ideas included being more involved in municipal council meetings, getting local government representatives involved in local Better at Home Advisory Committees, participating in community seniors planning tables or coalitions, and writing public letters and making public statements. Some Executive Directors stressed that in order to advocate for Better at Home, the role of the program within the larger continuum of care for seniors must be clear.
- **Bring forward the voices of others involved with Better at Home, particularly the voices of seniors, so that other key stakeholders may hear these important voices.** It was suggested that Executive Directors involved with Better at Home programs could **bring seniors together in order to further understand seniors’ perspectives on relevant issues and subsequently “raise the voices” of seniors more loudly and broadly**. Another idea was to **create opportunities for seniors to share their own perspectives with others about how Better at Home is impacting seniors’ lives**.
- Stakeholders from this group discussed the idea of **helping to leverage funds locally to complement or enhance the Government of BC’s funding for Better at Home. However, there were mixed opinions as to whether or not this was a role that Executive Directors and community agencies should play**. On one hand, stakeholders firmly stated that it is not the role of non-profit community organizations (particularly service delivery organizations) to ensure financial sustainability of Better at Home. **Local fund development to support Better at Home was viewed as another aspect of work that would require resources and skills**. Concerns were expressed that securing additional funding at local levels would create inconsistent funding for Better at Home programs across the province; some stakeholders wondered if this would create challenges for the overall provincial program. On the other hand, some Executive Directors wondered if **perhaps they could work more closely with provincial program leaders to help leverage funding from other sources, particularly in terms of helping Better at Home align with the interests and criteria of other funding sources**. (Relates to evaluation considerations #21 – see Appendix A.)
- **Support Better at Home’s integration** particularly by collaborating with health authorities and Divisions of Family Practice and perhaps engaging members from each of those groups in local Better at Home Advisory Committees (for programs where this is not already occurring). Stakeholders cautioned, however, that health authorities are under pressure to “do more with less”; therefore they may lack resources to integrate with Better at Home. (Relates to evaluation considerations #2 and #17 – see Appendix A.)
- **Help make Better at Home more standard or consistent across BC communities as a strategy to foster sustainability, which may help to secure additional funding for the program.** The idea of making Better at Home more standard or consistent across BC communities was discussed by different stakeholder groups, particularly by Executive

Directors and Provincial Advisory Committee members, and was met with differing viewpoints as to whether this would be beneficial to Better at Home or not.

- Some Executive Directors are knowledgeable and skilled in developing evaluation frameworks and processes. Executive Directors of Better at Home lead organizations could therefore help to **inform Better at Home's evaluation practices**. (Relates to evaluation consideration #20 – see Appendix A.)
- **Provide important perspectives, observations, and stories about the non-profit sector's role in impacting the lives of seniors, and more specifically, the impact of Better at Home on the lives of seniors.** Executive Directors urged that in addition to information gathered via formal evaluation activities, stories of impact are valuable and their stakeholder group is well positioned to hear and see impacts “on the ground”. These stories can support advocacy efforts. (Relates to evaluation consideration #20 – see Appendix A.)

1.3.6 Local staff

Some stakeholders from this group suggested that local Better at Home staff could potentially have a role to play in supporting all of the evaluation considerations. Some further noted that stakeholders from this group could potentially play the following roles to support Better at Home's development and mission, and help act on evaluation considerations:

- **Support local integration** by creating partnerships with health authorities and other entities (which will help to reduce duplication of service provision), and by sharing or collaborating on training activities of relevance to Better at Home. (Relates to evaluation considerations #2 and #17 – see Appendix A.)
- **Create support for Better at Home within the community**, for example, by **cultivating relationships**, “**continuing to network**”, **creating inter-generational linkages**, and **building “community connections”** with others (e.g. health services providers, people with “influence and experience”). These activities, as well as fostering integration (noted above), were viewed by some stakeholders of this group as a way to support Better at Home's sustainability, regardless of whether ongoing government support for Better at Home is confirmed or not.
- **Act as advisors to the Better at Home program**, for example, by providing provincial program leaders with feedback and information on issues, challenges, successes, and recommendations. **Help identify gaps or other services needed by the community regarding seniors' programs** (to inform future programming), and **help identify “efficiencies in the system” and inefficiencies**, such as duplication of services. As first points of contact, local staff can **advise on and influence the kinds of Better at Home services to be provided given their knowledge of community needs**. Furthermore they could **advise on fees for services and budgeting** for Better at Home.
- **Help seniors ‘navigate the system’ and provide ‘case management’ types of support for Better at Home seniors and their families**. (Relates to evaluation considerations #12 and #17 – see Appendix A.)
- **Help develop province-wide administrative aspects of Better at Home**. This was described in a number of ways, including helping to develop standardized procedures, manuals, and tools (e.g. forms, templates, etc.); create sample communication letters for various relevant audiences; teach peers to use technology systems relevant to Better at Home (e.g. Access

databases, Excel worksheets); develop an email contact list for all local program staff, and help set standards for services and the qualifications of service providers.

- Work with others to **help identify, reach out to, and enroll vulnerable and isolated seniors in local Better at Home programs**. This would include taking into account cultural considerations in order to help seniors of various ethnicities access Better at Home services. This could include joining a local Family Practice group in order to make connections with vulnerable and isolated seniors. (Relates to evaluation consideration #7 – see Appendix A.)
- **Support local fund development for Better at Home**, for example, by writing grant applications, looking for other sources of funding, and seeking support from municipal governments. Given United Way’s history and experience in fund development, some expressed desire for United Way’s guidance and support in helping local organizations to secure additional funds for local Better at Home programs.
- Help **create a positive environment within Better at Home**. This was described as “**staying passionate**”, “**devoted**”, and **acting as “positive” and “good role models”**, “**keeping other staff and volunteers involved and giving [them] positive feedback**”, and **maintaining ongoing contacts with seniors in the program**. (Relates to evaluation consideration #10 – see Appendix A.)
- **Lobby for increased funding for Better at Home services and advocate for which types of services should be provided through Better at Home in local communities**.
- **Provide training for Better at Home service providers**.

1.3.7 Other

Additional thoughts were offered about the roles that stakeholders could play to support Better at Home’s development and mission and help act on the evaluation considerations, as follows:

- Provincial Advisory Committee members questioned whether **United Way could help local Better at Home lead organizations recruit, train, and retain volunteers**. (Relates to evaluation consideration #10 – see Appendix A.)
- Local staff suggested that **United Way could help to secure local municipal support for Better at Home**.

1.4 Question 4: If further evaluation or data gathering activities were undertaken for Better at Home, what would be the purpose (why)? What would the information be used for and by whom?

This question relates to evaluation consideration #20 (Appendix A). Before asking stakeholders this question, each group was presented with an overview of evaluative work²¹ undertaken for

²¹ In this context, the term ‘evaluative work’ refers to any kind of data collection or information gathering undertaken for Better at Home for the purposes of monitoring, learning, evaluation or research that focuses on Better at Home.

Better at Home to date and an overview of research being implemented in 2015.²² In response to question number four, stakeholders offered various perspectives about whether or not further evaluation or data-gathering activities should be implemented for Better at Home. Some saw no need for further evaluative work. For example, several seniors noted that evidence already demonstrates that seniors need non-medical home support services. They suggested using this evidence along with information gathered to date for Better at Home to determine the best way to provide seniors with non-medical home supports via Better at Home. Similarly, some local staff advocated for “services instead of studies”, noting that “this topic has been studied and re-packaged so many times”, and advised against using Better at Home resources for further evaluative work.

Conversely, many stakeholders recognized the necessity and value of doing further evaluative work, and cautioned that this must be balanced with prudent resource management and must take into consideration the capacity of stakeholders to participate in evaluative work (i.e. not to overburden local programs, seniors in local programs, or other stakeholders). Many stakeholders were supportive of the research being implemented in 2015 (see footnote 22) yet recognized that results of this work will not be available in the near future and therefore suggested that further evaluative work may be necessary in the meantime.

Some stakeholders noted that because the Better at Home evaluative information gathered to date was an “early snapshot”, a “larger snapshot” will be necessary as the program expands. Provincial staff suggested that it may be valuable in a few years to undertake evaluation work similar to what had been done to date in order to compare evaluation findings over time. Provincial Advisory Committee members noted that ongoing collection of key data is necessary, and that deeper analysis and reporting using the evaluative data gathered to date should be undertaken (perhaps before pursuing additional evaluative work).

When asked about what the **purpose of doing further evaluative work** for Better at Home should be, stakeholders offered varied perspectives, including to:

- improve the program
- prove the program is effective, and cost effective
- help stakeholders understand how the program is working
- support advocacy efforts (provincially and locally) for Better at Home
- build a case for support for Better at Home
- support the Provincial Advisory Committee in pursuing their mandate²³
- help raise the voices of seniors (through qualitative, descriptive, and self-reported information)
- provide local Better at Home programs with information that is useful to them (it was noted that more work needs to be done to understand what kind(s) of information would be most useful for local programs)

²² United Way and BC’s Ministry of Health have collaborated with the Michael Smith Foundation for Health Research (MSFHR) to have qualified scientific researchers lead research pertaining to Better at Home. Funded by the MSFHR, the research activities will begin in 2015 and will focus on (a) use of health care services by seniors in Better at Home programs compared to seniors who are not in Better at Home programs, (b) changes to quality of life and wellbeing indicators of seniors in Better at Home programs, (c) cost-effectiveness factors related to Better at Home, and (d) gathering information from informal caregivers of seniors in Better at Home programs. Results of the research will be available in 2017/2018.

²³ The Provincial Better at Home Advisory Committee has a mandate to support sustainability, integration, and access to non-medical home supports for seniors (particularly seniors from diverse populations and who are vulnerable and most at risk).

When asked to comment on who the **main users of further evaluative work** could be (i.e. the users of the results), stakeholders suggested the following entities:

- Better at Home provincial staff (for improving and advocating for the program)
- United Way's Board of Directors (to keep abreast of program achievements and challenges, be supportive and responsive, and advocate for Better at Home)
- Local Better at Home programs (for local program development and advocacy)
- Local Better at Home Advisory Committees (to support them in playing advocacy roles)
- Better at Home's Government of BC partners (to secure government support and help build a case for support for Better at Home)
- Better at Home Provincial Advisory Committee (to support them in achieving their mandate and in advocating for Better at Home)

Many stakeholders acknowledged that in order to advance Better at Home, further evaluation or data-gathering activities will likely be required. Their suggestions about this pertained to the following ten themes:

1.4.1 Theme 1: Needs and unmet needs of seniors

Provincial Advisory Committee members and some volunteers advised to gather more information about the needs, and especially unmet needs, of seniors in Better at Home programs. Quantified data is especially desired in order to complement the qualitative, descriptive information that has been gathered to date via Better at Home. As part of this, some local staff suggested that local programs begin tracking referrals that they make out to other services, and some suggested gathering information about barriers that seniors face in getting their needs met. This kind of information could help Better at Home stakeholders:

- further clarify the role, goals, and boundaries of Better at Home within the larger continuum of care for seniors
- advocate for Better at Home's role in meeting the non-medical support needs of seniors
- shed light on urban versus rural factors that impact seniors' abilities to get needed help
- plan for the program's development
- integrate Better at Home with other services and strategies aimed at seniors (provincially and locally, and in particular with the health sector)
- further define training needs and improve training approaches for Better at Home service providers
- inform budgeting for Better at Home

1.4.2 Theme 2: Achievement of Better at Home's primary objective and cost consequences to the health care system

This theme focuses on gathering evaluative evidence that demonstrates whether or not Better at Home helps seniors to live independently in their own homes for as long as possible (i.e. achieve the program's main objective), *and subsequently*, whether or not Better at Home helps reduce or delay costs to the health care system (due to seniors' lack of, or delayed use of health care services). Stakeholders recognized that such complex, longer-term outcomes are difficult to empirically "prove", particularly in the near future as Better at Home is in early stages of development. Despite this, however, stakeholders, particularly Executive Directors and Provincial Advisory Committee members, emphasized the importance of pursuing this type of evidence as it could help Better at Home stakeholders:

- demonstrate whether or not the program is achieving its core objective
- demonstrate whether or not the program is relieving or delaying costs to the health system
- advocate for further resources and sustainable support for Better at Home
- build a case for support for Better at Home

1.4.3 Theme 3: Effectiveness or cost benefit analysis and the value of delivering Better at Home via the non-profit sector

This theme relates to the previous point, yet is not exactly the same as stakeholders' interests extended beyond a sole focus on the cost consequences of Better at Home on the health sector. Stakeholders used "cost effectiveness" and "cost benefit analysis" language to convey ideas about this theme. Their focus was on whether or not Better at Home's current approach is the most cost-effective way to deliver non-medical home supports to seniors. Stakeholders recognized the financial complexities associated with Better at Home, such as cost implications for programs that serve rural versus urban communities, providing services through volunteers or paid resources, and administrative costs at provincial and local levels. Stakeholders advised that more information be gathered to shed light on questions about "cost effectiveness" and "cost benefits", including gathering and analyzing information and trends about costs over time.²⁴ Furthermore, one Executive Director stressed the importance of considering costs in light of the benefits of delivering Better at Home through local, non-profit, community-based organizations. This information could help stakeholders:

- demonstrate further accountability
- determine if the current Better at Home approach is the best use of available funds
- shed light on questions about the role of the non-profit sector in realizing Better at Home's mission
- identify changes to the program's design that may make the program more cost effective
- inform efforts to integrate Better at Home with other entities, particularly the health sector
- help advocacy efforts

1.4.4 Theme 4: Statistics about the non-profit sector

Further to the theme above, some Executive Directors and local staff emphasized the importance of demonstrating the added value of delivering Better at Home through non-profit community organizations. Their recommendation was to provide key Better at Home stakeholders, particularly the BC Government, with statistics about the overall non-profit sector as it relates to seniors' services, and statistics and information about the extra services and supports offered by the non-profit sector which contribute to Better at Home's success. For example, information could be gathered about adjunct programs and services, and the extent of volunteer resources provided through the non-profit sector that benefit seniors and their families. This kind of information could help Better at Home stakeholders demonstrate the:

- extent to which BC seniors and their families are supported and positively impacted by the non-profit sector
- added value that the non-profit sector brings to Better at Home's success
- extent to which Better at Home is built upon and relies on the existing non-profit sector

1.4.5 Theme 5: Impact on quality of life of seniors receiving Better at Home services

United Way's Better at Home provincial staff suggested that additional information about the impact of Better at Home on seniors' quality of life would be useful (and recognized that this will occur through the 2015 research). Some Executive Directors suggested this would be valuable, while one advised that from an advocacy perspective, quality of life measures are not a key factor in government decision-making; therefore, quality of life data may not be of interest to Better at Home's funder. Other stakeholders (local staff, Executive Directors, and volunteers)

²⁴ For example, volumes and costs associated with providing services via volunteers and paid contractors; local funding requirements to address client volumes and growing waitlists; costs related to delivering Better at Home services in rural versus urban settings; and costs pertaining to infrastructure [operations, and especially administration] at provincial and local levels.

advised gathering feedback and more information from seniors about their experiences of Better at Home as the program evolves. Local staff specifically suggested that more community-based research be done to capture the experiences of seniors using Better at Home's services, including efforts to "measure social connectedness" of seniors in Better at Home programs.²⁵ Information about the impact of Better at Home on the quality of seniors' lives as well as more feedback and descriptive information from seniors in Better at Home programs could help Better at Home stakeholders:

- better understand the extent that quality of life outcomes are experienced by seniors in Better at Home programs, and better understand seniors' program experiences overall
- demonstrate and communicate to Better at Home stakeholders results about these types of outcomes
- advocate for funding and support for Better at Home
- plan program changes or enhancements

1.4.6 Theme 6: Social and economic trends across BC communities compared to Better at Home data

Provincial Advisory Committee members recognized that contextual factors in local communities influence Better at Home, both locally and provincially. Therefore, stakeholders from this group encouraged provincial staff to continue to learn and gather more information about social and economic trends that occur across BC communities, and furthermore, to contrast and compare (where appropriate and feasible) information about Better at Home to community data (e.g. compare the number and demographic profiles of all seniors living in a Better at Home community against the number and demographic profiles of seniors receiving Better at Home services in that community). Acquiring more of this kind of information could help Better at Home stakeholders:

- anticipate contextual factors that may influence local Better at Home programs
- plan for Better at Home's development across BC
- assess the extent to which Better at Home is reaching its intended population in light of the demographic profiles of seniors' populations across BC communities

1.4.7 Theme 7: Outreach to seniors via Better at Home

Stakeholders (especially provincial staff and Provincial Advisory Committee members) advised gathering more detailed information about seniors being reached (and not reached) by local programs. They also advised learning more about the strategies and activities being undertaken across local programs to reach out to seniors, particularly vulnerable and isolated seniors. This could help Better at Home stakeholders:

- assess the extent to which the program is reaching intended participants
- learn more about the demographics of those seniors (e.g. gender, age, ethnicities)
- plan future outreach strategies and activities that target outreach to Better at Home's intended participants

1.4.8 Theme 8: Waitlists for Better at Home services

Several local programs have seniors on waitlists for Better at Home services and some find it challenging to address their waitlists. Local and provincial staff and Provincial Advisory Committee members suggested that more information is needed about waitlists for Better at Home services.²⁶ This information could help stakeholders:

²⁵ This was recommended in response to evaluation consideration #16 – see Appendix A.

²⁶ For example, who and how many seniors are on waitlists? Why are seniors on waitlists? What type(s) of Better at Home service(s) are they waiting for? What is the typical 'wait period' to receive each Better at Home service?

- learn more about the needs of seniors who are still unable to access Better at Home services
- advocate and negotiate for additional supports in order to address the waitlist demands
- plan and budget for delivery of Better at Home services
- learn more about barriers to accessing the services

1.4.9 Theme 9: Better at Home volunteers

Stakeholders, especially Executive Directors and provincial staff, recommended that more information be gathered about volunteers involved with Better at Home, particularly volunteer service providers. Several stakeholders noted that Better at Home’s volunteer resources reflect significant cost savings for Better at Home (and therefore the BC Government), and that more should be done to demonstrate and describe this significant resource. Stakeholders recommended gathering more specific information about the demographics of volunteers involved with Better at Home, and the volume of volunteer hours (quantified) invested in Better at Home. Furthermore, it was suggested that a monetary value be calculated for the investment of volunteer resources. This information could help Better at Home stakeholders:

- learn more about the people that volunteer for Better at Home and in what capacities
- understand more about volunteer resources involved with urban versus rural programs
- demonstrate the significant role that volunteers play within Better at Home and the extent to which the program depends on this resource
- demonstrate cost savings associated with Better at Home’s volunteer resources
- build a case for support and advocate for additional supports to recruit, retain, and manage volunteer resources
- identify new volunteer recruitment opportunities and strategies
- plan and budget for required volunteer resources

1.4.10 Theme 10: Better at Home data collection

Provincial and local staff suggested that an improved approach be implemented to collect data about the volume of Better at Home services being delivered. Challenges exist in defining “a service”, especially when the length of time to deliver the service varies significantly based on individual seniors’ needs, or due to different approaches taken across communities. For example, a light housekeeping service may require up to an hour or several hours of a Better at Home service provider’s time. Transportation to an appointment may be less than an hour, or may consume most of a day for a Better at Home service provider. Furthermore, some stakeholders view program intake (i.e. enrolling seniors in a Better at Home program) as a service, while others do not. A volunteer suggested that opportunities exist to improve, streamline, and automate data collection between service providers and their local lead organization. In addition, some local staff recommended integrating billing into Better at Home database systems. Improved data collection practices could help Better at Home stakeholders:

- report more accurate data about the types and volumes of Better at Home services offered
- calculate and report more accurately on the extent of service provider resources that support Better at Home
- reduce burdens for service providers and local lead organizations to collect and report data

Lastly, some stakeholders offered general advice and specific ideas about approaches to doing further evaluative work for Better at Home. These included:

- Keep costs in control; do it in ways that are not too expensive; don’t waste funds.
- Do evaluation via small focus groups.
- Host a Better at Home Elders Conference.
- Help local Better at Home programs build capacities to do their own evaluation work for Better at Home (e.g. provide tools and training). Concerns were expressed however, that

results of this approach may not be consistent in terms of quality and may therefore be limited in usefulness.

- Share evaluation results with interdisciplinary stakeholders in the health care system and in the community.
- Include family members of seniors in Better at Home programs in future evaluative work in order to understand the program's impact on those stakeholders.

This concludes the summary of stakeholders' responses to the four key questions explored with each stakeholder group via the engagement process. The next section—PART TWO: WHAT WE'VE DONE—describes key actions taken by United Way to improve and sustain Better at Home.

2. PART TWO: WHAT WE'VE DONE TO IMPROVE AND SUSTAIN BETTER AT HOME

Better at Home is flexible and responsive to its larger environment, local circumstances, seniors' needs, and stakeholder feedback. This section describes what has been done by United Way to improve and sustain the program since its launch in 2012. It begins with a summary of key program elements that were established at the program's start, followed by descriptions of developmental changes completed and now underway.

2.1 Initial key program elements

Better at Home was built upon the following key program elements, most of which have not changed:

- The program is driven by guiding principles (see Appendix B) that allow flexibility and ensure the program is responsive to local circumstances, seniors' needs, and stakeholder feedback;
- Programs are supported by a team of UWLM staff who provide support that is tailored to the capacities of local lead organizations and communities, and guidance on common, province-wide issues;
- Strategic guidance is provided by the Provincial Advisory Committee;
- Prior to the selection of a lead organization and to the provision of program funding, a community engagement process is conducted to assess community readiness, identify local assets and needs, and support the community in selecting a lead organization to provide Better at Home services. The first programs were expected to complete the engagement process within three months;
- Each Better at Home program is operated by a local non-profit organization, and organizations that provide Better at Home services are selected by their broader community;
- Programs received \$100,000 per year to start their program²⁷ and they were provided up to 12 months to develop and implement the program;
- Services are non-medical in nature, built on local needs and assets, and cannot duplicate existing community services;
- Better at Home programs must serve seniors; however, recognizing that people age differently, no specific age requirement is established for programs. At the time of this

²⁷ In instances where the local program decided to split into two separate programs (for example, in response to local contexts/needs), the funding was also divided into two equal amounts of \$50,000 each.

report, the majority of seniors in the overall provincial program are between the ages of 75 and 84.

- Every local program has a program coordinator. In some instances the role of the coordinator is divided among several staff members or supplemented by volunteers;
- All program coordinators are supported by a local advisory committee that consists of seniors, representatives from senior-serving organizations, and other community stakeholders;
- Better at Home services can be provided by volunteers, paid staff of the local lead organization, or through paid external contractors. Local lead organizations determine the human resources required to provide local Better at Home services. Services are often provided through a 'mix' of resources (e.g. volunteers and paid contractors, or otherwise);
- Services are provided at market rates based on a sliding scale of fees for services. Seniors that only receive Old Age Security and Guaranteed Income Supplement receive 100% subsidy for services from Better at Home, while those with an income that is more than the BC seniors' average income pay 100% of fees for services. Additional subsidy levels are set by local programs;
- All volunteers that provide Better at Home services must undergo a criminal record check;
- Programs are required to track and report program-related data (e.g. client enrolment and demographic information, service usage, waitlist information) and to report on challenges, successes and learning, and provide a detailed financial summary;
- Programs are required to participate in, and help enable evaluation and research activities;
- Programs (particularly local program coordinators) are supported to participate in a community of practice, which includes an online environment to share ideas and resources; bi-monthly teleconferences for peer support; webinars on topics of interest; and a yearly, province-wide learning and knowledge sharing event.

Some considerations mentioned in the evaluation report²⁸, for example #6, #8, #13, and #14, have been in place since the start of the program. However, more can be done by provincial staff to increase stakeholders' awareness about these common practices. Provincial staff continue to support activities that relate to evaluation considerations #1, #10, #19, and #21.

2.2 Program development changes already completed

The following describes key program changes that have been completed since Better at Home's launch. These changes were based on lessons learned during implementation of the program and on stakeholder feedback:

- **Community Engagement Process:** In response to early feedback from community developers, the community engagement process was adjusted to ensure more time is available for the process and that key stakeholders are better informed. This addresses evaluation considerations #3 and #4.
- **New Funding Model:** With input from local Better at Home programs and the Provincial Advisory Committee, a new funding model was developed and implemented January 1, 2015. The new model calculates program funding based on these community characteristics: number of seniors; number of low-income seniors; number of seniors 85 or older; number of seniors living alone; number of seniors whose first language is not English

²⁸ See Appendix A for a full description of the evaluation considerations.

or French; average snow fall in winter; and distance factors for programs that serve multiple communities. If the funding calculations show less than the minimum amount—\$50,000 for small communities and \$100,000 for others—more funding is provided to ensure each program receives at least the minimum amount. This addresses evaluation consideration #5.

- **Additional Waitlist Data:** Since the start of the program, waitlist information has been collected from programs annually and included a general description about the Better at Home services that seniors were waiting for and reasons for being on the waitlists. To gain more insight into the needs of seniors and communities and barriers to accessing services, and to help inform funding questions, changes to data collection were made as of April 1, 2015. Programs are now asked to report quarterly on up-to-date waitlist information, including detailed information about the service(s) clients are waitlisted for and reasons for being on the waitlist. This addresses stakeholders' requests for additional information and will support evaluation consideration #21.
- **Volunteer Data:** Better at Home has been collecting information about the total number of volunteers engaged in Better at Home service delivery and the total number of services that are provided by volunteers. As of April 1, 2015, data collection about the contribution of volunteers to the program has been expanded. This addresses stakeholders' requests to collect additional information about and further illuminate the investment of volunteer resources into Better at Home.

2.3 Program development changes underway

The following initiatives to further improve and sustain Better at Home are now underway but not yet completed:

- **Integration Project:** Meetings with health authorities about integration and clarity of roles have been ongoing since the start of Better at Home in 2012. In 2014, engagement with these key stakeholders was increased to develop a provincial integration project. The project aims to map gaps in services, improve protocols and practices for the integration of seniors' services, and enhance coordination between Better at Home and other seniors' support programs. This partly addresses Theme 1 of this report: The Role of Better at Home within the Continuum of Care for Seniors, and evaluation considerations #2, #7, #16, and #17.
- **Role Clarity:** In anticipation of the results of the integration project, provincial office staff are working with local programs and health authorities to further clarify the roles of Better at Home and with the health authorities to ensure vulnerable seniors receive appropriate services from appropriate entities. In addition, they are reviewing how Better at Home can collaborate with the health authorities regarding medical-related transportation (e.g. driving seniors to their out-of-town specialist appointments) in order to control costs for these services and ensure appropriate provision of these services via Better at Home.
- **Cultural Diversity:** From January 2015, a variety of measures and initiatives started to be incorporated into Better at Home to better assist seniors that are Deaf and Hard of Hearing to access the program. In addition, brochures were produced and made available on the website in eleven languages. Programs are recruiting volunteers and other service providers that speak multiple languages to support non-English-speaking clients. A renewed First

Nations/Aboriginal Engagement strategy is planned for 2016 to partially address inclusion. These initiatives and activities partly address evaluation consideration #7.

- **Tools and Training:** Since the start of Better at Home, the provincial program has provided a wide range of learning opportunities (e.g. training sessions, resources, etc.) to local program coordinators based on local coordinators' interests and needs. In addition, tools have been developed to support local staff in collecting data and budgeting. In 2014, a project was started to further examine local needs for tools and training, and to explore the possibility of expanding training supports to Better at Home volunteers and service providers. Additionally, it would address evaluation considerations #10, #11, #12, and #18.
- **Program Goal Clarity:** Theme 1 of this report describes stakeholders' interests and concerns about the overall goals of Better at Home. During the Provincial Advisory Committee meeting of April 29, 2015, the goals of Better at Home were revisited. Committee members advised that the primary goal of the program should remain to support seniors to live independently at home. They further advised that supporting seniors to remain socially connected to others and to their community should be a secondary goal. Although not described as the purpose in the original project charter, the non-medical services provided through Better at Home were seen as having "the added benefit of helping to keep seniors engaged in their communities and preventing isolation". United Way will consider this advice and input from other key stakeholders when confirming the goals of Better at Home. Any changes to goal statements about Better at Home will be communicated to key stakeholders, and program adjustments will be made if necessary.

3. PART THREE: WHAT WE PLAN TO DO

Better at Home is a provincial program that sits within a complex environment of services and resources for BC seniors. As we have done from the program's start, United Way will continue to work with government funders and other partners to develop Better at Home within its larger and local contexts, and in response to seniors' needs and stakeholder feedback in order to help BC seniors receive much-needed non-medical home supports. Looking ahead, Better at Home's provincial staff plan to focus on the following program developments in 2016. Many of these developments relate to the evaluation considerations outlined in Appendix A and to the issues and stakeholders' perspectives described throughout this summary report. The provincial office will:

- Continue to advocate for financial and philosophical support for Better at Home in order to sustain and expand the program
- Develop and implement a volunteer and staff recruitment and retention strategy, which may include a more active role for United Way of the Lower Mainland
- Implement strategies and new practices that are developed based on the learnings from the integration project
- Explore opportunities for more provincial policies and program consistency, particularly regarding enrollment of seniors in Better at Home

- Explore additional strategies to increase program accessibility for seniors of diverse backgrounds and cultural contexts
- Examine the possibility of engaging service providers in learning activities, so they may share experiences and knowledge and help to develop promising practices
- Explore the need for a provincial marketing campaign and new marketing materials, and work with stakeholders to raise appropriate awareness and accurate messaging of the program
- Based on the outcomes of the integration project, further clarify Better at Home's target population and support local programs in reaching out to the target population
- Start to plan the next phase of a monitoring, evaluation and learning plan for Better at Home

Appendix A: Better at Home Program Evaluation – Considerations for the Future

Future Considerations Related to Context:

1. The economic climate within which Better at Home operates impacts not only Better at Home, but groups and organizations (e.g. health authorities, non-profit seniors-related groups) that collaborate with Better at Home to deliver services. **Better at Home needs to remain attentive with respect to the fiscal constraints faced by other groups and organizations at the community level, and assess how this will impact the delivery of Better at Home services on an ongoing basis.**
2. This evaluation suggested that linkage and integration between Better at Home and groups and organizations across the non-profit and health sectors has occurred to some extent. **Better at Home communities should be encouraged in their efforts to strengthen and build upon these linkages in order to further embed non-medical supports for seniors across Better at Home communities in BC.**

Future Considerations Related to Implementation:

3. Overall, the community engagement process that characterized Better at Home was well-designed and well-implemented; and, it achieved the goal of creating a community-driven approach to program implementation. However, in some instances the engagement process led to tension between potential lead organizations. **As more Better at Home programs come on board, special care should be taken to ensure that representatives of potential lead organizations participating in the community engagement process fully understand how the process works and believe it to be open and fair to all involved.**
4. This evaluation showed that the amount of time allowed for community engagement was not sufficient for some communities who would have preferred more time to build relationships and gather broader points of view. **Local Better at Home programs should be able to draw upon additional time for the community engagement process to ensure that meaningful consultation occurs and that diverse perspectives be heard. This will lead to a stronger community foundation for Better at Home overall.**
5. While the level of funding provided for Better at Home appeared to be sufficient for program start-up, it may not be sufficient as the program continues to mature over time. **The current funding formula for Better at Home should be examined and adjusted to align with fiscal requirements along the implementation chain (from early to later implementation). Additional consideration should be given to examine the sufficiency of funding to meet the diverse needs of rural and remote communities as contrasted to those in urban settings.**
6. This evaluation suggested that some Better at Home communities felt rushed into service delivery; they did not have enough time to effectively establish and implement operational processes and procedures. **Ensure that sufficient time is available to allow communities to properly plan for implementation of the Better at Home program at the local level.**

7. While some early success reaching isolated and vulnerable seniors²⁹ has been realized, a parallel sentiment - that more should be done - also exists. ***Efforts should be directed at identifying and applying strategies aimed at connecting with isolated and vulnerable seniors in Better at Home communities. Since this is a shared aim across Better at Home programs, the identification and servicing of isolated and vulnerable seniors could be highlighted as a topic for discussion (problem solving) at upcoming Better at Home provincial meetings or conference calls.***
8. The level of support required by local communities from United Way's provincial Better at Home staff varied by community (e.g. material & technical support). At the same time, all local Better at Home programs share similar requirements to support program implementation. ***United Way's provincial Better at Home staff needs to remain cognizant of community capacity, and respond to each community with a tailored, commensurate level of support; they also need to develop and provide advice and support on global issues that are common to all Better at Home programs (e.g. risk management and insurance requirements).***
9. Service providers across Better at Home communities have strongly indicated that they plan to continue to provide services on behalf of Better at Home. They believed that Better at Home is beneficial to them personally (e.g. an opportunity to give back to the community) and to seniors too (e.g. able to remain in their homes). ***Satisfaction among service providers should be monitored on a regular basis to ensure that they are continuing to view their contribution to Better at Home as beneficial, and thereby, reinforce current intentions to remain with the program.***
10. While the current mix of service providers delivering Better at Home services appeared to be working well (volunteers, contractors, and paid staff), some concern remains with respect to volunteer recruitment and retention and contractor availability and compensation. ***Human resource planning for Better at Home needs to account for these factors. With support from United Way's provincial Better at Home staff, local Better at Home programs need to work to identify barriers and solve problems related to service provider recruitment and retention in a way that fits with the capacity and context of their own community. This will support human resource sustainability in the near and longer term.***
11. This evaluation demonstrated that overall, service providers for Better at Home were well-prepared to assume their responsibilities. ***Therefore, current methods to prepare and train incoming service providers, such as orientations and job shadowing, should remain an ongoing component of the Better at Home program.***
12. The workload to manage and support Better at Home at the community level is significant. Local Better at Home program coordinators and other administrative staff sometimes contribute extra time in unpaid hours. This trend could increase as the demand for Better at Home services increases. ***Provisions must be made to ensure that the appropriate level of human resources is in place to support the program at the local level. This requires***

²⁹ Within the context of Better at Home, 'vulnerable' refers to seniors that are experiencing one or more of the following: live alone, are on low income, are 85 years or older, belong to an ethno-cultural community that may not be prevalent or well supported in BC. Better at Home does not target seniors who are vulnerable due to mental health challenges or severe health issues given that Better at Home is not a medically focused program.

regular assessment of human resource requirements and appropriate alignment of personnel contribution (time) with financial compensation or reimbursement.

13. Local lead organizations played an important role in the implementation of Better at Home; and, this evaluation showed that key characteristics of lead organizations matter. These include: lead organizations' infrastructure and capacity, degree of existing network with other agencies, and reputation in the community. ***Any identification of lead organizations for future Better at Home programs should consider these key features as part of the selection process so that the potential for the successful implementation of Better at Home is optimized.***
14. At an operational level, this evaluation showed that the Better at Home sliding fee scale was well-received, that it is easy to use, and that it has effectively guided the fee assessment process. Some Better at Home communities added a 50% category to the scale which enabled a greater number of seniors to participate in the program. ***Continue with the sliding fee scale as a way to establish costs for Better at Home services. Consideration should be given to incorporating an additional category to the scale across Better at Home; recognizing that this action would put pressure on Better at Home budgets (more subsidies), and would also add to the workload of Better at Home administrative personnel.***
15. Sentiment existed across several stakeholder groups that participated in this evaluation for increased advertising and marketing of Better at Home. While greater awareness of the program is important to ensure that seniors and community agencies are aware of the program, any additional marketing needs to be weighed against the resultant increase in demand for services. ***Those in charge of advertising and marketing of Better at Home should be mindful of this effect. As well, advertising and marketing of Better at Home should be targeted and delivered in a way that gets the message(s) to the intended audience(s) (e.g. isolated and vulnerable seniors).***
16. This evaluation showed that while Better at Home impacted the general activities of daily living among seniors, it did not have as great an impact with respect to encouraging seniors to do more in their community or expand their social activities. ***If these outcomes remain important to Better at Home, greater effort should be directed at identifying and implementing strategies that encourage community and social engagement of seniors at the local level.***
17. Better at Home seniors identified a number of services, beyond those offered by Better at Home, that they would be interested in receiving. These included: meal preparation, assistance with heavier household tasks, mental health support, and assistance with home health issues. ***While it may not be the role of Better at Home to respond to all requests for additional services, this provides an opportunity for the Better at Home leadership to engage with other groups and sectors to explore additional service needs for seniors (and related implications), and potentially work together to address those needs.*** This would also support further service integration across the health and non-profit sectors.
18. Currently, Better at Home provides a few key opportunities for sharing lessons learned and challenges experienced among Better at Home communities. The HUB and provincial meetings are two examples, and both have been well-received by Better at Home personnel. ***These learning mechanisms should be continued and could be augmented or***

expanded to maximize opportunities for information sharing and knowledge development related to the implementation of Better at Home.

Future Considerations Related to Impact:

19. This evaluation generated evidence to suggest that the key components of Better at Home are working well. While it is too early to declare Better at Home as the preferred model for delivering non-medical supports to seniors; it is fair to say that the program is being delivered in support of this aim. ***Efforts should continue to track the experience and outcomes of Better at Home so that it can continue to contribute to knowledge and theory-building in this field.***
20. Better at Home requires thoughtful and rigorous evaluation. As Better at Home continues to be implemented across the province, strategies should be in place to support planning and evaluation at the community and provincial level. This includes effective ways to capture key data elements that will allow for the ongoing assessment of the progress and impact of Better at Home, as well as the ability to adjust course if required along the way. In addition to supporting program improvements, evaluation provides information to generate questions for future research, as well as information to rationalize the continuation of Better at Home over the longer term. ***As such, a strong evaluation framework and process should be developed and implemented to capture key learnings, challenges and opportunities, and movement on key indicators over time.***
21. Adequate and sustained funding is at the heart of program sustainability. Funding through government channels is central to the sustainability of Better at Home. ***It is therefore recommended that efforts to secure government commitment continue both in terms of philosophical support for the program, as well as adequate and ongoing funding for Better at Home in the months and years ahead.***

Appendix B: Guiding Principles – Better at Home

Guiding principles for the Better at Home Provincial Program Management

- Evidence-informed. The system for supporting, managing and monitoring the program is built on the learning and evidence developed through the CASI project and through additional learning and research. Observing, learning and improving quality are essential activities of the program throughout its lifespan.
- Consultative. The program management team continues to seek input from a range of stakeholders, especially seniors themselves and representatives from cultural / ethnic communities.
- Responsive. The approach to program management and evaluation responds to changing conditions and opportunities and allows for new insight and learning to emerge and be integrated.
- Bold. The original project was established with ambitious goals and outcomes and tight but realistic timelines and the program management team continues their endeavour to achieve these.
- Sustainable. The program seeks to establish sustained support from public sector sources with enhancements from the philanthropic sector.

Guiding principles for local Better at Home programs and services

- Prevention oriented. Better at Home programs are built on the primary assumption that preservation of independence, dignity and health, and the delay of functional decline are worthwhile investments.
- Seniors planning for and with seniors. Seniors are engaged in the planning and governance of the local programs.
- Senior centred. The local programs are designed to respond to the needs, priorities and changing circumstances of seniors.
- Community driven. Within the Better at Home framework, local programs are built by the community for the community and will involve coordination of services from various organizations and partners.
- Evidence informed. Local programs are built on the learning and evidence developed through the CASI evaluation, through ongoing monitoring, evaluation and learning, and on the desire to seek continuous improvements through additional learning and research.
- Independence focused. Better at Home fosters self-sufficiency and independence by: offering services that assist clients to live independently; helping to promote health literacy and support self-care; promoting social inclusion, and; enabling community connectedness.
- Simple and understandable. Services incorporate clear and accessible information, ease of access, and the least amount of official procedure needed to maintain standards of safety, privacy and quality.
- Based on need. Local programs respond to seniors' needs for service and ability to contribute to the cost of providing those services.
- Integrated. Local programs are developed in partnership with seniors and other key stakeholders and will be integrated where feasible and, by design, complementary to other services and supports.
- A non-governmental program. Better at Home is managed by UWLM and identified as a non-profit sector program funded by government, which does not replace existing governmental programs or services.