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# United Way of the Lower Mainland's Better at Home Rural and Remote Pilot Project: Final Evaluation Report

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March 31, 2017

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Social Planning and Research Council of  
British Columbia

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# 1. Executive Summary

This report presents a summary of findings from the evaluation of the Better at Home Rural and Remote Pilot Project that is managed by the United Way of the Lower Mainland and funded by the Province of British Columbia. For the purpose of this evaluation, three (3) guiding questions were developed to inform the United Way of the Lower Mainland's understanding of the six (6) Better at Home (BH) pilot program sites (12 total sub-sites) in rural and remote areas of BC:

- Context: How does the context (rural and remote program sites) that surrounds BH influence its implementation and outcomes? How can BH best serve seniors living in rural and remote communities?
- Implementation: What are the characteristic features of the implementation of BH in rural and remote program sites? How has the implementation approach influenced program achievements in rural and remote program sites? What promising practices are being used to serve rural seniors in BH-funded and other programs? What types of approaches are best for non-medical support services for seniors in rural and remote communities?
- Outcomes and Impacts: What is the impact of BH on those involved in the program? How are things different today for seniors and communities as a result of BH? What types of recommendations are needed to continue to make improvements to the pilot project moving forward? How and to what degree should the remote and rural pilot project be integrated into the BH program moving forward?

The evaluation findings were drawn from four groups of key stakeholders: organizational leaders, provincial stakeholders, frontline care providers and family caregivers, and seniors receiving Better at Home services. Each of these groups is defined below.

**Organizational leaders:** This category includes the local Better at Home program coordinators as well as other key staff from the host organization, such as the Executive Director. It also includes other local community leaders with a mandate or interest in seniors care, and those who provided program leadership, oversight and governance to the local Better at Home program. Some illustrative examples of local organizational leaders who are engaged in the Better at Home program include representatives from local seniors citizens associations, health authorities, seniors housing complexes and societies, non-profit community service organizations, Municipal Council, local libraries, and health centres.

**Provincial stakeholders:** This category includes representatives from United Way regional offices across BC that regularly engage with local Better at Home programs in their catchment areas (including the Rural and Remote Pilot Project sites). It also includes representatives from provincial agencies with a mandate to serve seniors such as the BC Community Response Network, BC Healthy Communities, the Canadian Red Cross and the Alzheimer Society. Some of these groups have been involved in providing advice and training to local Better at Home programs through various workshops and helping to refer individuals to the Better at Home program.

**Frontline care providers and family caregivers:** This category includes frontline care providers who provide services directly to Better at Home senior clients such as volunteers, paid staff from the host organization, and paid contractors who are hired through the Better at Home Program to provide services such as housekeeping. It also includes family caregivers of seniors receiving Better at Home services, such as friends, adult children and/or spouses.

**Senior clients:** This category includes senior clients who are currently receiving Better at Home services in their community.

A total of three (3) data collection instruments – 2 interview guides and a survey – were developed to gather feedback about the Better at Home program. Complete methodological details are located in the body of the report.

## Summary of Better at Home Rural and Remote Pilot Project

As part of the Rural and Remote Pilot Project, the Better at Home program was delivered in twelve (12) locations across six (6) Better at Home sites.

Better at Home Site	Sub-Sites
Arrow Lakes	Nakusp
Columbia Valley	Invermere
Granisle	Granisle
North Central BC	Fraser Lake, Vanderhoof, Fort Saint James
Robson Valley	McBride, Valemount
Southern Gulf Islands	Pender Island, Mayne Island, Galiano Island, Saturna Island
<b>Total</b>	<b>12 locations</b>

### Better at Home Service Moments

Of six (6) Better at Home sites, Southern Gulf Islands had the highest number of service moments, followed by North Central BC and Robson Valley.

Better at Home Site	Service Moments between April 2015 to September 2016 <sup>1</sup>
Arrow Lakes	319
Columbia Valley	37
Granisle	111
North Central BC	2,062
Robson Valley	1,226
Southern Gulf Islands	3,310
<b>Total</b>	<b>7,065</b>

<sup>1</sup> Some Better at Home sites started at a later date than others so the number of service moments may vary.

## Better at Home Active Clients

Of six (6) Better at Home sites, North Central BC and Southern Gulf Islands had the highest number of active Better at Home clients.

Better at Home Site	Number of Active Clients
Arrow Lakes	21
Columbia Valley	5
Granisle	8
North Central BC	156
Robson Valley	75
Southern Gulf Islands	156
<b>Total</b>	<b>421</b>

## Better at Home Client Information

Across all Better at Home sites, there were more female clients than male clients. Many clients lived alone and received partial or full subsidies.

Better at Home Site	Client Information			
	Live Alone	Female	Male	Subsidy Recipients
Arrow Lakes	48.0%	71.0%	29.0%	76.0%
Columbia Valley	100.0%	100.0%	0%	60.0%
Granisle	37.5%	62.5%	37.5%	75.0%
North Central BC	33.3%	58.3%	25.6%	100.0%
Robson Valley	61.3%	60.0%	40.0%	100.0%
Southern Gulf Islands	66.0%	69.0%	31.0%	43.0%

## Achievement of Intended Outcomes

A total of seven (7) intended outcomes were assessed for this evaluation.

- **Outcome 1:** Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes;
- **Outcome 2:** The Better at Home program in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors;
- **Outcome 3:** The Better at Home services in my community have helped seniors to remain living independently in their homes;
- **Outcome 4:** The Better at Home program has had positive impacts on the isolation and/or loneliness of seniors;
- **Outcome 5:** The Better at Home program has had positive impacts on senior's independence or ability to safely live alone;
- **Outcome 6:** The Better at Home program has had positive impacts on senior's connection with the community; and,
- **Outcome 7:** Services to seniors are provided differently now in my community or region as a result of Better At Home.

The following tables provide a summary of the overall assessment of each intended outcome. The complete list of supporting information related to each outcome can be found in the main body of the report.

***Outcome 1: Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes.***

**Overall Assessment of Outcome:**

The majority of frontline care providers and family caregivers, organizational leaders and provincial stakeholders indicated that the Better at Home program in their communities has helped to reduce the gaps in services for seniors to remain living independently in their homes. Specifically 54 (90.0%) frontline care providers and family caregivers, 42 (89.3%) organizational leaders and 6 (66.7%) provincial stakeholders agreed or strongly agreed with the following statement: *Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes.* Feedback from seniors accessing Better at Home services also suggests that the Better at Home program has made it easier for them to remain living independently in their homes, since 57 (96.6%) seniors surveyed for this evaluation reported *I am better able to live by myself because of the Better at Home program.*

Across the six (6) sites, the Better at Home program has reduced the gaps in services for seniors to remain living independently in their homes by: offering non-medical home support services that were not previously available in the communities; providing a point of contact for seniors to reach out to if they need help; offering free/low cost services to low income seniors who cannot typically afford to pay for outside help; and supporting socially isolated seniors who do not have friends and family nearby who can help. While the community feedback suggests that the program has reduced gaps in services, some of the feedback also suggests that funding constraints have limited the range of services offered in some communities as well as the number of seniors reached by the program.

***Outcome 2: The Better at Home program in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.***

**Overall Assessment of Outcome:**

The majority of frontline care providers and family caregivers, and organizational leaders indicated that their local Better at Home program is aligned with Better at Home objectives and goals and that the overall approach is relevant and effective at delivering non-medical home support services to local rural and remote seniors. For example, 52 (88.1%) frontline care providers and family caregivers agreed or strongly agreed with the following statement: *From your perspective, the approach we have taken in implementing Better at Home in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.* In addition, 36 (83.7%) organizational leaders agreed or strongly agreed with the following statement: *Our way of running the Better at Home program in our community has allowed us to achieved the goals of Better at Home, and at the same time, make the program relevant to local seniors.*

Overall, the feedback gathered suggests that the Better at Home model is working well because it is flexible and allows local coordinators to adapt the Better at Home program approach to the local context and community needs. Because each rural and remote community is distinct and has their own unique community assets and gaps, flexibility in implementation is perceived to be essential in rural and remote contexts. Information gathered through the evaluation also suggests that the services offered through the Better at Home rural and remote pilot project fit well within the parameters of the program's objectives since they are non-medical home support services that support seniors who wish to live independently in their homes.

***Outcome 3: The Better at Home services in my community have helped seniors to remain living independently in their homes.***

**Overall Assessment of Outcome:**

Feedback from frontline care providers and family caregivers, organizational leaders and provincial stakeholders suggests that the Better at Home program has helped seniors to remain living independently in their homes. Specifically, 57 (95.0%) frontline care providers and family caregivers, 40 (85.1%) organizational leaders, and 8 (80.0%) provincial stakeholders agreed or strongly agreed with the following statement: *The Better at Home services in my community have helped seniors to remain living independently in their homes.*

Feedback from seniors accessing Better at Home services also suggests that the Better at Home program has made it easier for them to remain living independently in their homes, since 57 (96.6%) senior's surveyed for this evaluation reported *I am better able to live by myself because of the Better at Home program* and 54 (91.5%) seniors surveyed report that *the Better at Home program has helped to reduce difficulties I have in doing some activities.*

The Better at Home Rural and Remote Pilot Project has supported seniors independence by inviting local seniors to identify their own non-medical home support needs and request assistance through

the project. This has allowed participating seniors to request services that reflect the unique needs of rural seniors (e.g., help with firewood) and has bridged the gap between what needs to get done in order for seniors to remain living independently at home and what they are still able to do for themselves. Feedback suggests that some senior participants would have had to move if they had not had access to Better at Home services and they have been able to remain at home as a result of the program.

***Outcome 4: The Better at Home program has had positive impacts on the isolation and/or loneliness of seniors.***

**Overall Assessment of Outcome:**

The majority of seniors, frontline care providers and family caregivers, provincial leaders, and organizational leaders report that the Better at Home program has had positive impacts on the isolation and/or loneliness of seniors. For example, 50 (84.7%) of seniors surveyed reported *I feel less lonely because of the Better at Home program*. Moreover, 53 (91.3%) frontline care providers and family caregivers agreed or strongly agreed with the following statement: *For seniors receiving program services, the Better at Home program has had positive impacts on the isolation and/or loneliness of seniors*. In addition, 7 (100.0%) provincial leaders and 42 (89.4%) organizational leaders agreed or strongly agreed with the following statement: *The Better at Home program has had positive impacts on seniors receiving the program's services (including seniors isolation, loneliness and other impacts)*.

The Better at Home Rural and Remote Pilot Project has helped to reduce loneliness/isolation among participating seniors by matching isolated seniors with friendly visitors and planning social activities for seniors. Participating seniors are also socializing with the volunteers/contractors who provide other non-medical home support services (e.g., housekeeping, yardwork, snow shovelling, transportation) which is further expanding their opportunities for social interaction and existing social networks. This is making it easier for participating seniors to ask for help through the program and is reducing stress for family members who are concerned about their senior relative living alone.

***Outcome 5: The Better at Home program has had positive impacts on senior's independence or ability to safely live alone.***

**Overall Assessment of Outcome:**

Feedback gathered from frontline care providers and family caregivers, and seniors suggests that the Better at Home program has positive impacts on senior's independence and ability to live safely alone. Specifically, 54 (90.0%) frontline care providers and family caregivers agreed or strongly agreed with the following statement: *For seniors receiving program services, the Better at Home program has had positive impacts on senior's independence or ability to live safely alone*. In addition, 57 (96.6%) of seniors surveyed report that *I am better able to live by myself because of the Better at Home program*. Other feedback suggests that the availability of Better at Home services may be reducing some of the concern or worries that family members have about senior relatives living on their own. For example, 35 (60.3%) seniors surveyed report that the *Better at Home program has given my caregiver more confidence that I can live safely at home* (Note: 22 or 37.9% didn't know/had no opinion). In addition, 33 (59.9%) of seniors surveyed reported that the *Better at Home program has led to my caregiver*



***Outcome 5: The Better at Home program has had positive impacts on senior's independence or ability to safely live alone.***

worrying less about me living safely at home (Note: 24 or 41.4% didn't know/had no opinion).

This pilot project has made living alone more safe for participating seniors by removing hazards in their living conditions, offering assistance to seniors so that they are less likely to attempt to do things around their homes that they are no longer able to safely do for themselves and expanding the network of individuals that they can call upon for help.

***Outcome 6: The Better at Home program has had positive impacts on senior's connection with the community.***

**Overall Assessment of Outcome:**

The majority of frontline care providers and family caregivers report that the Better at Home program has had positive impacts on senior's connection with the community. For instance, 45 (75%) frontline care providers and family caregivers agreeing or strongly agreeing with the following statement: *For seniors receiving program services, the Better at Home program has had positive impacts on senior's connection with the community.* (Note: 13 (21.7%) did not know or had no opinion).

While other groups were not asked about this outcome specifically, a number of the open ended responses indicate that the Better at Home program has positive impacts on senior's connection with the community by: removing barriers that prevent seniors from leaving their homes and getting out in the community; strengthening community bonds where seniors feel valued; and providing opportunities for seniors to volunteer and contribute to the community.

***Outcome 7: Services to seniors are provided differently now in my community or region as a result of Better at Home.***

**Overall Assessment of Outcome:**

The majority of organizational leaders, and frontline care providers and family caregivers reported that Better at Home has affected the way that services are provided to seniors in their community or region. Specifically, 35 (76.1%) organizational leaders and 44 (74.5%) of frontline care providers and family caregivers agreed or strongly agreed with the following statement: *Services to seniors are provided differently now in my community or region as a result of Better at Home.*

The Better at Home Rural and Remote Pilot project has enhanced local services for seniors by providing new non-medical home support services that did not exist previously, introducing a formalized process that connects seniors who need help with those who are able to provide it, and increasing awareness of local senior needs as well as the types of services and supports that are available.

A series of recommendations have been articulated in the body of this report.

## 2. Introduction

Managed by the United Way of the Lower Mainland (UWLM) and funded through the Government of British Columbia, Better at Home (BH) is a non-medical home support program which seeks to help seniors continue to live independently in their own homes and remain connected to their communities. BH provides support services designed to assist seniors with simple day-to-day tasks and are delivered primarily by local non-profit organizations. Services provided across the 67 program locations included:

- Light yard work
- Minor home repairs
- Light housekeeping
- Friendly visiting
- Transportation to appointments
- Snow shoveling
- Grocery shopping

In April 2015, the Better at Home Rural and Remote Pilot Project was launched in six (6) rural sites across BC to test new approaches for delivering the Better at Home services in hard-to-serve rural and remote communities, and inform BH efforts to effectively serve seniors in these areas. The purpose of this evaluation was to measure the impact of six (6) BH programs (delivered across 12 sub-sites) in the following areas:

- Arrow Lakes
- Columbia Valley
- Granisle
- North Central BC
- Robson Valley
- Southern Gulf Islands

### Structure of the Report

The next section of this evaluation report outlines the evaluation methodology, which includes the evaluation's guiding questions and summary of the data collection process. The subsequent section presents evaluation findings on project context, the implementation features of Better at Home rural and remote pilot project, and outcomes and impacts of the pilot project. The final section offers recommendations.

In addition to this report, community profiles for each of the six (6) Better at Home pilot sites, complete analysis of evaluation data (organizational leaders and provincial stakeholders, frontline care providers and family caregivers, and seniors) and data collection instruments are available as separate technical appendices.

### 3. Methodology

Due to the multi-stakeholder nature of this program evaluation, a Utilization Focused Evaluation (U-FE) approach was employed, which is relevant because of the participatory processes it involved. Users (i.e., people with a direct, identifiable stake in the evaluation) were identified at the start of the evaluation process and became active participants in the evaluation design and implementation process. In consultation with the UWLM Provincial Office, and a project advisory group, a detailed evaluation plan was developed. The plan specified the guiding questions, activities and points of engagements with the UWLM and stakeholders, as well as the evaluation methods, timelines of activities, and milestones.

#### 3.1. Guiding Questions

For the purpose of this evaluation, three (3) sets of guiding questions were developed to inform the United Way of the Lower Mainland's understanding of the six (6) Better at Home (BH) pilot project sites (12 total sub-sites) in rural and remote areas of BC:

- Context: How does the context (rural and remote program sites) that surrounds BH influence its implementation and outcomes? How can BH best serve seniors living in rural and remote communities?
- Implementation: What are the characteristic features of the implementation of BH in rural and remote program sites? How has the implementation approach influenced program achievements in rural and remote program sites? What promising practices are being used to serve rural seniors in BH-funded and other programs? What types of approaches are best for non-medical support services for seniors in rural and remote communities?
- Outcomes and Impacts: What is the impact of BH on those involved in the program? How are things different today for seniors and communities as a result of BH? What types of recommendations are needed to continue to make improvements to the pilot project moving forward? How and to what degree should the remote and rural pilot project be integrated into the BH program moving forward?

#### 3.2. Glossary of Key Stakeholders

As part of this project, the evaluation team engaged with the following groups of stakeholders involved in the Better at Home Rural and Remote Pilot Project:

- Organizational leaders;
- Provincial stakeholders;
- Frontline care providers and family caregivers; and,
- Senior clients.

Each of these groups is defined below. Please note that the responses from the following groups were aggregated to protect the confidentiality of evaluation participants.

**Organizational leaders:** This category includes the local Better at Home program coordinators as well as other key staff from the host organization, such as the Executive Director. It also includes other local community leaders with a mandate or interest in seniors care, and those who provided program leadership, oversight and governance to the local Better at Home program. Some illustrative examples of local organizational leaders who are engaged in the Better at Home program include representatives from local seniors citizens associations, health authorities, seniors housing complexes and societies, non-profit community service organizations, Municipal Council, local libraries, and health centres.

**Provincial stakeholders:** This category includes representatives from United Way regional offices across BC that regularly engage with local Better at Home programs in their catchment areas (including the Rural and Remote Pilot Project sites). It also includes representatives from provincial agencies with a mandate to serve seniors such as the BC Community Response Network, BC Healthy Communities, the Canadian Red Cross and the Alzheimer Society. Some of these groups have been involved in providing advice and training to local Better at Home programs through various workshops and helping to refer individuals to the Better at Home program.

**Frontline care providers and family caregivers:** This category includes frontline care providers who provide services directly to Better at Home senior clients such as volunteers, paid staff from the host organization, and paid contractors who are hired through the Better at Home Program to provide services such as housekeeping. It also includes family caregivers of seniors receiving Better at Home services, such as friends, adult children and/or spouses.

**Senior clients:** This category includes senior clients who are currently receiving Better at Home services in their community.

### 3.3. Summary of Evaluation Activities

A comprehensive mixed-methods approach was undertaken to evaluate UWLM's Better at Home Rural and Remote Pilot Project. Both qualitative and quantitative data were utilized to capture broader and granular aspects of Better at Home program characteristics. Statistical analysis was employed for analyzing quantitative data such as close-ended interview and survey questions, while qualitative analysis involved identifying common themes from open-ended interview and survey questions. A total of three (3) data collection instruments were developed for this evaluation:

- Organizational Leader/Provincial Stakeholder Interview Instrument (24 questions);
- Frontline Care Provider and Family Caregiver Interview Instrument (27 questions); and,
- Seniors Survey Instrument (17 questions).

The evaluation team engaged in a number of evaluation activities since December 2016, including:

- Engagement with Better at Home Coordinators and local organizational leaders, and provincial stakeholders;
- Frontline care interview training for engaging seniors receiving Better at Home funded services;
- Coordination of site visits and engagement with frontline care providers and family caregivers;
- Development of community profiles and posters for each of the six (6) Better at Home sites; and,
- Development of interim and final reports.

### ENGAGEMENT WITH BETTER AT HOME COORDINATORS AND LOCAL ORGANIZATIONAL LEADERS, AND PROVINCIAL STAKEHOLDERS

Organizational leaders such as Better at Home coordinators, managers and executive directors from Better at Home sites and sub-sites participating in the pilot project were invited to participate in a 30 minute phone interview between December 2016 and February 2017. During the interviews with Better at Home coordinators and key decision-makers involved in the design and delivery of the Better at Home program across the 12 communities, they were asked to identify other community leaders who were knowledgeable of the Better at Home program, and could offer feedback and suggestions for improvements.

A total of forty-nine (49) organizational leaders, including twelve (12) Better at Home coordinators, were interviewed from Better at Home sites and sub-sites. The following table provides more information about the organizational leaders interviews.

Better at Home Site	Respondents	
	Number	Proportion
Arrow Lakes - Nakusp	7	14.3%
Columbia Valley - Invermere	8	16.3%
Granisle	3	6.1%
North Central BC – Fraser Lake, Vanderhoof, Fort Saint James	6	12.2%
Robson Valley – McBride, Valemount	9	18.4%
Southern Gulf Islands – Pender Island, Mayne Island, Galiano Island, Saturna Island	16	32.7%
<b>Total</b>	<b>49</b>	<b>100.0%</b>

In addition, interviews with eleven (11) provincial stakeholders (not based in the community but knowledgeable about issues affecting rural seniors) were conducted using the same interview instrument. UWLM provided a contact list of provincial stakeholders that could help to inform the evaluation of the Better at Home Rural and Remote Pilot Project. A total of sixty (60) individual stakeholders participated in this part of the evaluation.

## FRONTLINE CARE INTERVIEW TRAINING FOR ENGAGING SENIORS RECEIVING BETTER AT HOME FUNDED SERVICES

Better at Home contractors and volunteers were provided training by the evaluation team to administer surveys to seniors receiving Better at Home services. The purpose of the training was to assist Better at Home staff and volunteers involved in this data collection process, and help them to facilitate the survey distribution and collection process. Two (2) conference calls were held on December 16<sup>th</sup>, 2016 with 4 participants, and January 18<sup>th</sup>, 2017 with 5 participants. A total of sixty-nine (69) seniors receiving the Better at Home services responded to the survey.

Better at Home Site	Respondents	
	Number	Proportion
Arrow Lakes - Nakusp	3	4.3%
Columbia Valley - Invermere	5	7.2%
Granisle	18	26.1%
North Central BC – Fraser Lake, Vanderhoof, Fort Saint James	7	10.1%
Robson Valley – McBride, Valemount	1	1.4%
Southern Gulf Islands – Pender Island, Mayne Island, Galiano Island, Saturna Island	35	50.7%
<b>Total</b>	<b>69</b>	<b>100.0%</b>

## COORDINATION OF SITE VISITS AND ENGAGEMENT WITH FRONTLINE CARE PROVIDERS AND FAMILY CAREGIVERS

The evaluation team collaborated with Better at Home coordinators from each of the six (6) Better at Home sites (12 sub-sites in total) to arrange site visits in January and early February 2017. The evaluation team worked in collaboration with local Better at Home coordinators to identify a suitable date for the site visit, secure a meeting space to hold interviews, develop the outreach process for our interview target audience, and identify key contacts and schedule the interviews. Most communities were visited during the week of January 23<sup>rd</sup> to 27<sup>th</sup>, 2017. The following table provides details of these site visits.

Better at Home Site	Community	Date of Visit
Arrow Lakes	Nakusp	January 26th and 27th
Columbia Valley*	Invermere	February 6th and 7th
Granisle	Granisle	January 26th and 27th
North Central BC	Fraser Lake	January 25th and 26th
North Central BC	Fort Saint James	January 24th and 25th
North Central BC	Vanderhoof	January 23rd and 24th
Robson Valley	McBride	January 31st and February 1st
Robson Valley	Valemount	February 1st and 2nd
Southern Gulf Islands	Pender Island	January 26th
Southern Gulf Islands	Mayne Island	January 23rd
Southern Gulf Islands	Galiano Island	January 24th
Southern Gulf Islands	Saturna Island	January 27th

\* Due to hazardous winter road conditions, Columbia Valley site visit was cancelled.

During the site visits, a total of sixty (60) interviews with frontline care providers such as volunteers/staff/contractors involved in delivering Better at Home services, as well as family caregivers of clients receiving Better at Home services were conducted. In cases where individuals were not available to meet in person, alternate arrangements were made to participate in the interview via phone. The following table provides more information about frontline care provider and family caregiver interviews.

Better at Home Site	Respondents	
	Number	Proportion
Arrow Lakes	4	6.7%
Columbia Valley	3	5.0%
Granisle	5	8.3%
North Central BC	15	25.0%
Robson Valley	12	20.0%
Southern Gulf Islands	21	35.0%
<b>Total</b>	<b>60</b>	<b>100.0%</b>

In addition, site visits were intended to inform the evaluation team of each community's unique context and available programs and services. New information obtained from these site visits was included in the community profiles.

## DEVELOPMENT OF COMMUNITY PROFILES

A total of six (6) community profiles were developed for each Better at Home sites that are part of the pilot project: Arrow Lakes, Columbia Valley, Granisle, North Central BC, Robson Valley and Southern Gulf Islands.

Each community profile included the following: a description of the geographic context of the Better at Home site; demographic data for the local seniors' population; a description of the implementation features of the Better at Home program; demographic data for the site's current Better at Home clients; as well as an inventory of other available services accessed by seniors in the local area. A series of six (6) Better at Home community posters were also produced as part of this evaluation.

## DEVELOPMENT OF INTERIM AND FINAL REPORTS

An interim progress report, along with draft community profiles, was developed and submitted to the UWLM on January 19<sup>th</sup>, 2017. The interim report presented an overview of evaluation progress and updates on data collection activities. This final report and related technical appendices constitute the final deliverables for the project.



## 4. Evaluation Findings

This section presents key findings from the evaluation of the Better at Home Rural and Remote Pilot Project. Key findings are organized into three sub-sections based on guiding questions:

- Context;
- Implementation; and,
- Outcomes and Impacts.

Full analysis of data collected can be found in separate technical appendices A, B and C.

### 4.1. Context

As part of this evaluation, the six (6) Better at Home sites (including 12 sub-sites) involved in the Rural and Remote Pilot Project were studied. The rural and remote communities hosting the Better at Home program face unique challenges including priority challenges such as transportation and food security. It is important to understand the rural and remote context in which Better at Home is being delivered to seniors in communities so future efforts can respond to context factors.

The non-medical support services available in rural and remote communities ranged from services provided through the Better at Home program, food programs such as the Meals on Wheels and community lunches, recreation and physical activity programs, to housing and community bus services. The Better at Home services often included housekeeping, yard work, minor home repairs, grocery shopping, snow shoveling, transportation and friendly visits. However, the range of services available to seniors varied from community to community. Depending on available resources, some communities were able to offer more services than others. According to organizational leaders, some of the most utilized non-medical services in rural and remote Better at Home sites were housekeeping, snow shoveling and volunteer driving.

Five (5) prominent themes emerged from interviews with organizational leaders, provincial stakeholders, and frontline care providers and family caregivers:

#### *Transportation Challenges*

Transportation was identified as a significant challenge in rural and remote communities, especially for those who do not drive or have their own vehicle. These communities lacked public transit, taxi service and in some cases, even a greyhound bus or a community bus service. Respondents frequently mentioned having to travel 1.5 hours or more to a nearby community or urban centre for grocery shopping, prescription pick-ups or medical appointments. Seniors living in these communities relied on volunteer driving or help from neighbours for getting around. Lack of transportation was also a contributing factor to increased social isolation among seniors in these communities.

*“Transportation is still a huge gap. I think one of the big issues is the ability to connect people to services and while we have the services here in our community for seniors, there is a challenge to connect services with people because of the rural context.” – Organizational Leader*

### *Lack of funding and Resources*

Many rural and remote communities faced challenges in delivering a full basket of Better at Home services due to limited funding and resources. Some communities were left without what many would call core Better at Home services such as yard work, friendly visiting or snow shoveling. In other cases, waitlists in some communities posed a challenge for families who were in need of services immediately. In addition, respondents raised questions about sustainability of Better at Home program given the program’s reliance on volunteers and what many noted as inadequate funding for organizations to hire contractors to meet the demands for services.

*“We don’t have enough funds to provide non-medical help to all the people who are requesting the Better At Home.” – Organizational Leader*

### *Food Security*

Food security was an ongoing issue for seniors living in rural and remote communities where seniors faced difficulties accessing healthy, affordable food and were sometimes traveling long distances to grocery stores. Seniors often required assistance with grocery shopping. Respondents noted that frail seniors also had difficulty preparing healthy meals on their own. Some communities filled the gaps in services by offering food programs such as Meals on Wheels or community lunches for seniors where they can eat healthy and nutritious meal.

*“[We don’t have a grocery store any more] We have two corner grocery stores but they are really small. We have fields which has a bit of dry goods. The major shopping happens in Burns Lake/Vanderhoof/Prince George. The Vanderhoof COOP was nice enough to deliver groceries for a \$15 fee to the legion. I don't know how many people took part. At first, it was really popular and then it became less popular. It is now defunct. It was really nice for them to do that.” – Frontline Care Provider*

### *Recruitment and Retention of Volunteers*

Many Better at Home sites relied heavily on volunteers in the community to deliver services to seniors, while some communities only employed contractors or had a mix of contractors and volunteers. Respondents often expressed difficulties attracting and retaining volunteers. In small rural and remote communities, lack of volunteers was inevitable given the small population size and high number of seniors. For example, at least one community relied on seasonal residents for volunteering and as a

result, they faced shortages of volunteers during winter months. In other communities, reaching out to members of community to volunteer their time yielded very little to no engagement with the program. There was also a concern about lack of formal training available to volunteers delivering Better at Home services.

*“Volunteer recruitment and retention is a big problem. There is a perception that the province is downloading onto the community without appropriate supports and resources in place. Need much better training for volunteers and they have to be supported on an ongoing basis. There is also a perception that the government is misusing the generosity of volunteers.” – Provincial Stakeholder*

#### *Lack of Awareness among Seniors*

In rural and remote communities, many seniors lacked awareness about the Better at Home services that were available to them. Currently, most seniors were referred to the Better at Home program through physicians, nurse practitioners, home and community care nurses, neighbours, and family members. Respondents noted the need to reach out to seniors who were less connected in the community, especially those who were without the support of family and friends. Furthermore, there was a concern that independent seniors were not comfortable asking others for help.

*“I think there should maybe be more advertising for Better at Home, to get the word out there. It would be good to meet more people who are living off the grid.” – Frontline Care Provider*

## **4.2. Implementation**

#### *Characteristic Features of the Implementation of Better at Home in Rural and Remote Program Sites*

Better at Home programs in rural and remote communities were unique in that communities were allowed to be flexible in their approach to implementing Better at Home services. For host organizations that were already offering similar types of services, Better at Home complemented the existing community assets in the community. For others, implementation process meant developing Better at Home program from scratch. This flexibility resulted in variability of services available to seniors in different communities.

*“I think that it’s good that it’s flexible, the way that it is, in terms of being able to meet your community’s needs because every community has slightly different needs.” – Organizational Leader*

*“We have had the freedom to roll it out in a way that meets our needs. We have been able to identify our priorities and roll those out in a way that captures the attention of seniors in the community.” – Organizational Leader*

*“[We are] directed by seniors [about] what they want from us. They still feel empowered and [get] what they want. It is a pay what you can program. I think that speaks to empowerment.” – Frontline Care Provider*

In most communities, coordinators played a critical role in delivering Better at Home in their respective organizations. They were responsible for every aspects of delivery of the program from reaching out to potential clients and volunteers, processing applications, assessing clients’ needs, to matching volunteers and contractors with clients. The coordinator took a personalized approach to matching clients with volunteers and contractors who shared similar interests and personalities.

In addition, Better at Home sites engaged in different outreach strategies such as presentations to community groups, advertisements in the local newspaper or magazine, and mail outs to increase awareness about the Better at Home program. Word of mouth also played a role in spreading the word about the program. At the same time, respondents noticed that rural seniors were sometimes reluctant to ask for help when they needed it.

*“We have a lot of independent seniors. They might be more independent in rural communities than in the City. They are used to being on their own. That is the very problem that needs the Better at Home program. They are really independent and think they don’t need the help, but they really do need the help. They are so grateful when you spend some time with them. Quite often they have family in the area, but they are also busy with their own families and don’t have the time that they would like to have.” – Frontline Care Provider*

Many rural and remote communities faced challenges of managing and delivering Better at Home program with limited funding. Lack of funding often hindered some communities to provide essential services such as housekeeping, transportation or yard work.

*“There should be some reallocation of funds or equitable distribution of funds based on the services delivered and the needs in the community.” – Provincial Stakeholder*

### *Promising Practices for Non-Medical Support Services*

Some promising practices identified for non-medical support services in rural and remote communities included Better at Home services, home support services such as meal preparation, informal support from community members, food programs, and other social and recreational activities such as yoga, bingo and carpet bowling. Respondents noted that friendly visiting component of Better at Home services helped increase social connectedness between seniors and volunteers.

In addition, transportation support for seniors and other Better at Home services such as housekeeping, snow removal and yard work were promising practices for allowing seniors live independently and safely in their own home.

*“Very promising that this kind of program [Better at Home] exists and can be developed, and implemented with potential.” – Organizational Leader*

#### *Key Considerations for Approaches to Serving Seniors in Rural and Remote Program Sites*

While Better at Home’s flexibility allowed for rural and remote communities to implement the program as they see fit, the following insights were offered by respondents on ways to customize and strengthen the Better at Home program.

- *Funding*  
(e.g., more funding is required to pay for contractors and rely less on volunteers; to meet demands for services; address transportation barriers; and streamline reporting requirements for coordinators so they are doing more coordinating of efforts and less reporting)
- *Expansion of the Program*  
(e.g., allocate more volunteer/contractor hours per client to support their needs; add meal preparation and cooking component to the Better at Home to offer seniors access to affordable, nutritious meals)
- *Outreach to Seniors in the Community*  
(e.g., increase awareness of the Better at Home program; increase awareness of other senior services that are available in the community)
- *Outreach to Recruit and Retain Volunteers*  
(e.g., assess local volunteer capacity; attract more volunteers; provide training for volunteers; recognize volunteers for their hard work)
- *Local Priorities*  
(e.g., understand and respect remote community context in delivering Better at Home services; connect with local communities; deliver services locally)
- *Communication and Knowledge Sharing*  
(e.g., share information about goals and successes of other communities; communicate with other local service providers)

### 4.3. Outcomes and Impacts

In order to understand the degree to which the Better at Home Rural and Remote Pilot Project achieved its intended outcomes and impacts, we interviewed *Organizational Leaders, Provincial Leaders, Frontline Care Providers and Family Caregivers* and surveyed *Senior Clients* receiving Better at Home services to gather their perspectives on project outcomes and impacts.

The intended outcomes and impacts are as follows:

1. Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes.
2. The Better at Home program in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.
3. Better at Home services in my community have helped seniors to remain living independently in their homes.
4. The Better at Home program has had positive impacts on the isolation and/or loneliness of seniors.
5. The Better at Home program has had positive impacts on senior's independence or ability to live safely alone.
6. The Better at Home program has had positive impacts on senior's connection with the community.
7. Services to seniors are provided differently now in my community or region as a result of Better at Home.

This section explores each of these intended outcomes and impacts individually and outlines the extent to which each of these outcomes has been achieved. In general, the feedback received from *Organizational Leaders, Provincial Leaders, Frontline Care Providers and Family Caregivers, and Senior Clients* suggests that the Rural and Remote Pilot Project has resulted in positive outcomes for participating communities by reducing gaps in services and making it easier for seniors to remain living independently and safely in their homes.

It has also helped to address issues of social isolation and loneliness for seniors and had positive impacts on seniors' connection to their communities. It has accomplished this by providing access to services that were not previously available and by connecting those who are in a position to offer assistance with those who need the help. The feedback also suggests that there have been some constraints with the implementation of the program due to limited funding and challenges with recruiting and retaining volunteers which in some cases has limited the range of services offered in particular contexts, as well as the number of seniors reached through the pilot project.

***Outcome 1: Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes.***

**Overall Assessment of Outcome:**

The majority of frontline care providers and family caregivers, organizational leaders, and provincial stakeholders indicated that the Better at Home program in their communities has helped to reduce the gaps in services for seniors to remain living independently in their homes. Specifically 54 (90.0%) frontline care providers and family caregivers, 42 (89.3%) organizational leaders and 6 (66.7%) provincial stakeholders agreed or strongly agreed with the following statement: *Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes.* Feedback from seniors accessing Better at Home services also suggests that the Better at Home program has made it easier for them to remain living independently in their homes, since 57 (96.6%) seniors surveyed for this evaluation reported *I am better able to live by myself because of the Better at Home program.*

Across the six sites, the Better at Home program has reduced the gaps in services for seniors to remain living independently in their homes by: offering non-medical home support services that were not previously available in the communities; providing a point of contact for seniors to reach out to if they need help; offering free/low cost services to low income seniors who cannot typically afford to pay for outside help; and supporting socially isolated seniors who do not have friends and family nearby who can help. While the community feedback suggests that the program has reduced gaps in services, some of the feedback also suggests that funding constraints have limited the range of services offered in some communities as well as the number of seniors reached by the program.

**Related Discussion:**

*How has the Better at Home program reduced gaps in services?*

Feedback from frontline care providers and family caregivers, organizational leaders, provincial stakeholders and seniors suggests that Better at Home has reduced gaps in services that make it challenging or difficult for seniors to remain at home. Specifically, the Better at Home Rural and Remote Pilot Project has:

- provided a Better at Home coordinator in each participating community that seniors can call if they need help;
- introduced non-medical home support services within participating communities that were not previously available (such as friendly visiting, light housekeeping, transportation to appointments, snow shovelling, light yard work, minor home repairs, grocery shopping);
- provided low cost and/or free supports to low income seniors who cannot typically afford to pay for outside help; and,
- supported seniors who are socially isolated and do not have family and friends nearby who can help.

*What are the challenges/limitations around realizing this intended outcome?*

While the feedback has identified that the program has certainly reduced the gaps in services and has helped people stay at home, some respondents also indicated that funding constraints has limited the scope and the scale of the program that they can offer. In some contexts, the Better at Home

program is not able to offer the full basket of services (i.e. friendly visiting, light housekeeping, transportation to appointments, snow shovelling, light yard work, minor home repairs, grocery shopping):

- *“It has helped, but only to a minimum standard because of funding dollars. We are currently borrowing money from another program [to operate Better at Home].” – Frontline Care Provider*
- *“There is no funding to expand services at this time. There are more people who want housekeeping.” – Frontline Care Provider*

In some contexts, funding constraints is limiting outreach because the organizations are concerned about not being able to meet the demand for services.

- *“Money is also a challenge – we don’t push the program because we don’t know how much funding we really have.” – Organizational Leader*

In some situations, Better at Home programs are encountering constraints with Better at Home’s volunteer based model and challenges recruiting and retaining volunteers.

- *“What our main problem is that we don’t have enough volunteers to do everything that you want to do.” -- Organizational Leader*
- *“I think if we are really serious about maintaining independence for seniors in their homes, we do need to have more money in the budget. It’s difficult to manage this program based on [the] the good will of volunteers.” -- Provincial Stakeholder*

***Outcome 2: The Better at Home program in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.***

**Overall Assessment of Outcome:**

The majority of frontline care providers and family caregivers, and organizational leaders indicated that their local Better at Home program is aligned with Better at Home objectives and goals and that the overall approach is relevant and effective at delivering non-medical home support services to local rural and remote seniors. For example, 52 (88.1%) frontline care providers and family caregivers agreed or strongly agreed with the following statement: *From your perspective, the approach we have taken in implementing Better at Home in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.* In addition, 36 (83.7%) organizational leaders agreed or strongly agreed with the following statement: *Our way of running the Better at Home program in our community has allowed us to achieved the goals of Better at Home, and at the same time, make the program relevant to local seniors.*

Overall, the feedback gathered suggests that the Better at Home model is working well because it is flexible, which allows local organizers to adapt the Better at Home program approach to the local context and community needs. Because each rural and remote community is distinct and has their



own unique community assets and gaps, flexibility in implementation is perceived to be essential in rural and remote contexts. Information gathered through the evaluation also suggests that the services offered through the Better at Home Rural and Remote Pilot Project fit well within the parameters of the program's objectives since they are non-medical home support services that support seniors who wish to live independently in their homes.

#### **Related Discussion:**

##### *How is the program's approach relevant and effective?*

Respondents identified that one of the strengths of the Better at Home Rural and Remote Pilot Project was the flexibility around program design and implementation at the local level. This made it possible for local organizations to develop their own unique implementation approach that built upon existing community assets, addressed local gaps and reflected community priorities.

- *"We have had the freedom to roll it out in a way that meets our needs. We have been able to identify our priorities and roll those out in a way that captures the attention of seniors in the community."* – Organizational Leader

In general, the feedback suggests that rural communities need more flexibility in implementation because of the unique context of different communities where some services are available locally while other services are not. As a result, there can be significant differences in costs for basic services and unique transportation challenges for seniors who do not drive or are not comfortable driving in winter road conditions. For example, some of the smaller communities have basic services available locally while other communities have lost their only grocery store and seniors have to travel to other communities to purchase groceries or refill their prescriptions.

- *"There should be some reallocation of funds or equitable distribution of funds based on the services delivered and the needs in the community, not a model where every community gets this [set amount]."* – Provincial Stakeholder
- *"The rural and remote communities need to be treated differently because the cost of groceries, gas, and transportation is much higher. A one-size-fits-all approach to providing services does not work. It is important to plan around the client and plan according to specific needs."* – Organizational Leader

While participating seniors were not asked to comment specifically on the Better at Home program's relevance and/or effectiveness, the feedback received from seniors suggests that they felt that the Better at Home services were relevant and needed:

- *"It is one of the best things that has ever happened to this town. I think it should be available province-wide."* – Senior Participant
- *"They should have Better at Home in more small communities so that people can live at home as they get older, not in a nursing home. I will live in my home as long as I can until the end."* – Senior Participant

##### *What are the challenges/limitations around realizing this intended outcome?*

Some respondents questioned the overall effectiveness of the program, because they had some concerns around the adequacy of current funding levels.

- “Disagree. They need more money to keep the program running and to offer more services.” – Frontline Care Provider
- “The model fits quite well, but they need more funding” – Organizational Leader

While local volunteers were viewed to be an important asset of the program, there were concerns raised that a primarily volunteer-based model would not have the capacity to meet growing demand for non-medical home support services in rural and remote communities.

- “The funding is not there especially when you have a small volunteer base that is totally burned out to begin with. Everything is so small scale. The need is expanding.” – Frontline Care Provider

### ***Outcome 3: The Better at Home services in my community have helped seniors to remain living independently in their homes.***

#### **Overall Assessment of Outcome:**

Feedback from frontline care providers and family caregivers, organizational leaders, and provincial stakeholders suggests that the Better at Home program has helped seniors to remain living independently in their homes. Specifically, 57 (95.0%) frontline care providers and family caregivers, 40 (85.1%) organizational leaders, and 8 (80.0%) provincial stakeholders agreed or strongly agreed with the following statement: *The Better at Home services in my community have helped seniors to remain living independently in their homes.*

Feedback from seniors accessing Better at Home services also suggests that the Better at Home program has made it easier for them to remain living independently in their homes, since 57 (96.6%) of seniors surveyed for this evaluation reported *I am better able to live by myself because of the Better at Home program* and 54 (91.5%) seniors surveyed report that the Better at Home program *has helped to reduce difficulties I have in doing some activities.*

The Better at Home Rural and Remote Pilot Project has supported seniors independence by inviting local seniors to identify their own non-medical home support needs and request assistance through the project. This has allowed participating seniors to request services that reflect the unique needs of rural seniors (i.e. help with firewood) and has bridged the gap between what needs to get done in order for seniors to remain living independently at home and what they are still able to do for themselves. Feedback suggests that some senior participants would have had to move if they had not had access to Better at Home services and they have been able to remain at home.

#### **Related Discussion:**

*How does the program help seniors live more independently and stay at home?*

The Better at Home program supports seniors independence by putting local seniors in charge of identifying their own non-medical home support needs and requesting the necessary supports through the program.

- *“I like the way [that the Better at Home has] thought about seniors in a way that they are independent and can choose services.” – Organizational Leader*
- *“[We are] directed by seniors [about] what they want from us. They still feel empowered and [get] what they want. It is a pay what you can program. I think that speaks to empowerment.” – Frontline Care Provider*

As a result, some of the individual services accessed by rural and remote seniors reflect the unique needs of rural seniors, such as help chopping firewood for winter heating.

- *“Sometimes [it] makes a big difference – help with firewood got us through the winter. Takes it out of the realm of really difficult to the yes, this is possible! Makes our lifestyle more viable.” – Senior Participant*

Through offering non-medical home support services to seniors, the Better at Home program helps to bridge the gap between what needs to get done in order for a senior to remain living independently at home and what they are still able to do for themselves. By offering support as needed, the Better at Home program makes it more possible for aging seniors to maintain their homes and live on their own.

- *[Better at Home services allow seniors to remain living in their homes by keeping] their house clean, safe, and a pleasant environment for them to remain in.” – Organizational Leader*

At minimum, the Better at Home program improves independence and quality of life for seniors who are struggling to live independently. In some cases, local seniors are reporting that they would have had to move away from their home if they had not had access to services through Better at Home.

- *“Makes it easier for me to say in my home. Very glad this program came to Nakusp. It has certainly made things easier for me. I am not ready to go into a home.” – Senior Participant*
- *“I know every time I come, the person I help is so appreciative. He says if I wasn’t coming, he would have to move to a senior’s home and he doesn’t want that.” – Frontline Care Provider*
- *More independence and helps me to be able to stay on my own.” – Senior Participant*

The Better at Home program also makes rural and remote seniors less reliant on friends and family for non-medical home support needs. This is significant since not everyone has close friends and family who live nearby or if they do, the family members do not necessarily have time available when seniors need the help. Through the Better at Home program, seniors living in rural and remote communities have access to other volunteers/contractors who can help drive them to medical appointments during the work week and/or help around the house.

- *“They used to have to wait for their families to help them out. This program gives [seniors] their independence. This program opens the door for them to do what they need to do on their own.” -- Organizational Leader*

**Outcome 4: The Better at Home program has had positive impacts on the isolation and/or loneliness of seniors.**

**Overall Assessment of Outcome:**

The majority of seniors, frontline care providers and family caregivers, provincial leaders, and organizational leaders report that the Better at Home program has had positive impacts on the isolation and/or loneliness of seniors. For example, 50 (84.7%) of seniors surveyed reported *I feel less lonely because of the Better at Home program*. Moreover, 53 (91.3%) frontline care providers and family caregivers agreed or strongly agreed with the following statement: *For seniors receiving program services, the Better at Home program has had positive impacts on the isolation and/or loneliness of seniors*. In addition, 7 (100.0%) provincial leaders and 42 (89.4%) organizational leaders agreed or strongly agreed with the following statement: *The Better at Home program has had positive impacts on seniors receiving the program's services (including seniors isolation, loneliness and other impacts)*.

The Better at Home Rural and Remote Pilot Project has helped to reduce loneliness/isolation among participating seniors by matching isolated seniors with friendly visitors and planning social activities for seniors. They are also socializing with the volunteers/contractors who provide other non-medical home support services (e.g. housekeeping, yardwork, snow shovelling, transportation) which is further expanding their opportunities for social interaction and existing social networks. This is making it easier for participating seniors to ask for help through the program and is reducing stress for family members who are concerned about their senior relative living alone.

**Related Discussion:**

*How does the program have a positive impact on isolation/loneliness among seniors?*

The Better at Home coordinators help to support lonely and isolated seniors through matching the seniors with friendly visitors who stop by and visit them in their homes. Feedback from frontline care providers and family caregivers suggests that the Better at Home coordinators are often putting a lot of care and attention into matching seniors with compatible volunteers that share similar backgrounds and interests.

- *"The director does an excellent job trying to match up clients with her volunteers. [Considers] what they like to do and similar interests. Director is extremely nice woman and caring individual. She works really hard that we are matched up well."* – Frontline Care Provider

The feedback received suggests that seniors are forming new friendships and social connections through the program:

- *"The program is really helping widows and widowers who have recently lost their spouse and don't know how to cope. The friendships and relationships that form are incredible."* – Organizational Leader

As seniors become less socially isolated, it is also making it easier for some seniors to come forward with their needs and ask for other services through the program. It helps to overcome some of the stigma around asking for help:

- *“Personal matching with seniors [is effective]. If you get along with someone, they are more likely to be open with what their needs are. For some people, it is hard to admit they need help. If there is comfort and there is a match, it makes the service much stronger” – Frontline Care Provider*

Another way that the program is reducing social isolation is by putting isolated seniors into contact with volunteers/contractors who provide them with other services such as transportation to appointments, light housekeeping, yard work, or snow shovelling. Quite often these individuals are socializing and chatting with the seniors as they work, take the time to visit afterwards over a cup of coffee and/or tea, and are forming new social connections.

- *“There is a social benefit. The people who go in and do the cleaning, they are not flying around in someone’s house. They are taking the time to talk and have a cup of tea. The same with the people doing the snow shovelling. Some of these people may not see a lot of people. So it is good interaction for them.” – Family Caregiver*

Addressing issues of social isolation and loneliness among Better at Home clients also helps to reduce stress for family members who are concerned about their senior relative living alone.

- *“The feedback we have from family – they have been very happy with visiting. It reduces the amount of their stress. In some situations we have families not living in the same community as the senior. Families are able to get back to work and know their family member is still able to enjoy some level of independence but someone is checking in and engaging them.” – Organizational Leader*

#### ***Outcome 5: The Better at Home program has had positive impacts on senior’s independence or ability to safely live alone.***

##### **Overall Assessment of Outcome:**

Feedback gathered from frontline care provider and family caregivers, and seniors suggests that the Better at Home program has positive impacts on senior’s independence and ability to live safely alone. Specifically, 54 (90.0%) frontline care providers and family caregivers agreed or strongly agreed with the following statement: *For seniors receiving program services, the Better at Home program has had positive impacts on senior’s independence or ability to live safely alone.* In addition, 57 (96.6%) of seniors surveyed report that *I am better able to live by myself because of the Better at Home program.*

Other feedback suggests that the availability of Better at Home services may be reducing some of the concern or worries that family members have about senior relatives living on their own. For example, 35 (60.3%) of seniors surveyed report that *the Better at Home program has given my caregiver more confidence that I can live safely at home* (Note: 22 or 37.9% didn’t know/had no opinion). In addition, 33 (59.9%) of seniors surveyed reported that *the Better at Home program has led to my caregiver worrying less about me living safely at home* (Note: 24 or 41.4% didn’t know/had no opinion).

The pilot project has made living alone more safe for participating seniors by removing hazards in their living conditions, offering assistance to seniors so that they are less likely to attempt to do things around their homes that they are no longer able to safely do for themselves, and expanding the network of individuals that they can call upon for help.

**Related Discussion:**

*How does the program increase safety for seniors living alone?*

Access to services such as light housekeeping and home repair services is helping to enhance the safety of seniors' living conditions, when seniors are no longer able to physically do it by themselves. A cleaner and well-maintained home is a safer home because seniors are less likely to trip on clutter or a ripped carpet, slip on a snowy walkway, eat expired food from the fridge, or live in unhygienic conditions:

- *"There are a number of seniors who would have not have been able to stay in their homes safely without the support of Better at Home. Safety can be as simple as changing a worn or ripped carpet, putting in a handrail or tub safety bar."* – Frontline Care Provider
- *"Made the house safer. It's lifted a lot of the weight off my shoulders. We weren't able to afford other services because rates are too high."* – Senior Participant
- *"People are safer and more content. As people get elderly, they may not do housekeeping or change the food in their fridge. Seniors get a sense of what they are able to accomplish and maintain themselves."* – Organizational Leader

Because seniors have access to help and supports, they are less likely to attempt to do things by themselves that they can no longer safely do. This reduces the risk of injuries and other health issues.

- *"They are not struggling to cut the grass where they may potentially have a heart attack. They are not struggling to clean their bathroom walls where they may fall down and break a leg. There is a huge health benefit. For me, I don't worry that she is going to struggle and stand on the bathtub and clean the walls"* -- Family Caregiver

Since the Better at Home program reduces social isolation, senior clients have an expanded network of contacts that they can call on in an emergency situation when they need help. This improves the likelihood that they will get the assistance they need in a timely manner before the situation gets worse.

- *"They are still living at home. They feel safe and they know that there is somewhere to call if something happens. They feel safe calling after hours"* – Frontline Care Provider

Having supports in place also helps to reduce anxiety and worry for seniors living alone because they know that there is someone to reach out to if they need help.

- *"[The] anxiety level of the seniors [has] gone down. Seniors have a backup plan in addition to their families and friends. They have something to rely on."* – Organizational Leader
- *"I like 'my Jennifer.' She is the program. She makes it better and it makes me feel good knowing she is there whenever I need [her]."* – Senior Participant
- *"Knowing that it is there makes me feel more secure in case I need more services."* – Senior Participant

- *“Knowing the support is available, I don’t worry about a thing.” -- Senior participant*
- *“Because of my...health. I never know when I will have a flare up. It is nice to know someone will be [coming] by to help with things.” – Senior participant*

**Outcome 6: The Better at Home program has had positive impacts on senior’s connection with the community.**

**Overall Assessment of Outcome:**

The majority of frontline care providers and family caregivers report that the Better at Home program has had positive impacts on senior’s connection with the community. For instance, 45 (75%) frontline care providers and family caregivers agreeing or strongly agreeing with the following statement: *For seniors receiving program services, the Better at Home program has had positive impacts on senior’s connection with the community.* (Note: 13 (21.7%) did not know or had no opinion).

While other groups were not asked about this outcome specifically, a number of the open ended responses indicate that the Better at Home program has positive impacts on senior’s connection with the community by: removing barriers that prevent seniors from leaving their homes and getting out in the community; strengthening community bonds where seniors feel valued; providing opportunities for seniors to volunteer and contribute to the community.

**Related Discussion:**

*How does the Better at Home program make seniors more connected to community?*

Some of the clients served through Better at Home are often housebound because of their health and activity limitations. Better at Home helps to address barriers that keep seniors at home by offering transportation options for seniors who do not drive and shovelling walkways that keep some seniors housebound on snowy days. As housebound seniors leave their homes more often, they come into contact with other neighbours and community members around town.

- *“Was able to go out [because I] have a volunteer here.” -- Senior Participant*
- *“Helped me from being locked in my home because I cannot shovel snow” -- Senior Participant*
- *“Saved me from driving when I wasn’t able to. Saved me from the stress of being unable to do it.” – Senior Participant*
- *“As I don’t drive, it is wonderful to have drivers.” – Senior Participant*

In addition, as Better at Home clients form social connections with friendly visitors and volunteers, they are more likely to want to participate in community events and activities because they will know other people there.

- *“Agree. It takes time if they have been isolated for a while, they sometimes develop a fear of being in the community. Once you have contact, you can encourage them to do things like the Friday lunch and getting involved in the community.” – Frontline Care Provider*



- *“I think it would help my client feel more connected to community because she can barely walk and cannot get out much. She really enjoys our visits and her friendly visitor.” – Frontline Care Provider*

Better at Home also has the potential to have a positive impact on how aging seniors perceive their community and their place in it. Having access to help through the program, Better at Home has the potential to provide senior clients with a sense that their community cares about them and values them and their contribution to the community.

- *“I think that [Better at Home] helps strengthen community bonds. It helps seniors continue to feel part of the community...it makes them feel valued and that people in their community value them” -- Organizational Leader*
- *“Help from our support person helps us contribute to the community.” – Senior Participant*

The program also has a positive impact on the volunteers themselves, since many of the volunteers are also seniors. Feedback from the volunteers suggests that senior volunteers enjoy their work because they meet new people and it gives them a sense of purpose and connection to the community.

- *“[One of the benefits that they didn’t anticipate was] that most of the volunteers are over 70 as well. It is really good for them, keeping younger seniors out and about, keeps them healthy and keeps them going, keeps them involved and keeps them feeling good about themselves. In some ways, they are helping these people [the volunteering seniors] more by keeping them active. – Organizational Leader*
- *“I think it is really good for the community generally. This program provides a framework where people can do good things for each other.” -- Frontline Care Provider*
- *“I think other people see volunteers for Better at home and they come and ask if they can volunteer or they go over and offer to do something good. People want to do good things and want to be good people. It helps to break down barriers or the ice and people are more comfortable offering help. It is building community.” – Frontline Care Provider*

**Outcome 7: Services to seniors are provided differently now in my community or region as a result of Better at Home.**

**Overall Assessment of Outcome:**

The majority of organizational leaders, and frontline care providers and family caregivers reported that Better at Home has affected the way that services are provided to seniors in their community or region. Specifically, 35 (76.1%) organizational leaders and 44 (74.5%) of frontline care providers and family caregivers agreed or strongly agreed with the following statement: *Services to seniors are provided differently now in my community or region as a result of Better at Home.*

The Better at Home Rural and Remote Pilot project has enhanced local services for seniors by providing new non-medical home support services that did not exist previously, introducing a formalized process that connects seniors who need help with those who are able to provide it, and



increasing awareness of local senior needs as well as the types of services and supports that are available.

**Related Discussion:**

*How are things different?*

As a result of the Better at Home program, there are now new non-medical home support services available in the communities that did not exist previously.

- *“We have people that assist people in the community that help them to stay at home – transportation, yard work, housekeeping, etc. We also have people to do the work.”— Frontline Care Provider*
- *“Without this program, seniors would not have resources to draw on. With regard to the senior we helped, she is much safer because she had a resource that [was] able to provide her with the help. Otherwise, she may attempt things on her own that are beyond her capability” -- Frontline Care Provider*

Better at Home has provided a formalized process around connecting seniors who need help with those who are able to provide assistance. This helps to break down some of the barriers for seniors because they know where to call for help and makes it easier for those willing to help to offer assistance.

- *“We didn’t have the way to provide the services before. [The introduction of Better at Home] allowed [the creation of] a more formalized support system for people...Before [if people became aware of] a senior who is isolated [in the community], a family member or neighbour would try to find someone to volunteer to help them, but there was no screening or monitoring or anything...This way there is a process”—Organizational Leader*
- *“Difference is that they now have a central hub that seniors can go to explain what help they need and that help goes out and finds it. Before, they didn’t know what to do or who to call so having that person there to find the contractor or volunteer is helpful.”— Organizational Leader*

Low income seniors who would not be able to afford to hire a private housekeeper or other home supports have access to a program that provides free and subsidized services.

- *“There are now services available for low income seniors that weren’t there before.” -- Organizational Leader*

The availability of the Better at Home program has reduced stress for both participating seniors as well as their families because they know that help is available if they need it.

- *“To me, I see a lot of comfort out there and people being more relaxed from what I can see. They are not so worried, so stressed out because they know the help is there.” -- Frontline Care Provider*
- *“Peace of mind for families that their loved ones are being cared for.” -- Frontline Care Provider*

- *“Without it, I don’t know what I would do.” – Senior Participant*
- *“Makes me feel more relaxed living here alone.” – Senior Participant*
- *“I enjoy the independence from having Better at Home in place” – Senior Participant*

Through the process of planning to identify local seniors needs in the community (e.g., regular engagement and outreach to seniors), the programs have the potential to raise community awareness of local senior needs as well as the types of services and supports that are available.

- *“More awareness around the unique needs of seniors and available resources.” -- Organizational Leader*

Some of the feedback suggests that the program has been a positive step forward in the right direction; however, the program needs to be better funded and further refined in order for it to fulfil its full potential, provide a full set of services, and reach all the seniors who need assistance.

- *“I think we really want to stress the equitable funding and more resources are needed. When you see the potential of who has been helped and the potential for helping more, it very enticing to see the effects.” -- Provincial Stakeholder*
- *“I think it is a good first step and it needs to be looked at critically and expanded...I know that the Better at Home programs are independent in each community which can sometimes create a Better at Home program that are better than others. Some are fabulous and some are struggling because they do not have the right leadership.” -- Provincial Stakeholder*

## 5. Recommendations

The following recommendations are organized into three different sections: 1) ongoing administration of the Better at Home Rural and Remote Project across the 12 pilot communities; 2) expansion of the Better at Home Rural and Remote Pilot Project; and 3) evaluation and monitoring.

### **Ongoing Administration of Better at Home Rural and Remote Project across the 12 pilot communities**

1. Continue to support the ongoing delivery of the Better at Home program in the 12 participating rural and remote communities because it is a program that is achieving its intended outcomes.
2. Assess funding needs in each community, and based on those needs, increase funding so all eligible seniors in participating communities have access to the full basket of services, and that host organizations have available resources to expand outreach to other eligible seniors not currently served by the program:
  - a. Develop an assessment tool for measuring and assessing adequacy of current funding level in each community and make adjustments as needed. Take into account the following:
    - i. The costs of providing the full basket of services to existing clients
    - ii. The costs of eliminating current waitlists for housekeeping and other contracted services
  - b. Provide a mechanism for Better at Home sites to apply for additional funding if they experience excess demand for available services in the middle of the project year.
3. Explore ways to support local capacity building around volunteer recruitment, training and retention:
  - a. Offer training to host organizations around volunteer recruitment, training and retention; and,
  - b. Support local host organizations in investing in further outreach to connect with new potential sources of volunteers, as well as investing in volunteer incentives.
4. Improve support for local coordinators to enhance service delivery and improve retention of local Better at Home coordinators for host organizations:
  - a. Provide a network of support and continue to support collaborative learning opportunities (e.g., conferences, workshops, meetings) where coordinators have opportunities to network and learn from the experiences of other Better at Home programs operating in rural and remote locations;
  - b. Enhance funding to support more coordinator hours for community outreach to recruit more volunteers/contractors and Better at Home clients;
  - c. Offer ongoing learning and training opportunities on relevant topics (e.g., mental health training for individuals working in caring professions to prevent burnout, cultural competency training around serving Indigenous communities); and,

- d. Explore how to streamline coordinator reporting requirements and ensure that the requirements are proportionate to available hours currently allocated for reporting.
5. In sites with large geographic catchment areas, explore strategies to expand service delivery to seniors living in more remote, peripheral areas of the catchment area. Potential strategies include:
  - a. Recruitment of nearby community champions in extra-remote areas to provide volunteer/contract non-medical home support services to minimize travel times for volunteers/contractors; and,
  - b. Support funding mileage and/or travel time for volunteers/contractors who are travelling long distances to provide support to seniors living in more remote/peripheral areas.
6. Explore the feasibility of providing seed funding to support local investment and innovation to address unique challenges in rural and remote areas around food security and transportation barriers:
  - a. Food security – Support the creation of local seniors food programs (e.g., bulk meal preparation in seniors homes, community lunches, community gardens, community kitchens, opportunities for seniors to socialize around food, etc.); and,
  - b. Transportation barriers – Support initiatives around purchasing and maintaining community buses/shuttles for transportation to medical appointments and social events, incentives for volunteer drivers.

#### **Expansion of Better at Home Rural and Remote Pilot Project**

7. Expand the Better at Home Rural and Remote Pilot Project to reach a greater number of rural and remote communities across BC because outcomes in the pilot project have been achieved.
8. Develop and resource a two phase application process for interested communities in rural and remote areas:
  - a. Phase 1: Interested communities apply for seed funding through a letter of intention to undertake a local community assessment and develop a strategic plan for implementing their local Better at Home program in their community. As part of this phase, ask communities to:
    - Assess local volunteerism capacity and develop a plan for recruitment, training and retention of volunteers that takes into account the local demographic and socioeconomic context and available sources of volunteers, regular rates of volunteer attrition, volunteer retention strategies and incentives;
    - Develop an inventory available senior services & existing non-medical home support services (both private and non-profit) to prevent duplication of existing services and identify gaps in existing services; and,

- Engage local seniors organizations in a discussion of community assets and current gaps (in non-medical home support services) that can make it challenging for local seniors to remain living independently in their homes.
- a. Phase 2: Interested communities submit their local community assessment and strategic implementation plan and apply for funding to start a program.
- 9.** As part of the selection process for new host organizations (based on results of Phase 1 results), continue to develop partnerships with local organizations with significant capacity to develop a Better at Home program and complementary missions/mandates. Potential selection criteria to consider include:
- a. Local non-profit or municipality;
  - b. An existing point of service for local seniors (i.e. non-profit seniors housing complex, seniors drop in centre, community service organization) which provides an existing network of seniors contacts and familiarity with local seniors issues; and,
  - c. A strong reputation for trustworthiness in the community.

### **Evaluation and monitoring**

- 10.** Revisit and revise the reporting requirements/data collection required of local coordinators and ensure it is proportionate to the number of available hours.
- 11.** Maximize transparency and accountability by specifying how output and service delivery data is collected for each specific community:
- a. Collect administrative data for each community individually (as opposed to bundling together administrative data for different subsites).
- 12.** Develop a simplified seniors survey:
- a. Make the survey concise and low barrier for seniors (5-10 questions maximum);
  - b. Make the survey accessible and seniors friendly (i.e. large print, plainer language); and,
  - c. Ask active Better at Home clients to complete this survey once a year.
- 13.** Provide annual summary reports for the Better at Home program that includes information about the amount and proportion of funding that goes to each community and findings of the annual seniors survey.
- 14.** Support future evaluation activities by streamlining intended outcomes and impacts into a more concise list. Below is a comparative table that shows existing outcome statements and a proposed revised list.

### ***Current Intended Outcomes and Impacts***

1. Since the implementation of the Better at Home program, our community has reduced the gaps in services for seniors to remain living independently in their homes.
2. The Better at Home program in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.
3. Better at Home services in my community have helped seniors to remain living independently in their homes.
4. The Better at Home program has had positive impacts on the isolation and/or loneliness of seniors.
5. The Better at Home program has had positive impacts on senior's independence or ability to live safely alone.
6. The Better at Home program has had positive impacts on senior's connection with the community.
7. Services to seniors are provided differently now in my community or region as a result of Better at Home.

### ***Proposed List of Outcomes and Impacts***

1. Since the implementation of the Better at Home program, our community has reduced the gaps in services to remain living independently in their homes
2. The Better at Home program in our community is in alignment with the program objective of appropriately and effectively delivering non-medical home support services to rural and remote seniors.
3. The Better at Home program has helped seniors to remain living independently in their homes
4. The Better at Home program has had positive impacts on senior's ability to live safely alone
5. The Better at Home program has had positive impacts on the isolation and/or loneliness of seniors and/or strengthened seniors' connections with the community