



Evaluation of the Community Action for Seniors Independence (CASI) Pilot Project

Report prepared for
United Way of the Lower Mainland

November 30, 2012



Foreword

United Way is committed to helping seniors stay independent and engaged in their community. We made seniors a priority for our work in 2006/07 through \$75,000 in community investments. This coming year we will invest more than \$8 million in support of seniors, of which nearly half represents charitable funds raised by United Way. Our investments include a range of support programs and initiatives that reach out to vulnerable and isolated seniors, provide temporary housing for seniors at risk of homelessness, and provide support to caregivers of frail seniors. CASI – the Community Action for Seniors Independence Pilot Project – is another example of our investment in and commitment to seniors and we are pleased to share this report on findings of the CASI evaluation.

CASI was launched in 2009 in five BC communities through a partnership between United Way and the BC government. Truly a ‘pilot’, CASI set out to test and explore ways to deliver non-medical home support services such as friendly visits, transportation to appointments, and light housekeeping, to seniors through a community-based approach. Each community tailored their CASI services to local conditions and the needs of seniors in their community. Charitable non-profits managed the delivery of these programs/ services through staff and volunteers, and today, over 1,000 seniors have registered into CASI programs.

In Canada and other countries, government, health care professionals, community service providers, funders, and seniors themselves are trying different models for providing non-medical home supports to seniors, as society ages. We believe it is important to continue testing and evaluating different models to identify best practices and sustainable options. This report is based on information gathered from CASI stakeholders, including seniors accessing CASI programs, community leaders and advisory committee members, local program staff, front-line service providers, and the CASI provincial management team. The purpose was to help answer questions about CASI, surface key learnings, and identify opportunities for improvements. While the CASI evaluation was not meant to compare or ‘prove’ the worth or effectiveness of different models, we are pleased to contribute these findings to the growing body of knowledge in this field to inform best practices and sustainable solutions.

United Way – with \$15 million in funding from the Government of British Columbia – is now drawing on these findings and building on the success of CASI to implement Better at Home in up to 60 BC communities over the next three years. For example, efforts to support communication and shared learning among Better at Home programs will be stepped up, and more support will be offered to local program coordinators and volunteers. We owe sincere thanks to everyone who took part in the CASI evaluation – the information and valuable perspectives you offered are helping to ensure the effective implementation of Better at Home services for seniors across British Columbia.



Gina Borza
Director, Performance, Research, and Analytics
United Way of the Lower Mainland

Evaluation of the Community Action for Seniors Independence (CASI) Initiative

Report on Project Findings

Prepared for the United Way of the Lower Mainland

By Chomik Consulting & Research Ltd

November 2012

Contents

Executive Summary	v
Section 1: CASI Introduction and Context	1
A. CASI Overview	2
B. Evaluation of CASI	3
B.1 Purpose	3
B.2 Approach	3
B.3 Limitations	4
C. Report on the Findings	5
Section 2: CASI Overall Project Level Findings	6
A. Administrative and Intake Data Base – Project Level	7
B. Pilot Site Leadership Interviews – Project Level	11
B.1 Project Implementation	11
B.2 Project Outcomes	12
B.3 Key Learnings and Sustainability	13
C. Seniors Post Test – Project Level	14
C.1 Context	14
C.2 Satisfaction	17
C.3 Impact	20
C.4 Personal Well Being	20
D. Front-Line Service Providers – Project Level	23
D.1 Context and Experience	24
D.2 Project Implementation	27
D.3 Perceived Value	28
E. CASI Project Leadership	29
F. CASI Local Program Coordinators	36
Section 4: Conclusion and Considerations for the Future	42
Appendix A: Overview of CASI Approaches in Five Pilot Communities	47

EXECUTIVE SUMMARY

In 2010, the United Way of the Lower Mainland, in partnership with the Government of BC, established the *Community Action for Seniors Independence (CASI)* initiative.

CASI is a three-year project to develop and implement pilot programs in up to five communities across BC (Maple Ridge, Surrey's Newton neighbourhood, Vancouver's Renfrew-Collingwood neighbourhood, Dawson Creek, and Osoyoos). CASI is testing innovative, community-based approaches to delivering non-medical home support services to seniors with the ultimate goal of supporting seniors to live more independently in their homes and communities. Under CASI, community agencies provide a range of non-medical home support services to seniors, for example, transportation, housekeeping and yard work (see Appendix A). The pilot period began in the Fall of 2010 until the Spring of 2012.

This report presents the findings of the endpoint evaluation of the CASI Project. The overarching purpose of the endpoint evaluation is to assess CASI's progress toward goals, capture lesson learned, and garner information to inform Better at Home as it is implemented in up to 60 British Columbia communities over the next few years. A summary of evaluation findings related to CASI clients, CASI front-line service providers, leadership, and project coordinators follows.

CASI Clients

A summary of the findings with respect to CASI clients across all five communities follows.

Nearly half (45%) of all CASI clients are 80 years or older, the majority are female (76%), most are married (42%), over half (57%) live alone, and nearly half (48%) reported they had a health condition. Most CASI clients (40%) were referred to the program by another organization/agency, followed by family or friends (28%). The most frequently requested CASI service was transportation (35%), followed by housekeeping (28%), handyman (14%), walking club (8%), friendly visits (7%), outdoor maintenance (4%), registration (2%), and skills bank (1%).

A total of 145 Seniors Post-test Interviews were administered across the five pilot communities. Of those interviewed, the high majority of seniors (85%) believed that CASI made their life better. In addition to CASI, some seniors (37%) were receiving help or support services in their home from other agencies (e.g. social work, health care), and some seniors (43%) were receiving additional help from friends and family (e.g. friendly visits).

With respect to services received, nearly all CASI clients believed that the people who provided the CASI service were friendly, reliable, helpful, communicated clearly, treated them with courtesy and respect, and provided service in a timely manner. This contributed to a high level of satisfaction among CASI clients, with over 80% satisfied with the program, and the same proportion believing that the program met their needs and expectations. More than half the seniors believed the quality of service was excellent, and nearly all would recommend the program to a friend in need of similar help. At the time of the post-test, 70% of seniors were paying for the services they receive, and of those, nearly all (97%) believed the fee they were paying was worth it.

In terms of impact, over half of CASI clients believed CASI services helped them do their daily life activities, feel more independent, maintain their level of health, and to remain in their home longer. Nearly half of clients believed CASI services helped them to enjoy life more and helped them worry less and have greater piece of mind; while about one-quarter believed CASI services helped expand their social activities, and helped them to do more in the community. Finally, some clients believed that CASI services helped them feel safer and more secure living at home.

Overall, some aspects of personal well-being of seniors improved when measures were compared at the time they started CASI (pre-test) and 12 months later (post-test). This was the case with respect to their level of satisfaction with life as a whole, their health overall, and their level of involvement in the community. Measures related to the level of independence they have in their life and their level of activity remained the same at pre and post-test; while measures linked to the level of support they get from others in their life, and the level of safety and security in their home decreased from pre to post testing.

CASI Front-line Service Providers

A summary of the findings with respect to CASI front-line service providers across all five communities follows.

About three-quarters of all the front-line service providers were volunteers, and about one-quarter were either paid project staff or contractors. Twenty-five per cent of the front-line service providers interviewed were providing individual transportation services, followed by housekeeping services (22%), friendly visits (13%), group transportation and walking club services (10% each), handyman services (7%), and outdoor maintenance services (3%). Most service providers (84%) believed they were appropriately trained and prepared to take on work as a CASI service provider, and many indicated that they had previous experience working with seniors.

In terms of job satisfaction, three quarters of the front-line service providers very much enjoyed providing CASI services to seniors. Over 80% of service providers believed that they were well supported in their work by the CASI project leaders, and that they could communicate easily with them. Moreover, the majority of service providers (79%) were pleased with how their work time had been scheduled, and most (70%) believed they had been compensated for their work fully and in a timely fashion. Finally, many service providers (85%) did not feel that the health and safety of their clients or themselves was ever at risk during their involvement with the CASI program.

With respect to CASI implementation, front-line service providers indicated that they did not face any significant challenges or difficulties while providing services to seniors. They offered *“good communications with the project coordinator”* as an example of something that worked well with CASI, and *“the need for more advertising”* as something that could be improved upon. Nearly all service providers (92%) believed that the services offered to seniors were adequate and appropriate. Furthermore, most service providers (83%) believed that the service they provided was very helpful to seniors, and over half of providers (61%) believed that the service they offered helped seniors to live longer in their homes. Nearly all service providers (98%) believed that their experience with CASI had

benefitted them personally or professionally, and nearly all (95%) would choose to continue to be a CASI service provider going forward.

CASI Leadership

A summary of findings from CASI leaders at the local program level across all five communities follows; along with findings from CASI project leaders, including representatives from the Provincial Government, the United Way, and the Provincial Project Manager.

❖ *Local Program or Pilot Site Level*

With respect to project implementation, most CASI local program leaders (mostly Advisory Committee members) believed that CASI had been implemented as planned. Examples of the most satisfying aspects of working with CASI included: working in partnership with other community groups, and making personal connections with seniors. Challenging aspects of implementing CASI pointed to, for example, significant time requirement to get the project up and running, the original cost forecasting tool, and complexities associated with providing services to multi-cultural seniors. Overall, CASI local program leaders believed that the CASI approach served their clients well; further noting that project implementation was supported by the formation and guidance of Advisory committees, as well as the expertise and resources provided by the lead agency. In one case, project implementation was challenged by being co-led by two agencies.

When asked to what extent CASI has met its goal in the local programs, CASI community leaders provided a ranking of 4.4 out of 5. CASI achievements included: promoting seniors to stay in their homes longer, better relationships between community organizations, and increased understating of the need and role of non-medical home supports for seniors in general. In relation to key learnings, CASI local program leaders identified many, some of which included: use varied means and methods to promote/market CASI, choose a lead agency that has the resources and infrastructure to carry the project, and provide adequate training for front-line service providers. In their view, the sustainability of CASI rests on continued funding, collaboration with other groups, and strong project leadership and coordinators.

❖ *Project or Provincial Level*

Similar to the finding above, all project leaders believed that the CASI approach had been implemented as planned in the five pilot communities. Factors that supported implementation included: the commitment from funders to see it through, the responsiveness and flexibility of the Provincial/Project Team, and having a CASI Provincial Manager in the field. Implementation, in the view of project leaders, was challenged by the financial forecasting tool, uncertainly around multi-year project funding, and ongoing efforts to balance the need for flexibility at the community level with the funder's requirements for accountability and project management. When asked to rate the extent to which CASI has adhered to its original principles, program leaders provided a high ranking of 4.3 out of 5.0.

With respect to key learnings, project/provincial leaders commented that a community development approach to CASI worked well, that flexibility must be part of the approach, and that volunteer recruitment requires dedicated time and support. When asked to consider what new or additional

knowledge needs to be acquired as CASI expands, project leaders cited the need for close alignment with other seniors and community services and organizations, increased understanding of risk management issues, and better understanding of volunteerism and related impacts on the fee-for-service approach.

Project/provincial leaders identified “*demonstrating that Government and the non-profit sector can work together successfully toward a common goal and purpose,*” as one of CASI’s principal achievements. And, unanticipated or surprising outcomes of CASI included: the creativity of the CASI communities in developing and implementing projects/services, the varying application of the fee-for-service approach across communities, and the amount of time and effort it takes to make CASI operational. With respect to resources, nearly all of the project leaders believed that project resources were used effectively. And, while project leaders believed that sufficient resources were dedicated to deliver CASI over the pilot phase, they also acknowledged the significant in-kind contribution of the Project Team, especially in the early days.

Looking ahead, project/provincial leaders suggested ways to improve CASI beyond the pilot phase (i.e. Better at Home). These included: a clear articulation of staffing, training, and risk management needs; reinforcement of the role of advisory committees at the community level; consistency in evaluation and data management; and effective collaboration between CASI and other local, regional and provincial organizations such as Health Authorities and other provincial initiatives. Project leaders also shared their views on how to ensure an effective project and ways to ensure CASI sustainability over future years. These included: continued evaluation to ensure ongoing program improvement and demonstrate CASI impact; secured, multi-year funding; reinforcement of a seniors-centered approach (engage seniors in planning for seniors); and effective alignment and cooperation with existing programs and services in the public, non-profit, and corporate sectors.

CASI Local Program Coordinators

A summary of findings from CASI local program coordinators across all five local programs follows.

“*Connecting with seniors,*” and “*becoming a key catalyst between seniors and the services they need,*” were examples provided by program coordinators of the most rewarding aspects of their job. When asked to share the most challenging aspect of their work, program coordinators indicated the following: heavy workload (time allocated to meet job requirements), variability of skills required to meet the needs of the project, recruiting and retaining volunteers, reporting requirements, and working with diverse seniors with respect to language and culture.

When asked if they felt supported in their work by their host agencies, CASI program coordinators had varied views (some did, some didn’t, and one said they felt more supported over time). Program coordinators also acknowledged support from the CASI Project Manager as well as the CASI Evaluation Team. And, while program coordinators believed they had sufficient training and preparation related to program coordination and management, they indicated that additional training would have been beneficial. This included training in budgeting and financial management, computer/database operations, as well as those aspects of the job relating to seniors issues and challenges (e.g., dementia, elder abuse). To support their work, program coordinators drew upon other community resources such

as Health Authorities (health issues), churches (transportation), community support groups (hoarding), and Salvation Army (clothing and bedding).

With respect to implementation, program coordinators, like other CASI leaders, believed that overall, the CASI project rolled out as planned; noting that some turn over in staffing may have stalled implementation in at least one community. When asked to score the extent to which the CASI approach had served their clients well, program coordinators provided a rating of 4.0 out of 5. Implementation could be improved by, for example, involving more experts in certain service areas (e.g., Translink to inform local transportation service), and engaging multilingual volunteers to better serve diverse seniors in some communities. Those factors that facilitated CASI included a single lead agency, a supportive advisory committee, a centralized location/CASI office, use of volunteers, flexibility and ability to “customize” services to fit the needs of seniors in each community. Conversely, difficulties recruiting volunteers, working with the intake database, and difficulties implementing the sliding fee scale were identified as those aspects of the CASI approach which did not work well. Finally, program coordinators suggested reasons why some clients left the CASI program over the pilot phase which included: clients passing away, clients moving into assisted living or extended care, seniors residing outside the CASI catchment area, and seniors having trouble adapting to changing services providers.

Considerations for the Future

The evaluation findings are intended to help shape and guide the expansion of CASI, now known as *Better at Home*, as it is implemented in up to 60 communities across the province of British Columbia in the months and years ahead. To guide the provincial roll-out, some considerations for the future are offered below. Recommendations related to programming and operational issues at the program or community level are considered first, followed by recommendations that touch upon broader directional issues at the project or provincial level.

Program Community Level

- This evaluation of CASI demonstrated that training and preparation is critical to CASI’s success. Consideration should be given to ongoing training and development across the CASI initiative, as follows:
 - This evaluation showed that strong leadership and engagement at the community level is a necessary requirement for the successful implementation and delivery of CASI projects. Methods to promote strong community-level leadership should be applied as the new *Better at Home* initiative begins to be implemented province-wide. Consideration should be given to the development of a *Better at Home Leadership Curriculum* that can be used to educate and orient CASI project leaders and advisory committee members in each community. Community leadership training should include: principles of community development, effective board development, budgeting and fundraising, volunteerism, and partnership building. Curriculum development should involve individuals with expertise in adult education, as well as experience with respect to operational and governance issues within the non-profit sector.

- CASI project coordinators are central to the implementation and oversight of CASI in each community. This evaluation indicates that project coordinators have a complex job which requires a significant range of skills and knowledge. While hiring practices should ensure the selection of suitable candidates; once hired, project coordinators need to be fully supported, early on. Preparation of a *Better at Home Project Coordinators Curriculum* should be developed to facilitate the appropriate preparation of coordinators, including training related to: intake database and protocols, data entry and management, budgeting and cost forecasting, staff/volunteer recruitment and retention, community development and relations, and social marketing.
- The CASI evaluation documented the array of services that are provided to seniors across the five pilot communities by both paid staff/contractors and volunteers. Front-line service providers work most closely with seniors to deliver the care and services they require at the local or community level. As Better at Home continues to be implemented across BC, the training and preparation of service providers could become a shared responsibility between the United Way and the leadership at the local, community level. The United Way, for example, could lead the development of tools and resources such as a *Better at Home Service Provider Training Curriculum* to guide training and preparation of service providers. At the local level, the project coordinator and project advisory committee could work together to orient service providers to Better at Home procedures and protocols to ensure effective service delivery (e.g., invoicing, record keeping). In addition, training related to effective approaches to working with seniors, and the types of challenges or risks that might emerge, could also be undertaken at the local level. This type of training and orientation would ensure a capable and knowledgeable contingent of service providers, as well as increase job satisfaction and worker retention under the new Better at Home banner.
- Better at Home is expanding province wide, and the first 18 communities have been identified. This evaluation showed that the launch of CASI within the pilot communities required significant support; it needed to be “sold” to seniors in the community so they understood what CASI was, and how it could help them in their daily lives. Looking ahead to Better at Home, consideration should be given to designing and implementing sound community marketing and advertisement strategies that entice seniors to become interested in the program early on, as well as create some “buzz” about the program across the community. Involving seniors directly in early development and marketing efforts may increase interest among seniors to join the CASI project, as well as ensure alignment with good planning and community development principles.
- This evaluation demonstrated that CASI is not an island on its own. Many CASI clients seek out and access services provided by other agencies or organizations in the community, and sometimes, CASI staff refer clients to other sources of support. Better at Home should continue this practice. Every effort should be made to build upon existing supports and to strategically work alongside other community agencies/organizations so that redundancies are reduced and the needs of seniors are fully met.
- As evidenced throughout this evaluation, CASI involves a varied range of players at the community level – clients, service providers, advisory committee members, project coordinators, and other community groups or agencies. Clear communications are vital to

successful programming. Better at Home should institute a *Better at Home Communications Plan* that facilitates and supports consistent messaging about the program, its aims and progress, across all CASI stakeholders.

Project or Provincial Level

- This evaluation showed that CASI benefitted from strong leadership at the program or provincial level. This will be even more important as Better at Home is implemented province-wide. A solid Provincial Leadership Committee should be adequately supported with human, financial and material resources to effectively oversee Better at Home implementation across place and time. The leadership committee should involve interests that span the world of senior's issues, and include representation from: the United Way of the Lower Mainland, the Government of BC, academia and research, Better at Home communities, and seniors themselves.
- CASI, by nature, was an "approach" under development. As a pilot program, communities were encouraged to build their CASI project in a way that fit their own unique context and needs. This should characterize Better at Home going forward; that is, new sites should continue to engage local interests to design services that fit with their own reality and deliver them in a way that is well received by those who will use them. A community development approach is maintained. This however, should be balanced against what has been learned to date. Clearly, the CASI evaluation demonstrated that housekeeping is a highly-valued service, followed by transportation service. As such, these two services could become a consistent element of the service mix of Better at Home going forward, either by ensuring the services are delivered directly by Better at Home, or that they are available to clients of Better at Home through another provider who offers services that are equally affordable and accessible. Then, based on the unique character and needs of each community, additional services could be added to make a "customized" Better at Home service package for each community across the province.
- Besides learnings from the CASI experience, Better at Home needs to be grounded in new research related to seniors and non-medical supports, as it becomes available. Some mechanism should be instituted (e.g., clearing house), to ensure that new knowledge from other regions or countries be assembled and considered by Better at Home so that best practices continue to be embedded over time. Similarly, Better at Home should adopt methods to contribute to knowledge and to transfer (share) its learnings in both formal and informal ways. This includes for example, participation in professional presentations and meetings, the development of manuscripts for publication, as well as preparing newsletters and taking part in public events and announcements.
- Beyond good communication at the community level, effective methods need to be applied to ensure strong communication between CASI leadership at the provincial level and Better at Home communities. Besides electronic and written means, consideration should be given to providing a *Better at Home Forum* each year. Representatives from all Better at Home communities would be invited to share their experiences, challenges and lessons learned; and the provincial leadership could use this time to provide new or additional training or development in areas of interest (e.g. volunteer recruitment and retention). This would also be

a time that formal Better at Home evaluation findings could be shared with the entire Better at Home family.

- The experience of CASI highlights the need to support and maintain an ongoing planning and evaluation cycle. As Better at Home is implemented across the province, strategies should be in place to support planning and evaluation at the community and provincial level. This includes effective ways to capture key data elements that will allow ongoing assessment of the progress and impact of Better at Home communities, as well as the ability to adjust course if required along the way. A strong evaluation framework and process should be developed and implemented early on to capture baseline measures, key learnings, challenge and opportunities, and movement on key indicators over time. This will ensure access to data/information for ongoing program improvement, as well as help to rationalize Better at Home and its sustainability over the longer term.

In closing, the evaluation findings captured in this report reflect various perspectives and observations from all groups involved with the CASI initiative to date. Clearly, the success of CASI is attributed to the vision, dedication and commitment of all the parties involved – the provincial leadership group (United Way and the Government of BC), community leaders, project coordinators, front-line service providers, and the clients themselves.

Much hard work has been done by many people. The ongoing planning and implementation of Better at Home will require a commensurate commitment of time, effort and energy from those who have been involved to date and who will carry the effort forward.

It is therefore encouraged that all parties involved with the CASI project and its next iteration – Better at Home – review this evaluation report and draw upon its many findings and lessons learned. Reflection on these findings should help to inform strategic direction-setting going forward at both the provincial and community level; and thereby, provide a solid foundation for the successful implementation of Better at Home across the province of British Columbia in the months and years ahead.

Section 1:

CASI Introduction and Context

This section provides an overview of the Community Action for Seniors Independence (CASI) initiative, describes the evaluation approach, and outlines how the paper is organized.

A. CASI Overview

The United Way of the Lower Mainland (UWLM) is committed to supporting older people to live independently and stay connected to their communities. The agency sees this as an essential part of their core goals of engaging communities, strengthening non-profit agencies, focusing on root causes, and influencing policy toward these ends. According to research conducted by the United Way in 2009 as well as other published literature, insufficient supports exist across the province of British Columbia to promote and facilitate seniors to live independently into their later years. This is especially the case in the suburban areas of British Columbia (BC) where seniors tend to reside. When coupled with the fact that the percentage of seniors in the BC population is on the rise, independent living for BC's seniors is increasingly at risk, unless additional supports are put in place.

With this as a backdrop, the United Way of the Lower Mainland, in partnership with the Government of BC, established the *Community Action for Seniors Independence* (CASI) initiative. CASI is a three-year project to develop and implement pilot programs in up to five communities across BC (Maple Ridge, Surrey's Newton neighbourhood, Vancouver's Renfrew-Collingwood neighbourhood, Dawson Creek, and Osoyoos). CASI is testing innovative, community-based approaches to delivering non-medical home support services to seniors with the ultimate goal of supporting seniors to live more independently in their homes and communities. Under CASI, community agencies provide a range of non-medical home support services to seniors, for example, friendly visits, transportation, light housekeeping, and yard work (see Appendix A).

While each of the five local programs share the common goal of supporting seniors' independence, the CASI approach in each community is unique and reflective of the service priorities identified by seniors, as well as the size and circumstances of each community. For example, Renfrew-Collingwood is the only pilot that offers a walking club; and Surrey has introduced a skills bank that enables seniors to volunteer their services to other seniors in exchange for services they need. Please refer to Appendix A for a summary of the different CASI approaches in each of the 5 pilot communities.

All the pilot programs have been up and running since the fall/winter of 2010. Recently, funding has been provided to United Way from the Government of BC to build on what was learned through CASI and establish up to 60 programs throughout BC under the new name of "Better at Home." Like the pilot phase before it, Better at Home will continue to provide non-medical supports to seniors while adhering to the following core principles: senior centered and community driven, prevention oriented, informed by evidence, independence focused, simple and understandable, needs based, and working complementarily with other supports such as families, friends, and caregivers.

B. Evaluation of CASI

B.1 Purpose

Early on, the leaders of the CASI Project identified a need for systematic and thorough evaluation of the CASI Project. A mid-term report was prepared in October 2011 which presented the snapshot evaluation findings for the first 9 months of the CASI Project. This report presents the end-point evaluation findings (ending May 31, 2012). It captures the progress, impact and outcomes of CASI over the full 18 month pilot phase period. More specifically, the evaluation seeks to answer the following questions:

1. How can non-medical supports be delivered to seniors in BC communities? And, what are the implications of varying approaches?
2. Who uses (which) CASI services and why?
3. To what extent does the CASI approach support seniors to remain living independently in their homes? What are the additional benefits?
4. What challenges, achievements, outcomes and lessons learned can be realized from a CASI approach?
5. How can the CASI experience inform future efforts to support seniors independence in communities across BC?

It is worthy to note that this evaluation did not set out to compare or contrast the CASI programs in the pilot communities; rather, it sought to provide a descriptive commentary of each community, and to highlight each community's unique experience implementing the CASI program. Moreover, this report does not compare the midpoint and endpoint evaluation, but rather is a stand-alone report.

B.2 Approach

Like the midterm evaluation, data collection for the endpoint evaluation of the CASI initiative occurred at two levels – overall project and local program – and centered on six data sources. Data were drawn from: the administrative and intake databases from each of the five pilot programs, project leadership representatives at the provincial level, pilot leadership representatives at the community level, local program coordinators, CASI clients, and front-line service providers. Both quantitative and qualitative methods were employed to capture principally formative information; as well, data related to program outputs and early outcomes were also assembled. The CASI evaluation data sources, methods, aim, and timeframe are summarized in Table A below. (Please note: Additional information on methods is included in relevant sections throughout this report.)

Table A: Summary of CASI Evaluation Approach

Data Source	Method	Aim	Timeframe
Administrative/ Intake Database (five pilot programs)	Data mining of the Administrative Intake Database. Program Coordinators use the database to track client demographics and service	Gather data to describe the demographics of the seniors participating in CASI in each pilot community (e.g., age, gender, health condition, housing-related, source of	At 9 months/midpoint and 18 month/endpoint.

Data Source	Method	Aim	Timeframe
Pilot Community Leadership	provision. Group meeting at baseline context meeting with members of advisory/steering committees and leaders at the local level in each pilot community Telephone Interviews at endpoint	referral) Gather information on status quo, perceived gaps, future vision, early implementation, influencing factors, anticipated learnings, expected outcomes and sustainability	At baseline/project launch and endpoint.
Clients	Telephone survey ¹ Names of registered seniors were forwarded to the evaluation team by the program coordinator.	Gather data to assess seniors current abilities to manage daily activities, assess personal well-being, and determine program expectations	At baseline, within 2 weeks of seniors registering for CASI services, and endpoint.
Front-line Service Providers	Telephone questionnaire with those providing CASI services in each pilot community. Names of Front-line Service Providers (paid, unpaid and representing a variety of services) were forwarded by the program coordinator to the evaluation team.	Capture data on providers experience, work environment and enjoyment, service impact and value, and service improvement	At midpoint and endpoint.
CASI Project Leadership	Telephone interviews with representatives from the United Way and the Government of BC	Gather data on CASI implementation to date, influencing factors, early achievements, learnings, and investment considerations	At midpoint and endpoint.
Local Program Coordinators	Telephone interviews with program coordinators in each pilot community	Gather data on implementation issues, achievements, learnings, and work environment	At midpoint and endpoint.

B.3 Limitations

Like all evaluations, especially those that track an evolving and developmental project such as CASI, limitations related to the evaluation design and data collection occur. Perhaps the greatest limitation was variability in “dose” of the service provided to the client. The dose varied by client with some clients receiving 1 or 2 services over the year and other seniors receiving weekly services. The data were not stratified according to dose to determine if the number of services a senior received had an impact on the outcomes in particular the outcomes related to health and personal well-being.

Another key limitation across those data sets that collected quantitative data was significant reporting of “no data” for some measurement variables, in particular the Administrative Intake Database. When

¹ For those clients that did not speak or understand English, interviewers proficient in the particular language (Hindi/Punjabi and Cantonese/Mandarin) were hired and trained to conduct the Senior Interviews. Twenty-six of the total number of interviews were conducted in Cantonese/Mandarin and 9 were conducted in Punjabi/Hindi

the percentage of “no data” was above 10%, they were excised from the denominator number to minimize measurement bias. These occurrences are noted throughout the report in the pages that follow.

With respect to the limitations associated with the Seniors Post-test Interview, data were self-reported and as a result should be interpreted with some caution. Particularly with regard to the questions that asked the senior about their personal well-being. These questions are very subjective in nature and can be relative to a particular time period (e.g. morning, particular day etc).

Findings should also be interpreted with some caution regarding the front-line service providers, given the small number of service provider interviews completed in some of the pilot communities. Limitations associated with the administrative and intake database centered on the diligence of data entry by pilot communities. For example, some databases displayed missing data or data that was entered in an inconsistent manner. Moreover, the data collection tools were tested by an in-house committee, but not by each data source/group per se.

C. Report on the Findings

Section 2 that follows presents the CASI project level findings which comprise the combined findings across all five pilot communities at the end of the 18 month pilot period. It reports on the findings from all six data sources: administrative and intake database, pilot site leadership interviews, seniors post-test interview, front-line service provider questionnaire, CASI program leadership interviews, and local program coordinators interviews. This paper concludes with Section 3 which provides a summary of CASI highlights and learnings, and sets forth a series of considerations for the newly launched Better at Home initiative going forward.

Section 2:

CASI Project Level Findings

This section presents the CASI Project Level evaluation findings for the five pilot communities combined: Maple Ridge, Vancouver, Surrey, Dawson Creek and Osoyoos. Data sources include: the administrative and intake database, pilot site leadership interviews, seniors post-test survey, front-line service provider questionnaire, CASI program leadership interviews, and local program coordinator interviews.

A. Administrative and Intake Data Base – Project Level

Various intake data are collected from CASI clients when they register for the services that are available to them in each community. This information is collected at initial contact and used for both administrative and evaluative purposes. Administrative and intake data include client demographics, and information about current client support systems and CASI services requested. The data used for evaluative purposes include: age, gender, health condition, marital status, type of living arrangement, type of housing, client registration by month, sources of referral, CASI services requested and additional organizational supports requested. The evaluation data are presented below and represent aggregate data across the five pilot communities. The number of client cases analyzed from the CASI Administrative and Intake Data Bases for the five pilot communities are as follows:

Maple Ridge	243
Dawson Creek	83
Osoyoos	124
Surrey	142
Vancouver	206
Total	798

A summary of the findings for the CASI administrative and intake database, for all five pilot communities combined, are presented below in text/bullet format. This is followed by a set of corresponding tables which display the numbers/percentages for each variable examined. The reporting period for this data is from July 2010 to May 31, 2012.

- Forty-five percent of CASI clients are 80 years or older, 33% are between the ages of 70 to 79, 11% are between the ages of 65 and 69, and 11% of CASI clients are below the age of 65 (see table 1).
- The majority (76%) of CASI clients are female and 21% are male (see table 2).
- Fifty-seven percent of CASI clients reported that they did not have a health condition while 43% of CASI clients reported having a health condition (see table 3).
- In terms of marital status, 42% of CASI clients are widowed, 26% are married, 19% are single, and 3% are divorced (see table 4).
- Over half (57%) of the CASI clients live alone and 43% live with someone (see table 5).
- Forty-two percent of CASI clients live in an apartment/suite, followed by 40% of CASI clients

who live in single family homes, 10% who live in a condo/townhouse, 7% who live in assisted living, and 1% of CASI clients who live in an “other” setting such as hotel/motel (see table 6).

- The busiest registration month was May 2011 with 10% of the CASI clients registering, this was followed by 8% of CASI clients registering each in February and June 2011; 7% registering in March 2011; 6% registering in April 2011; 5% registering each in October 2010, and January and November 2011; 4% registering each in July 2010 and August 2011; 3% registering in September, November, December 2010, July, September, October, December 2011, and January, February, March 2012; 2% registering in August 2010 and April 2012; and 1% of CASI clients registering in May 2012 (see table 7).
- Forty percent of CASI clients were referred to CASI by an organization/agency, 28% were referred by family or friends, 18% were referred by advertising, and 14% referred themselves to CASI (see table 8).
- Over half of the CASI clients were not receiving additional organizational supports, 15% were receiving support from their local senior center or neighborhood house, 11% were receiving support from home support, 10% were receiving support from health care, 5% were receiving help from social services, and 2% of CASI clients were receiving support from Handidart, assisted living and other sources (adult day care and unknown). Please see table 9.
- The most frequently requested service was transportation (35%), followed by housekeeping (28%), handyman (14%), walking club (8%), friendly visits (7%), outdoor maintenance (4%), registration (2%), and skills bank (1%). Please see table 10 for greater detail.

Table 1: Age (n=676)

Age	Number	Percentage
80 or older	301	45
70-79	223	33
65-69	71	11
65 and below	75	11
No data	128 ²	
Total	798	100

Table 2: Gender (n=798)

Gender	Number	Percentage
Female	602	76
Male	167	21
No data	29	3
Total	798	100

Table 3: Health Condition (n=607)

Health Condition	Number	Percentage
------------------	--------	------------

² When the percentage of no data is above 10%, the number of no data are taken out of the denominator

Yes	258	43
No	349	57
No data	191	
Total	798	100

Table 4: Marital Status (n=798)

Marital Status	Number	Percentage
Married	336	42
Widowed	205	26
Single	156	19
Divorced	22	3
No data	79	10
Total	798	100

Table 5: Type of Living Arrangement (n=683)

Type of Living Arrangement	Number	Percentage
Alone	386	57
With someone	297	43
No data	115	
Total	798	100

Table 6: Type of Housing (n=700)

Type of Housing	Number	Percentage
Apartment/suite	295	42
Single family	283	40
Condo/town home	67	10
Assisted living	49	7
Other (hotel/motel)	6	1
No data	98	
Total	798	100

Table 7: Client Registration by Month (n=798)

Month	Number	Percentage
May 2011	79	10
February 2011	61	8
June 2011	60	8
March 2011	57	7
April 2011	52	6
October 2010	40	5
January 2011	38	5
November 2011	37	5
August 2011	34	4
July 2010	29	4
March 2012	29	3
December 2011	29	3
September 2011	28	3
February 2012	28	3
December 2010	27	3
July 2011	26	3

January 2012	23	2
November 2010	23	3
September 2010	21	3
October 2011	21	3
August 2010	17	2
April 2012	14	2
May 2012	2	1
No data	23	3
Total	798	100

Table 8: Source of Referral (n=687)

Source of Referral	Number	Percentage
Organization/agency	272	40
Friend/family	194	28
Advertisement ³	128	18
Self referral	95	14
No data	111	
Total	798	100

Table 9: Organizational Supports Receiving (n=502)

Organizational Support	Number	Percentage
Not receiving organizational supports	264	53
Senior centre/Neighborhood House	76	15
Home support	54	11
Health Care	50	10
Social Services	21	5
Other (adult day care and unknown)	13	2
Transportation	12	2
Assisted Living	12	2
No data	296	
Total	798	100

Table 10: CASI Services Requested (n=644)

Service Requested	Number	Percentage
Transportation	227	35
Housekeeping	179	28
Handyman	90	14
Walking club	53	8
Friendly visits	47	7
Outdoor maintenance	24	4
Registration	12	2
Referral	9	1
Skills bank	3	1
No data	252	
Total	896 ⁴	100

³ Not a category on internal Maple Ridge document

⁴ Some clients requested more than one service

B. Pilot Site Leadership Interviews – Program Level

The purpose of the Pilot Site Leadership Interviews was to gather information from CASI leaders and staff at the community level with respect to project implementation, outcomes, and key learnings. A total of 24 individuals were interviewed.

B.1 Project Implementation

Leaders at the community level shared their perspectives related to program implementation with respect to their level of involvement, how the program rolled out, influencing factors, and the CASI approach.

- The majority of the interview respondents had been involved with the CASI program since the program’s inception and three of the interview respondents had been involved with the program for a year or less.
- All of the interview respondents believed their local CASI program had been implemented as planned. However, respondents were quick to comment that although the program was implemented as planned there were *“some bumps along the way.”*
- When asked what was the *“most rewarding or satisfying aspect of your involvement with CASI?”*, interview respondents provided the following comments:
 - Getting the CASI project up and running
 - Making personal connections with the seniors they served
 - Delivering services that seniors want and need and that make a difference to their well-being
 - The way that clients appreciate and value the services they received
 - The fact that CASI helped seniors to become more active and involved in the community
 - Increased recognition of the CASI program and “brand” among community members, groups and organizations
 - Working in partnership and collaboration with community groups and organizations
- Conversely, when interview respondents were asked to comment on the most challenging aspects of planning and implementing CASI, they offered a variety of comments which included the following:
 - The amount of time it takes to get a project like CASI up and running (in particular the *“front end work”* and marketing and promotion)
 - Certain aspects of the co-lead approach (differing expectations and assumptions)
 - Staffing-related issues (e.g., staff turn-over)
 - Reporting and evaluation requirements
 - The costing tool which was complex and difficult to use
 - Enlisting the support of and retaining volunteers and paid contractors

- Balancing the management of a high volume of clients with the need to promote the services
 - Garnering approval to purchase capital equipment (e.g., a van)
 - Complexities associated with the lead agency infrastructure
 - Not knowing if the project would be funded beyond the pilot phase
 - Not being able to help seniors who are not able to pay for services
 - Complexities associated with providing services to multi-cultural seniors (e.g. language/translation)
- Interview respondents also commented on a number of factors they believed supported planning and implementation of CASI. The most frequently cited factors were as follows:
 - Advisory Committee and the number and type of organizations working together to plan and implement CASI
 - Expertise and resources of the lead agency
 - Financial resources to support project planning and implementation
 - Support of project coordinators
 - Volunteer and community support
- The majority of interview respondents believed the program served their CASI clients well. Those who thought changes could be made the approach commented on challenges related to the co-lead aspect of the approach; the role of the Advisory Committee (too much emphasis on operational issues); and lack of involvement (input) with members from the target population and some community groups and organizations.

B.2 Program Outcomes

- When asked *“On a scale of 1 to 5 (1 low and 5 high) to what extent do you believe CASI has met its goal in your community?,”* the average rating among interview respondents was 4.4 out of 5. The majority of interview respondents believed that CASI has been *“a really great success in our community,”* but there is still work to do, *“as there are seniors out there who could use the service but are not yet.”*
- Interview respondents commented on the achievements they believed had been realized as a result of CASI. These included the following:
 - Providing services to seniors which have enabled them to stay in their homes longer and live more independent lives.
 - Formation of a number of organizational relationships which will lay the foundation for collaboration on future initiatives.
 - Wider understanding within the community about the importance and availability of non-medical home supports and seniors issues in general.
- In terms of unanticipated or surprising consequences that occurred as a result of CASI, interview respondents provided the following commentary:
 - The number of clients who display mental health issues
 - Interest and success of particular services (e.g., walking club, housekeeping, skills banking, group transportation)

- The high volume (or in one case lack of) of clients and volunteers
- Interest by local MLAs

B.3 Key Learnings and Sustainability

- Interview respondents were asked to share key learnings from their involvement with the CASI project. They offered the following:
 - Ensure there is enough time at the start of the program to lay the foundation for project implementation and be realistic about what can be accomplished in the established project timeframe.
 - Engage and consult with a variety of organizations and members of the target population to guide project planning and implementation.
 - Utilize a variety of methods to promote and market the project (e.g. face-to-face marketing, CASI connectors, newspaper, social media, etc.).
 - Provide adequate training for the front-line service providers so they are able to screen for and cope with a variety of situations related to the clients (e.g. dementia, cleanliness, depression, etc.).
 - Choose your lead agency carefully and ensure their organizational infrastructure is able to support CASI as efficiently and effectively as possible.
 - Don't take on too much too soon, focus on fewer services and do them well rather than trying to do too much all at once.
 - Establish a simple, solid financial structure and have a clear business plan.
 - Locate the project office in a high traffic setting to enhance exposure and increase awareness about the project.
 - Learn from other communities implementing similar projects; i.e., share experiences and lessons learned.
 - Implement a sliding scale fee for services received.
 - Invite broad representation on the Advisory Committee, and ask the Advisory Committee to play more of a strategic role than an operational role.
 - Work strategically to integrate CASI into the larger primary health care system.

- The interview respondents provided the following suggestions when asked what is required in order to ensure the CASI project in their community is the best project possible and one that will be sustained over time:
 - Continued funding
 - Continued partnerships and collaboration not only at an organizational level but in terms of support from the seniors in the community
 - Continued support from project coordinators and project co-leads

C. Seniors Post-test – Project Level

A total of 145 Seniors Post-test Interviews were administered across the five communities out of a potential 249 interviews (based on the number of Seniors Pre-test Interviews completed) resulting in a response rate of 58%. The interviews took approximately half an hour to complete and were conducted over the telephone. Respondents were reminded that the information they provided would be kept confidential and their responses anonymous. Table 1 below describes the number of Seniors Post-test Interviews completed per community. In addition, the table outlines, by community, the reason for no response to the Seniors Post-test Interview and the number of Seniors-Pre-test Interviews completed.

Figure 1: Number of Seniors Post-test Interviews completed

Community	Potential number of Interviews (based on #Seniors Pre-test Interviews completed)	# Seniors Post-test completed	# no longer CASI clients therefore unable to complete post-test	Not interested/ not able to reach for the Post-test	Never used the Service therefore not able to complete post-test
Maple Ridge	80	48	11	17	4
Vancouver	62	35	6	9	12
Surrey	44	20	5	5	15
Dawson Creek	30	16	7	4	3
Osoyoos	33	26	3	4	0
Total	249	145	32	39	34

The data were analyzed utilizing a statistical analysis program and reported according to frequency of response. The reader should note that as the number of Interviews administered per community was not equal, the data were “weighted” during analysis to ensure equal statistical representation across the five communities. As a result, the reader will see that the number of overall cases listed is 240 but the actual number of cases is 145.

The project level findings for the Seniors Post-test Interviews across all five pilot communities are presented below. They are organized by key themes that comprised the survey, including: context, satisfaction, impact, and personal well-being. Some questions in the Seniors Post-test Interview were also asked in the Pre-test Interview at baseline (when the client registered for CASI); as such the reader will note that for some of the questions, there is a pre-post comparison and presentation of findings.

C.1 Context – Project Level

- Over three quarters (85%) of seniors interviewed at post-test believed that CASI made their life better (see table 11).
- Thirty-seven percent of the seniors interviewed at post-test were receiving help or support services in their home from other agencies or organizations. This is in comparison to 28% of seniors interviewed at pre-test who were receiving help or support services in their home from other agencies or organizations (see table 12).

- In terms of type of support service received from other agencies and organizations, the most frequently cited support at post-test cited by the seniors interviewed was other (37%), followed by health care from the Health Authority (28%), and housekeeping (24%). This was followed by transportation, health care and friendly visits (3% each), and handyman (2%). The other category consisted of: Department of Veteran Affairs Support, support for general tasks, social worker, food certificates, help from local mosque and dancing and singing classes. These findings are in comparison to the Seniors Pre-test Survey where the most frequently cited support was other (43%), followed by housekeeping (39%), handyman (11%), transportation (5%) and friendly visits and outdoor maintenance (1% each). The other category at the pre-test included: vacuuming, resource agency, reading in English, exercise and computer science class. Please see table 13 for greater detail.
- Forty-three percent of the seniors interviewed at post-test were receiving additional help from friends or family members. Similarly, 43% of interview respondents at pre-test were receiving help from friends or family members (see table 14).
- In terms of the type of help or support interview respondents received from their family and friends the following supports were cited: transportation (33%), friendly visit (22%), other (12%), housekeeping (11%), handyman (7%), outdoor maintenance (3%), and health care (2%). This is in contrast to the pre-test findings in which 48% of interview respondents were receiving additional housekeeping support, followed by 14% receiving handyman support, 13% receiving friendly visits, 10% each receiving transportation and other support, and 5% of survey respondents receiving support for outdoor maintenance (see table 15).
- Of the seniors interviewed that were receiving help from family and friends at post-test, 37% were receiving help from family or friends once a week, 19% were receiving help less than one time a week, 7% were receiving help 4 or more times a week and 36% of the respondents did not answer this question. In most instances these respondents commented that they could not answer the question because their family and friends provide support “*whenever they need it.*” These findings are in contrast to the pre-test where 44% of the seniors interviewed were receiving help once a week, 10% were receiving help 2 to 3 times a week, 2% were receiving help 4 or more times a week, 2% less than once a week and 42% of interview respondents that were receiving support from family and friends did not answer the questions. As was the case in the post-test, many interview respondents commented that they were not able to answer this question because they received support from family and friends whenever they needed it. Please see table 16 for greater detail.

Table 11: CASI Made Life Better: (n=157⁵)

Response	Number	Percentage
Yes	134	85
No	23	15
No data	83	
Total	240 ⁶	100

⁵ When the percentage of no data is above 10% the number of no data cases are taken out of the denominator

Table 12: Help From Other Agencies or Organizations (n=240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
No	166	70	149	62
Yes	68	28	90	37
No data	6	2	1	1
Total	240	100	240	100

Table 13: Type of Help from Other Agencies and Organizations (n= 73 pre and 112 post)⁷

Type of Help	Pre		Post	
	Number	Percentage	Number	Percentage
Other	31	43	41	37
Health care from Health Authority	0	0	32	28
Housekeeping	28	39	27	24
Transportation	4	5	4	3
Health care	0	0	3	3
Friendly visits	1	1	3	3
Handyman	8	11	2	2
Outdoor maintenance	1	1	0	0
Total	73	100	112	100

Table 14: Help From Friends or Family Members (n= 240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
No	136	56	137	57
Yes	103	43	103	43
No data	1	1	0	0
Total	240	100	240	100

Table 15: Type of Help from Family and Friends (n= 144 pre and 103 post)

Type of Help	Pre		Post	
	Number	Percentage	Number	Percentage
Transport	15	10	34	33
Friendly visits	19	13	22	22
Other) ⁸	14	10	13	12
Housekeeping	69	48	12	11
Handyman	20	14	7	7
Outdoor maintenance	7	5	3	3
Healthcare	0	0	2	2

⁶ 240 represents the weighted number of cases. Survey weights are used to adjust for the over or under sampling of certain cases or strata in the population to ensure the overall statistics are representative of the entire population. They are particularly useful when some strata are “easier” to sample from than others, if for example, they are larger. In this project, weights were applied to 149 actual cases so that the number of weighted cases is 399. By applying weights to the sample cases, any estimates which are computed (i.e. frequencies) will properly represent the entire population.

⁷ Some respondents were receiving more than one service

⁸ Many individuals did not identify a particular category as their family and friends help them with whatever they need help with and this varies

No data	0	0	10	10
Total	144	100	103	100

Table 16: Frequency of Help (n=103 pre and 103 post)

Frequency of Help	Pre		Post	
	Number	Percentage	Number	Percentage
Once a week	45	44	38	37
Less than once a week	3	2	20	19
4 or more times a week	2	2	7	7
2 to 3 times a week	10	10	1	1
No data ⁹	43	42	37	36
Total	103	100	103	100

C.2 Satisfaction - Project Level

- Almost all (94%) of the seniors interviewed at post-test believed the people who provided the CASI service(s) were friendly (see table 17).
- Similarly, almost all (89%) of the seniors interviewed at post-test stated that the people who provided the service(s) were reliable (see table 18).
- Eighty-eight percent of the seniors interviewed at post-test believed the people who provided the service(s) were helpful (see table 19).
- Over three quarters (82%) of the seniors interviewed at post-test commented that the people who provided the service(s) communicated clearly, while 6% believed they communicated somewhat clearly, and 5% of the respondents did not believe those who provided the service(s) communicated clearly (see table 20).
- Almost all (93%) of the seniors interviewed at post-test believed they were treated with courtesy and respect by the people who provided the service(s). Please see table 21 for greater detail.
- Eighty-eight percent of the seniors interviewed at post-test commented that the people who provided the service(s) did so in a timely manner, while 7% believed the service(s) was provided in a somewhat timely manner, and 4% of the seniors interviewed at post-test did not believe the service(s) were provided in a timely manner (see table 22).
- When asked “*Are you satisfied with the CASI program?*” 82% of the seniors interviewed at post-test stated they were satisfied, 11% stated they were somewhat satisfied, and 5% of the seniors were not satisfied with the CASI program (see table 23).

⁹ The no data was left in the denominator as it represents the majority of individuals did not answer this question because they commented that they are provided help from family and friends whenever they need it.

- Eighty-one percent of the seniors interviewed at post-test believed that the CASI program is meeting their needs and expectations, 10% believed the program is somewhat meeting their needs and expectations, and 7% of the interview respondents did not believe the CASI program was meeting their needs and expectations (see table 24).
- In terms of quality of CASI services they are receiving, 61% of the seniors interviewed at post-test believed the quality of services was excellent, 29% believed the quality of services was good, 6% believed the quality of services was fair, and 3% of the seniors interviewed at post-test believed the quality of services they received was poor (see table 25).
- The majority (86%) of seniors interviewed at post-test would recommend the CASI program to a friend in need of similar help, 10% stated they might recommend the program, and 3% of the interview respondents stated that they would not recommend the CASI program to a friend in need of similar help (see table 26).
- Seventy percent of the seniors interviewed at post-test were paying for the services they received, 24% of interview respondents were not paying for the CASI services they received, and 4% of interview respondents were paying for some services but not all (see table 27).
- Of the interview respondents paying for the services they received, almost all (97%) believed the fee they were paying for the service was worth it (see table 28).

Table 17: People who Provided Service Were Friendly (n=240)

Response	Number	Percentage
Yes	226	94
Somewhat	10	4
No	2	1
No data	2	1
Total	240	100

Table 18: People who Provided Service Were Reliable (n=240)

Response	Number	Percentage
Yes	214	89
Somewhat	15	6
No	7	3
No data	4	2
Total	240	100

Table 19: People who Provided Service were Helpful (n=240)

Response	Number	Percentage
Yes	211	88
Somewhat	21	9
No	6	2
No data	2	1
Total	240	100

Table 20: People who Provided Service Communicated Clearly (n=240)

Response	Number	Percentage
Yes	197	82

Somewhat	16	6
No	11	5
No data	16	7
Total	240	100

Table 21: People who Provided Service were Courteous and Respectful (n=240)

Response	Number	Percentage
Yes	224	93
Somewhat	10	4
No	0	0
No data	6	3
Total	240	100

Table 22: People Provided Service in a Timely Manner (n=240)

Response	Number	Percentage
Yes	210	88
Somewhat	17	7
No	11	4
No data	2	1
Total	240	100

Table 23: Satisfaction with Program (n=240)

Response	Number	Percentage
Yes	197	82
Somewhat	27	11
No	12	5
No data	4	2
Total	240	100

Table 24: CASI Program Meeting Needs (n=240)

Response	Number	Percentage
Yes	195	81
Somewhat	24	10
No	17	7
No data	4	2
Total	240	100

Table 25: Quality of Services Receiving (n=240)

Response	Number	Percentage
Excellent	147	61
Good	69	29
Fair	14	6
Poor	8	3
No data	2	1
Total	240	100

Table 26: Recommend CASI Program to Friend (n=240)

Response	Number	Percentage
Yes	206	86

Maybe	25	10
No	6	3
No data	3	1
Total	240	100

Table 27: Paying for Services Receiving (n=240)

Response	Number	Percentage
Yes	168	70
Some, but not all	9	4
No	58	24
No data	5	2
Total	240	100

Table 28: Fee Paid is Worth it (n=177)

Response	Number	Percentage
Yes	172	97
No	5	3
Total	177	100

C.3 Impact - Project Level

- Seniors interviewed at post-test were asked if CASI services helped them with regard to a number of factors related to living. Here are the findings:
 - 63% of the interview respondents believed CASI services helped them do their daily life activities, followed by 57% of interview respondents believed CASI services helped them to feel more independent, 56% believed that CASI services helped them to maintain their level of health, and 53% of interview respondents believed CASI services helped them to remain in their home.
 - In addition, 47% of interview respondents believed CASI services helped them to enjoy life more, 40% believed CASI services helped them worry less and have greater piece of mind, 29% believed CASI services helped expand their social activities, and 23% believed CASI services helped them to do more in the community.
 - Finally, 20% of interview respondents believed that CASI services helped them feel safer and more secure living at home (see table 29).

C.4 Personal Well Being – Project Level

- Sixty-eight percent of the seniors interviewed at post-test are satisfied with life as a whole, 23% are somewhat satisfied, and 8% of interview respondents are not satisfied with life as a whole. This is in comparison to the pre-test where 59% of seniors interviewed were satisfied with life as a whole, 27% were somewhat satisfied, and 12% were not satisfied with life as a whole (see table 30).
- In terms of health, 53% of seniors interviewed at post-test were satisfied with their health overall, 26% were somewhat satisfied, and 20% were not satisfied with their health overall. When the same seniors were asked this question at pre-test, 42% of the interview respondents

were satisfied with their health overall, 30% were somewhat satisfied with their health, and 27% of interview respondents at post-test were not satisfied with their health overall (see table 31).

- Similarly, 56% of seniors interviewed at post-test were satisfied with their level of activity, 22% were not satisfied, and 21% of the interview respondents were somewhat satisfied with their level of activity. At pre-test, the results were similar where 56% of seniors interviewed were satisfied with their level of activity, 24% were not satisfied, and 19% of seniors interviewed at pre-test were somewhat satisfied (see table 32).
- Almost two-thirds (65%) of the seniors interviewed at post-test were satisfied with the level of support they get from others in their life, 24% were somewhat satisfied, and 10% of interview respondents were not satisfied with the level of support they get from others. The findings at pre-test were similar, with 67% of interview respondents satisfied with the level of support they receive from others in their life, 19% of interview respondents were somewhat satisfied, and 13% of interview respondents were not satisfied (see table 33).
- Just over half (52%) of interview respondents at post-test were satisfied with their level of involvement in their community, 26% were somewhat satisfied, and 21% were not satisfied with their level of involvement in their community. At pre-test, 48% of interview respondents were satisfied with their level of involvement in their community, 25% were somewhat satisfied, and 25% were not satisfied (see table 34).
- Seventy-three percent of seniors interviewed at post-test were satisfied with the level of independence they have in their life, 16% were somewhat satisfied, and 10% were not satisfied with the level of independence they have in their life. Similarly, at pre-test, 74% of seniors interviewed were satisfied with the level of independence they have in their life, 15% were somewhat satisfied, and 10% were not satisfied (see table 35).
- The majority (86%), of seniors interviewed at post-test were satisfied with the level of safety and security in their home, 11% were somewhat satisfied, and 1% of interview respondents were not satisfied with the level of safety and security in their home. At pre-test, 90% of the seniors interviewed were satisfied with the level of safety and security in their home, 8% were somewhat satisfied, and 1% of the seniors were not satisfied (see table 36).
- Twenty-eight percent of the seniors interviewed at post-test were worried about living in their own home. At pre-test, 32% of the seniors interviews were worried about living in their own home (see table 37).

Table 29::Degree CASI Service has Helped (n=varies by question)

Response	Yes		Somewhat		No		Not applicable		Total	
	#	%	#	%	#	%	#	%	#	%
CASI services have helped to:										
Do daily life activities	126	63	41	20	34	17	39		240	100
Feel more independent	112	57	49	25	36	18	43		240	100
Maintain level of health	111	56	40	20	48	24	41		240	100
Remain in home	105	53	59	29	36	18	40		240	100
Enjoy life more	91	47	62	32	40	21	47		240	100

Worry less and have greater piece of mind	77	40	78	40	40	20	45		240	100
Expand social activities	56	29	21	11	118	60	45		240	100
Do more in community	44	23	32	17	115	60	48		240	100
Feel safer and more secure living in home	38	20	59	31	91	49	52		240	100

Table 30: Satisfaction with Life as a Whole (n= 240)

Satisfaction	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with life as a whole:				
Yes	142	59	165	68
Somewhat	65	27	54	23
No	29	12	20	8
No data	4	2	1	1
Total	240		240	100

Table 31: Satisfied with Health Overall (n=240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with health overall:				
Yes	100	42	129	53
Somewhat	72	30	62	26
No	65	27	48	20
No data	0	0	1	1
Total	240	100		100

Table 32: Satisfied with Level of Activity (n=240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with level of activity overall:				
Yes	134	56	134	56
No	57	24	53	22
Somewhat	46	19	52	21
No data	3	1	1	1
Total	240	100	240	100

Table 33: Satisfaction with Level of Support (n=240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with the level of support I get from others in my life:				
Yes	161	67	156	65
Somewhat	46	19	58	24
No	32	13	23	10
No data	1	1	3	1
Total	240	100	240	100

Table 34: Satisfaction with Level of Involvement in community (n=240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with the level of involvement in my community:				
Yes	115	48	126	52
Somewhat	61	25	62	26
No	60	25	51	21
No data	4	2	1	1
Total	240	100	240	100

Table 35: Satisfaction with Level of Independence (n=240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with the level of independence I have in my life:				
Yes	177	74	177	73
Somewhat	38	15	38	16
No	24	10	24	10
No data	1	1	1	1
Total	240	100	240	100

Table 36: Satisfaction with Level of Safety and Security in Home (n= 240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
I am satisfied with the level of safety and security in my home:				
Yes	217	90	207	86
Somewhat	19	8	27	11
No	3	1	3	1
No data	1	1	3	1
Total	240	100	240	100

Table 37: Worried about Living in Own Home (n= 240)

Response	Pre		Post	
	Number	Percentage	Number	Percentage
Yes	78	32	68	28
No	161	67	168	70
No data	1	1	4	2
Total	240	100	240	100

D. Front-Line Service Providers – Project Level

Front-line service providers in each of the pilot communities were interviewed at the end of the 18 month pilot period of the CASI Project. These are the individuals who work directly with the seniors – driving bus, cleaning homes, helping with yard work, etc. The service providers were asked to share their views on CASI implementation and outcomes. The interviews were conducted over the telephone and took approximately one-half an hour to complete. Respondents were reminded that the

information they provided would be kept confidential and their responses anonymous. The data were analyzed utilizing a statistical analysis program and reported according to frequency of response. The total number of interviews conducted was 33. Of the 33 Front-line Service Providers interviewed, 12 had been previously interviewed for the Mid-term Evaluation report.

The reader should note that as the number of interviews administered per community was not equal, the data were “weighted” during analysis to ensure equal statistical representation across the five communities. As a result, the reader will see that the number of overall cases listed is 45 but the actual number of cases is 33.

D.1 Context and Experience - Project Level

- Just over three-quarters (77%) of the front-line service provider interview respondents were not paid for their work with CASI, and 23% were paid for their work with CASI (see table 38).
- Of the interview respondents that were paid for their work, 80% were contractors and 20% were paid CASI program staff members (see table 39).
- Twenty-five percent of the interview respondents were providing individual transportation services, followed by 22% providing housekeeping services, 13% providing friendly visits, 10% transportation services, 10% walking club services, and 10% providing other services. In addition, 7% were providing handyman services, and 3% providing outdoor maintenance services (see table 40).
- Three quarters (75%) of the interview respondents very much enjoyed providing CASI services to seniors, 18% enjoyed providing services, 2% somewhat enjoyed providing services, and 5% of the interview respondents were not enjoying providing CASI services to seniors (41). One individual who did not enjoy providing CASI services commented that working with seniors brought back memories of her mother who had died recently, which was mentally challenging for her. Please see table 41 for greater detail.
- The majority (84%) of interview respondents felt appropriately trained and prepared to take on the work as a CASI service provider, and 16% did not feel appropriately trained and prepared to take on the work as a CASI service provider (see table 42). Many of the interview respondents commented that they had previous experience working with seniors.
- Eighty-two percent of the Front-line Service Providers interviewed strongly agreed that they were supported in their work by the CASI project staff, 12% agreed, and 6% of the interview respondents somewhat agreed (table 43).
- Similarly, 83% of the Front-line Service Providers interviewed strongly agreed that they could easily communicate with CASI staff, 9% agreed, and 6% of the interview respondents somewhat agreed that they could easily communicate with project staff (see table 44).

- Seventy-nine percent of the interview respondents were very pleased with their work/time scheduling, 14% were pleased, 2% were somewhat pleased, and 3% were not pleased with how their time had been scheduled (see table 45).
- Seventy percent of the Front-line Service Providers interviewed strongly agreed with the statement that they had been compensated for their work fully and in a timely fashion, 20% somewhat agreed, and 10% disagreed (see table 46).
- The majority (85%) of Front-line Service Providers interviewed did not feel that the health and safety of their clients or themselves was ever at risk during their involvement, and 15% did feel that the health and safety of their clients or themselves was at risk during their involvement (see table 47). A few of the interview respondents who believed that the health and safety of themselves or their clients was at risk commented that they encountered clients who needed a significantly higher level of home support to address their multiple needs.

Table 38: Current Status with CASI (n=45¹⁰)

Status	Number	Percentage
Not paid for work	35	77
Paid for work	10	23
Total	45	100

Table 39: Current Status if Paid for Work (n=10)

Status	Number	Percentage
CASI contractor	8	80
CASI project staff member	2	20
Total	10	100

Table 40: Services Providing (n=45)

Services Provided	Number	Percentage
Individual transportation	11	25
Housekeeping	10	22
Friendly visits	6	13
Other	5	10
Group transportation	4	10
Walking club	4	10
Handyman	3	7
Outdoor maintenance	2	3
Total	45	100

¹⁰ 45 represents the weighted number of cases. Survey weights are used to adjust for the over or under sampling of certain cases or strata in the population to ensure the overall statistics are representative of the entire population. They are particularly useful when some strata are “easier” to sample from than others, if for example, they are larger. In this project, weights were applied to 33 actual cases so that the number of weighted cases is 45. By applying weights to the sample cases, any estimates which are computed (i.e. frequencies) will properly represent the entire population.

Table 41: Degree to Which Enjoying Providing CASI Services to seniors (n=45)

Enjoyment	Number	Percentage
Very much enjoying	34	75
Enjoying	8	18
Somewhat enjoying	1	2
Not really enjoying	0	0
Not enjoying	2	5
Total	45	100

Table 42: Trained and Prepared to Take on Work (n=45)

Response	Number	Percentage
Yes	38	84
No	7	16
Total	45	100

Table 43: Degree to Which Supported in Work by the CASI Project Staff (n=45)

Agreement	Number	Percentage
Strongly agree	37	82
Agree	5	12
Somewhat agree	3	6
Disagree	0	0
Strongly disagree	0	0
Total	45	100

Table 44: Degree to Which Can Easily Communicate with CASI Staff (n=45)

Agreement	Number	Percentage
Strongly agree	37	83
Agree	4	9
Somewhat agree	3	6
Disagree	0	0
Strongly disagree	0	0
No data	1	2
Total	45	100

Table 45: Degree to Which Pleased with Scheduling (n=45)

Agreement	Number	Percentage
Strongly agree	35	79
Agree	6	14
Somewhat agree	0	0
Disagree	1	2
Strongly disagree	2	3
No data	1	2
Total	45	100

Table 46: Compensated for Work Fully and in a Timely Fashion (n=10)

Agreement	Number	Percentage
Strongly agree	7	70
Agree	0	0

Somewhat agree	2	20
Disagree	1	10
Strongly disagree	0	0
Total	10	100

Table 47: Felt Health or Safety Risk for Self or Client (n=45)

Response	Number	Percentage
No	38	85
Yes	7	15
Total	45	100

D.2 Project Implementation – Project Level

- When reflecting on their work with CASI, 88% of the Front-line Providers interviewed did not believe they faced any significant challenges or difficulties providing services to seniors, while 12% of the interview respondents did believe they faced significant challenges or difficulties providing services to clients (see table 48).
- Almost all of the interview respondents (92%) believed that the services offered to seniors were adequate and appropriate, while 8% did not believe the services offered to seniors were adequate and appropriate (see table 49)
- Thinking back on the service they provided, 86% of the Front-line Service Providers interviewed did not believe that the service could have been delivered in a different or better way, and 14% of interview respondents did believe the services could have been delivered in a different or better way (see table 50).
- When asked “Overall what do you think has worked well with the CASI project?”, the majority of the interview respondents had few comments as they believed that the CASI project is working well overall and is providing services to seniors that need the help. The only other comment was that the coordinator “communicates well.”
- Conversely, when the interview respondents were asked “Overall what do you think has not worked well with the CASI project?”, interview respondents were concerned that paying for the services may be a problem for some seniors and another commented that there could be more advertising though he/she knew that “they have been trying to get the word out more.”

Table 48 Faced Significant Challenges (n=45)

Response	Number	Percentage
No	40	88
Yes	5	12
Total	45	100

Table 49: Services Offered are Adequate and Appropriate (n=45)

Response	Number	Percentage
Yes	41	92
No	4	8
Total	45	100

Table 50: Services Could Have Been Delivered in a Different Way (n=45)

Response	Number	Percentage
No	39	86
Yes	6	14
Total	45	100

D.3 Perceived Value - Project Level

- When asked “*To what extent do you believe the service you provided has been helpful?*”, 83% of Front-line Service Providers interviewed believed the service has been very helpful, 11% believed the service has been helpful, and 6% of interview respondents believed the service has been somewhat helpful (see table 51).
- Similarly, when Front-line Service Providers were asked “*To what extent do you believe that the service you provided has helped seniors live longer in their homes?*”, 61% of interview respondents believed the service was very helpful, 27% believed the service was helpful, and 9% believed the service was somewhat helpful to helping the seniors live longer in their homes (see table 52).
- Almost all (98%) of the interview respondents believed that their experience working with CASI has benefitted them personally or professionally, while 2% did not believe their experience working with CASI has benefitted them personally or professionally (see table 53). One interview respondent commented that working with the CASI project “*has enriched my life by getting to know older people and having an appreciation for them.*”
- Ninety-five percent of the Front-line Service Providers interviewed would choose to continue to be CASI service providers, and 5% would not continue to be service providers (see table 54).

Table 51: Service Beneficial to Seniors (n=45)

Agreement	Number	Percentage
Very helpful	37	83
Helpful	5	11
Somewhat helpful	3	6
Not very helpful	0	0
Not Helpful	0	0
Total	45	100

Table 52: Service Has Helped Seniors Live Longer in Their Homes (n=45)

Agreement	Number	Percentage
Very helpful	27	61
Helpful	12	27
Somewhat helpful	4	9
Not very helpful	0	0
Not Helpful	0	0
No data	2	3
Total	45	100

Table 53: Benefitted Personally or Professionally (n=45)

Response	Number	Percentage
Yes	44	98
No	1	2
Total	45	100

Table 54: Will Continue as Service Provider (n=45)

Response	Number	Percentage
Yes	43	95
No	2	5
Total	45	100

E. CASI Project Leadership – Project Level

The endpoint project leadership interviews provided an opportunity for leaders to share their views on the CASI program. The interviews were conducted over the telephone and took approximately 45 minutes to complete. Respondents were reminded that the information they provided would be kept confidential and their responses anonymous. The data were analyzed according to clustering and coding techniques and common themes were identified. The total number of interviews was eight. The interviewees represented the Provincial Government, United Way, and the CASI project manager. The findings from the interviews are presented below and are organized by interview questions which relate to the following themes: project implementation, facilitators, challenges, partnerships, achievements, lessons learned, and suggestions for improvement.

1. Has the CASI approach been implemented as planned in the five pilot communities?

- All of the interview respondents believed that the CASI project had been implemented as planned in the five pilot communities. However, they also commented that there were some slight modifications to the approach because of “*the realities on the ground and shifting trends.*” Examples of modifications include:
 - *Revenue generation from client fees:* most interview respondents commented that some communities did not implement the sliding fee scale but rather offered a single, lower rate for services.

- *Naming of CASI services from non-medical home support to independence support and then back to non-medical home support:* one interview respondent believed that there was a “*scope creep*” as a result of using the term independence support and that services beyond the originally intended services (housekeeping, laundry, handyman, yard work and transportation) were offered as part of CASI.
- *Senior-centered:* One of the interview respondents believed that in most of the communities, “*not enough effort was made in the preliminary stages to seek out those (senior) organizations and go to the seniors (for input)*” to ensure a seniors-centered approach.

2. What factors supported implementation of CASI over the 18 month pilot phase?

- All of the interview respondents believed that the enthusiasm and commitment of the communities (lead agencies, coordinators, staff and volunteers) was a significant factor to supporting implementation of CASI over the 18 month pilot phase. Interview respondents commented that the “*enthusiasm, commitment, creativity, and local knowledge of the lead agencies really contributed to the success of the pilots.*”
- The commitment, responsiveness and “*flexibility from the provincial team*” were also mentioned by most interview respondents as a factor that supported implementation of the CASI pilot. According to the interview respondents, the Project Team “*were willing to be flexible and to listen and talk*” about key issues. “
- In addition, most interview respondents commented that the funders (United Way and the Government of BC) played a supportive role in the implementation of CASI through the provision of a “*good amount of funding*”; the knowledge and expertise they brought to the CASI project; and their commitment to “*slog through*” issues related to planning and implementation.
- Several interview respondents commented that having a field manager to liaise with the Project Team and the pilot communities was an important factor to the implementation of the CASI pilot project.

3. What were some of the factors that challenged implementation of CASI over the 18 month pilot phase?

- Almost all of the interview respondents commented that the financial forecasting tool was a significant challenge to project implementation. According to interview respondents, the financial tool was complex and communities found it very difficult to use. One of the interview respondents commented that a primary purpose behind the financial forecasting tool was to encourage communities to develop a detailed forecast of what it would cost to deliver CASI services and to examine potential resource inputs to cover the costs. However, this was not how things happened as the following statement made by one of the interview respondents illustrates: “*we got way down the road with this complicated forecasting tool and it sucked out so much energy they had for the financial forecasting piece that we never got past that to say*

what we really want you to do is use the funds flowing through the United Way to build the foundation, and then think about innovative, entrepreneurial ways to enhance your program.”

- Related to the challenges associated with the financial forecasting tool, was the challenge of implementing a sliding fee scale. A few of the interview respondents commented that several of the communities were not comfortable implementing a sliding fee scale for their clients.
- Another challenge was the uncertainty around multi-year project funding. As one interview respondent stated: *“you have a slightly different approach when you don’t know what is going to be available in terms of funding.”*
- Several of the interview respondents mentioned that the differing levels of capacity at the community level was challenging. The *“communities are all very different and have different levels of capacity and expectations and people to draw upon”* and as a result, the communities were at different stages of readiness throughout the pilot implementation.
- In addition, several interview respondents mentioned that it was an ongoing challenging balancing the need for flexibility at the community level with the *“funders responsibility to establish givens and to provide oversight to the project.”* Interestingly, a few interview respondents commented that at times, communities were looking for more structure and *“at times were overwhelmed with developing so much on their own. They would have appreciated and sometimes asked for templates and more parameters so they did not have to reinvent the wheel.”*
- Individual interview respondents mentioned challenges related to operations and implementation of CASI that are worth noting. These include:
 - The unfamiliarity within the lead agencies about delivering non-medical home supports in their communities.
 - Lack of clarity and understanding about requirements for data collection, in particular completion of the intake data base.
 - Volunteer management at the community level.
 - Sequencing of letters of agreements between the funders and the communities which did not match the actual service dates.
 - Challenging fiscal times in the province at the time of project initiation.

4. Reflecting back over the pilot phase, to what extent do you believe CASI has adhered to its original principles? Scale of 1 to 5 (1 is low and 5 is high)

- When asked *“to what extent do you believe CASI adhered to its original principles (1=not adhered and 5 fully adhered)”*, interview respondents provided an average rating of 4.3. All of the interview respondents believed that CASI adhered to its original principles and that the principles were *“a key decision making resource”* which were referred to often. However one interview respondent commented that the Project Team needed to *“be flexible (about the principles) to make sure all communities were able to drive forward,”* and another interview respondent believed that *“some of the principles ... we morphed.”* In particular the principles associated with the senior-centred focus and the sliding scale.

5A. Given your involvement with CASI, what key learnings can you share related to the provision of non-medical supports to seniors at the community level in BC?

- Almost all of the interview respondents commented that a key learning is that the community development approach to establishing a project like CASI works well. As one interview respondent stated: *“we were working with communities and really gave them not carte blanche because we had our parameters but we did leave a lot of the decision-making in their hands in terms of building a program that would meet the needs of seniors in their community.”*
- Inherent in a community development approach is the need to be flexible, which is something most interview respondents believed is an important learning. However, interview respondents were also quick to comment that *“you have to be flexible in terms of your ability to listen and be responsive to the needs that arise but you also have to be critically focused on the deliverables as well.”*
- Another learning related to the community development cited by a few interview respondents is that when implementing a community development approach, it is *“really important to make sure there is enough time and resources to help communities do the development work up front. This is really critical.”*
- In terms of expectations of pilot communities, interview respondents identified a number of areas they believed are important for the Project Team to identify expectations and in some instances provide tools and support materials. These include: timelines, definitions (e.g. non-medical home supports), guidelines for staffing, templates for governance models, branding and marketing materials/guidelines, age of seniors eligible for the program, and risk management guidelines and strategies.
- Most interview respondents believed that a key learning of CASI is that there is an interest and need for CASI in BC communities. As one interview respondent commented: *“there are seniors in the community who need some help and there really is a demand for this (CASI).”* While interview respondents believed there is a need for CASI they also commented that it is important to be very clear as to what kinds of services CASI is able to offer.
- Some interview respondents commented that the financial model for CASI (identified as an enterprising non-profit model) is a relatively new model. The learning according to interview respondents is that the approach requires *“systems support to work”* and that there is a need to support centrally involved agencies and organizations in the implementation of the approach.
- Other learning’s cited by interview respondents include:
 - Volunteer recruitment and management requires dedicated support and planning
 - Government and the non-profit sector can work together successfully
 - Seniors planning for seniors is a key variable to program success

5B. As CASI prepares to expand, what new or additional knowledge does its leadership need to acquire to ensure the best possible program going forward?

- Almost all of the interview respondents believed that as CASI gets ready to expand, the Project Team will need to have a *“better understanding and more thorough mapping of what exists out there system wide in terms of services”* so CASI can align with and where possible, look at other potential ways other agencies and organizations can contribute to CASI. In terms of services, interview respondents spoke of home and community care, falls prevention, food skills for seniors, healthy families and other broad government initiatives.
- Most of the interview respondents believed that as CASI expands, the Project Team will need to have a good understanding of risk management issues, specifically what the risks are for CASI and how the risks should be managed and mitigated going forward.
- Additionally, a few of the interview respondents suggested that the Project Team will need to better understand volunteerism in the CASI communities and how this impacts the fee for service approach.
- One of the interview respondents commented that it would be instructive for the CASI leadership to have an understanding of what other organizations are charging for seniors services in order to guide and inform CASI communities about the current market environment and pricing.
- Finally, one of the interview respondents believed that as CASI expands, the Project Team will want to have an increased understanding of the local sites, the seniors they are serving and local circumstances.

6. On a scale of 1 to 5 to what extent do you believe that CASI has met its goal across the five pilot projects?

- All of the interview respondents believed that CASI has had an impact on seniors and gave an overall rating of 4.0. However, one interview respondent also stated that their response was based on anecdotal evidence, and that *“we need a bit more time to really understand if it is really CASI that is helping seniors.”*

7. In your view, what have been the key achievements or benefits of the CASI initiative over the 18 month pilot phase?

- All of the interview respondents believed that the CASI approach which is based on a community development approach, has proven to be a viable approach *“that has benefitted seniors immensely in terms of providing them with valuable services to keep them in their homes longer.”*
- Almost all of the interview respondents believed that getting five pilots *“up and running and delivering services is a key achievement.”* Interview respondents also commented that the CASI

local programs have had an impact on increasing social infrastructure at the local level and supporting *“local energy and innovation.”*

- At the provincial level, interview respondents commented that the CASI project demonstrated that government and the non-profit sector can work together successfully toward a common goal and purpose and that this was a significant achievement.

8. Throughout the course of the program were there any unanticipated or surprising consequences or outcomes?

When asked to comment on any unanticipated or surprising consequences or outcomes from the CASI project, interview respondents provided a variety of responses, as follows:

- The significant amount of work required by the Project Team to develop and implement the CASI pilot projects.
- The degree of *“political backlash”* from provincial organizations and groups and how CASI was like *“a lightning rod for all those highly charged discussions around the role of the voluntary sector, the changing demographics and savings to the healthcare system.”*
- The readiness, interest and creativity of the CASI communities in developing and implementing the CASI projects.
- The varying degrees of capacity in the CASI pilot communities.
- The length of time it took seniors to connect with the services and the realization that some seniors are reluctant to ask for help or self-identify that they need assistance.
- The success of the walking club in terms of the benefits that *“flow out of the exercise, comradery and oversight.”*
- The different applications of the fee for service approach by the five pilot communities.

9. In your view, have sufficient resources been dedicated to deliver the CASI project over the pilot phase?

- Almost all of the interview respondents believed that in general, sufficient resources were dedicated to deliver CASI over the pilot phase. However, they also commented that they were only able to respond to this question from the perspective of the Project Team.
- Although the interview respondents believed that sufficient resources had been dedicated to the project, respondents commented that it is important to note that the Project Team also contributed a significant amount of in-kind resources during the pilot phase of the project. In particular, they mentioned that a considerable amount of (in-kind) time was provided during the early days of the project.

10. Do you believe that the resources dedicated to CASI were used effectively?

- In terms of whether or not resources were used effectively, almost all the interview respondents believed that the resources were used effectively *“as much as possible given that the project was constantly evolving.”* One interview respondent commented that the resources could have been utilized more effectively, if we *“would have created a particular climate that was more aware of the sliding scale and the potential for revenue and making use of it.”* Another interview respondent commented that while she believed that generally the resources were used effectively, the funding for the previous evaluation component could have been better managed in the early stages of the project.

11. Looking ahead can you suggest ways to change or improve CASI in the post pilot phase?

- All of the interview respondents believed in order to improve CASI it will be necessary to build on what was learned from the pilot phase as the Project Team because we *“had the privilege of accessing information from the pilots. So we need to turn that into new learning’s, make meaning of it, and then turn that back out to the programs to they can use it and improve the work on it.”* More specifically, interview respondents provided the following suggestions to improve CASI expansion in the post pilot phase:
 - Clearly articulate expectations about staffing and resourcing for the CASI programs. This includes overall expectations, required competencies, training needs, and the identification of risk management strategies.
 - Clarify and reinforce the role of the CASI Advisory Councils at the community level. The Advisory Councils should be an integral part of CASI and their contributions honoured and supported.
 - Provide guidelines and templates for program implementation that are consistent across CASI communities. According to one interview respondent, one of the key areas for consistency is evaluation and data management. This respondent believed that the Project Team needs to develop *“a solid plan for data collection”* accompanied by resources, training, and communication about expectations.
 - Facilitate discussion and networking between CASI communities (e.g., the newly developed website may be an excellent venue to do this).
 - Diversify the partnerships within the Provincial Team or create an Advisory Committee with diverse representation to provide a wide perspective on CASI development and implementation.
 - Identify areas for potential collaboration between CASI and other local, regional and provincial organizations and groups such as Health Authorities and other provincial initiatives.
 - Create provincial awareness of CASI *“in order to ensure seniors, families and caregivers in the communities know that if there is a CASI in their town it is available to them.”*
 - Consider options and strategies for long term sustainability of CASI. In particular, the Project Team *“needs to be pragmatic going forward and put our eyes more firmly on the financial requirements of CASI.”*

- Develop internal systems at the United Way such as an appropriate grant and data management system.

12. Looking ahead, what is required to ensure that the CASI initiative will be the best project possible and that it will be sustained into future years?

- Almost all the interview respondents believed that in order for CASI to be sustained into future years there needs to be continued evaluation “*to demonstrate accountability and effectiveness because CASI “needs ways of demonstrating the value of the initiative.”* Interview respondents believed that the evaluation should not only focus on impact but should also include process evaluation so that CASI “*can continuously improve the way it is delivered and managed.”*”
- Many of the interview respondents commented that in order to sustain CASI into future years, there will need to be secure funding with an ongoing budget from the Province of British Columbia. In addition, respondents suggested that CASI community programs will need to acquire in-kind support and local philanthropy to support the CASI programs.
- Several interview respondents commented that in order for CASI to be sustained over time, CASI needs to make an effort to align and collaborate with existing services such as health authority programs, other provincial and local activities and initiatives, other non-profits, and the corporate sector.
- A few interview respondents believed that a seniors-centred approach with “*seniors planning for seniors*” is necessary for sustainability of the CASI projects. They believed that seniors need to be an integral part of the design and development as the project moves into the expansion phase.
- A few of the interview respondents believed it will be important for the Project Team to clearly identify project expectations to ensure CASI programs are vibrant, successful and sustainable. This includes the articulation of parameters around accountability, expectations about the funding approach, volunteer and staff management, ongoing evaluation, and risk management mitigation. Further, interview respondents believed that expectations should be supported by the provision of adequate resources, tools and training.

F. CASI Local Project Coordinators – Project Level

One of the central streams of data collection for the evaluation of the CASI initiative rests on interviews with the coordinators of the five community pilot programs. Through telephone interviews that took approximately 45 minutes to complete, project coordinators from the pilot sites were asked to share their views about the implementation of their 18 months CASI program. Respondents were reminded that the information they provided would be kept confidential and their responses anonymous. The data were analyzed utilizing a clustering and coding technique and common themes identified. The total number of interviews was 5 (one interview per community), however, a total of 10 individuals

participated in the interviews, reflecting that fact that each community had 2 individuals in the project coordinator role. The findings of the CASI project coordinator interviews, organized by key theme, are presented below.

F.1 Most Rewarding Aspect of Job – Project Level

- All of the project coordinators believed that that most rewarding or satisfying aspect of their job was *“making connections with the seniors,”* and working with them to improve their lives.
- One respondent described her role as a *“key catalyst”* between the seniors and the services and care they need. She noted that while some seniors receive help from family members, they (family) do not often have the time available to provide fully for loved ones, and as such, *“CASI has helped to bridge that gap.”*
- Project coordinators believe that the seniors benefit significantly from CASI services. They offered some specific examples: reduced seclusion, increased interaction with others, better social life and more friends, feeling better (e.g., less pain in legs due to housekeeping help), and greater ability to get daily tasks done (e.g., shuttle service to shopping mall).
- One respondent commented that planning and conducting creative events for seniors was a rewarding part of the job, and it was *“a lot of fun,”* and at the same time, *“helped to raise money for additional services.”*

F.2 Most Challenging Aspect of Job – Project Level

- The 2 most frequently identified challenges identified by the project coordinators were:
 - (i) Workload, which largely reflects the amount of time allocated to meet the job/work requirements: *“I feel the workload is quite immense for this project... it requires much more than the 35 hours per week.”*
 - (ii) Variability of skills required to meet the needs of the project: *“This job gives new meaning to multi-tasking... I have to be responsible for marketing, outreach, program management, and matching seniors and volunteers, information sessions, fundraising events, workshops, and it is all too much.”*
- Recruiting and retaining volunteers represents another challenge. One respondent noted the difficulty of *“balancing the number of volunteers required with the number of senior requests;”* and another respondent indicated that this is particularly difficult during some seasons of the year, such as when *“the snowbirds leave the community and the potential pool for volunteers drops off.”*
- Reporting requirements was cited as an additional challenging factor. One respondent noted that the reporting requirements *“kept on changing,”* but also acknowledged that reporting requirements improved and stabilized over the course of the pilot project phase.
- One project coordinator cited budget and accounting practices as a challenge. She believed that she would have preferred to *“have been more directly in touch”* with the project finances so that

she could monitor her expenditures and plan services accordingly. Another local project coordinator commented that greater budget would have been appreciated especially in the early days when there was much work to be accomplished.

- The diversity of the seniors, with respect to language and culture, was perceived as a challenge in one community.
- On an interpersonal level, one project coordinator commented that it is difficult to work with seniors, some of whom pass away during the course of the program: *“It is difficult to face the fact that seniors pass away.”*

F.3 Job Support – Project Level

- When asked what could have been done or provided to help them do a job better, project coordinators suggested the following:
 - Provide a clearer definition of what it meant to have a successful CASI project; articulate outcomes better.
 - To provide more information early on about plans to sustain the project and the ability to provide services to seniors past the pilot phase.
 - Consider a higher operating budget so that more human resources could be hired (e.g., additional housekeepers to meet the demand).
 - To provide greater support to learn about the intake database and how to keep it updated.
 - Better orientation and training for the project coordinator role.
 - Specific grief training to support coordinators when their *“senior friends”* pass away.
- When asked if they felt supported in their work by their host agencies, CASI project coordinators had varied views:
 - One respondent said that *“I have felt very much supported.”* She highlighted the role of the Advisory Committee which she believed functioned very well, and provided strong advisor (versus supervisory) support.
 - One respondent suggested that one lead agency would be better than two.
 - Another project coordinator noted that while they did not feel fully supported by their host agency at first, things improved over time, and that all key groups were working well together at this time.
 - One project coordinator believes that CASI *“is really all on my shoulders,”* and that the host agency was not supportive; she did however, acknowledge a strong level of support from her direct Manager.
- When asked if they felt supported in their work by the Provincial Team, CASI project coordinators believed that:
 - While the leaders at the United Way were helpful, sometimes information that was requested took longer to receive than was hoped for; however, one respondent noted that when asked, the Provincial Team, provided good information with respect to key issues such as insurance for volunteers and criminal records checks.

- Most project coordinators equated support from the Provincial Team as support from the CASI Provincial Manager, and they believed that she was very supportive. This was evidenced by for example, timely response to phone calls and emails, site visits and full accessibility.
- One coordinator had a contrary opinion, noting that *“the things I am dealing with in our community are local things so I don’t really need that kind of support.”*
- One project coordinator acknowledged support from the CASI evaluation team.

F.4 Job Training – Project Level

- Overall, project coordinators believed that they had sufficient training and preparation to take on the job with respect to project coordination and management; noting that additional training on budgeting, financial management, and computer/database operations would be beneficial to support the project coordinator position.
- However, respondents believed they were less prepared to address and manage those aspects of the job relating to seniors issues and challenges. They identified the following areas for additional training:
 - Health-related issues such as dementia
 - Elder abuse
 - Transition from independent to assisted living (as many seniors asked about assisted living options)
 - Awareness of and referral to other community services
 - Service-related training; for example, training related to housekeeping and transportation to effectively oversee and manage these areas
- To augment areas where they needed greater understanding or knowledge, some project coordinators drew upon their Advisory Committees: *“We had representatives of Alzheimer BC and Northern Health here on our Advisory Committee who provided important mentorship around these kinds of issues. ”*
- Additionally, consulting and networking with other existing programs in the community helped some project coordinators to augment their knowledge and understanding of seniors issues: *“We want to convey that we have had to take a lot of time researching and learning from existing programs.”*

F.5 Other Community Resources – Project Level

- When asked if they had to draw upon other resources in their community in order to deal with the needs of their clients, project coordinators identified the following:
 - Northern Health to offer support for seniors with dementia
 - Churches to provide seniors transportation to church services
 - Community support groups to help seniors with hoarding issues, as well as those facing financial abuse
 - Salvation Army for immediate needs such as clothing and bedding

- Lawyers and public trustees to deal with seniors estates or legal issues upon death
 - Public health nurses to address immediate medical/physical needs such as *“dressing a bad leg wound”*
 - Health authority case manager for seniors with mental health issues/history
- One project coordinator also noted a future need for volunteers who are multi-lingual to better serve the seniors in her community: *“I think one thing that will come up in the future is a big gap in finding Chinese-speaking housekeepers.... Also, for the shuttle service not being able to have a translator or Chinese-speaking driver, this has been a big gap as well.”*
 - Finally, one respondent commented on the need to work collaboratively with other agencies in the spirit of cooperation for the benefit of all the seniors they serve: *“You have to make sure you are in a partnership mode with other (agencies) because there is no room for competition.”*

F.6 CASI Implementation – Project Level

When asked if they believe if the CASI program in their community had rolled out as planned:

- 3 of the 5 pilot communities say “Yes,” and offered these comments:
 - *“It is absolutely what we had a vision for, so yes.”*
 - *“It has rolled out great, and it is working.”*
- 2 of the 5 pilot sites did not believe CASI had rolled out as planned:
 - One coordinator commented that as a pilot project, they expected their community CASI approach to change from the original plan. She noted that *“while we made the changes in the volunteer (aspect) of the approach, we met the overall goal to help seniors remain independently in their homes.”*
 - One coordinator noted that due to the turn-over in program coordinators, she was unsure about the original roll-out plan for CASI: *“When I first started I was unfamiliar with what the plan was.”* She went on to say that each community had to put processes and procedures in place that worked for them to ensure the services they offered matched community need.

F.7 CASI Approach – Project Level

- When asked if they believe if the CASI approach had served their clients well, project coordinators from 4 of the 5 pilot communities said “Yes.”
- One coordinator believed that more experts should have been involved in certain service areas, and she provided transportation as an example. She noted that, *“It would have helped if Translink would have been at the table ... so we could brainstorm on how we could build on what already existed in the community.”*
- Project coordinators identified those aspects of the CASI approach that worked well, as follows:
 - One point of contact serving as a Lead Agency
 - Advisory Committee in place to support planning and implementation

- Centralized location with easy access for seniors, and preferably in a location that seniors are familiar with (e.g., seniors' centre)
 - Using volunteers from the community: *"I credit our success to the volunteers."*
 - Ability to sign-up CASI clients over the telephone (in addition to in-person)
 - Encouraging enrolled seniors to invite other seniors to become a part of CASI: *"The seniors are basically the outreach representatives and ambassadors for the project... They meet other seniors, tell them about CASI, and bring them in."*
 - Flexibility of the program which allowed communities to *"customize"* their services to fit the needs of seniors in each community
- Project coordinators identified those aspects of the CASI approach which did not work well, as follows:
 - Reporting process, especially related to the original intake database: *"The collection of data, the original spreadsheet, didn't work well... it was very unwieldy."*
 - Difficulties ascertaining seniors' incomes as a requirement for payment toward services on a sliding fee scale
 - Limited office space to carry out the CASI project
 - Lack of open communication with the project advisory committee in the early days
 - Recruiting volunteers to provide CASI services: *"For the first several months, I went out and knocked on doors to get volunteers; I really got a lot of 'no's."*
- When asked to share reasons why some clients left CASI, project coordinators identified the following:
 - Seniors passing away
 - Seniors having to move into assisted living or extended care because their health needs could no longer be handled in the home setting: *"At times a room or a home was not yet ready for that senior, so we stepped in to be the transition program until they were able to move"*
 - Requiring one-time service. For example, one senior who was able to drive, but needed a ride to the clinic where she was having eye surgery, and no family members were able to take her there: *"It was just a one-time thing"*
 - Some seniors resided outside the CASI catchment area
 - Some seniors had difficulty coordinating and getting along with CASI volunteers/contractors: *"We had a senior who stopped using the housekeeping service because he had some conflicts with the housekeeper coming who did come in to clean his home on time"*
 - Snow bird seniors who are in a given community for only a few months a year
 - Change in service providers or volunteers whereby the seniors have trouble or are unable to adapt: *"Sometimes we have to change volunteers if they quit or take vacation... and they [seniors] don't like that"*
 - Many family members / friends make arrangements for CASI services on behalf of their senior loved ones, but the seniors believe they do not need support and do not therefore follow through with the service: *"Some children or friends have urged [seniors] to be CASI clients... but the seniors do not want the help, so they don't go along"*

- As a final note, one project coordinator commented that some people were inputted into the CASI database/system, but did not actually use the service (e.g., registered for the Walking Club but never attended)

Section 3:

Conclusion and Considerations for the Future

In 2010, the United Way of the Lower Mainland, in partnership with the Government of BC, established the *Community Action for Seniors Independence (CASI)* initiative. CASI is a three-year community-driven partnership designed to develop, implement and test innovative and sustainable program approaches for delivering non-medical home support services to seniors. As documented throughout this paper, under CASI, local community programs provided basic services such as transportation, housekeeping, and yard work, with the goal of supporting seniors to live longer in their homes.

According to the findings from this evaluation, there are good indications that the CASI Project, through the local programs, was successful in achieving its goal of supporting seniors to live longer in their homes. Over half of the seniors interviewed believed that CASI helped them to remain in their homes longer and the majority believed that CASI made their life better. Similarly, the Front-line Service Providers and Program Coordinators believed that CASI clients benefitted greatly from the local program, that seniors experienced a greater ability to handle their daily tasks, as well as benefit in several other significant ways. Moreover, evaluation findings indicate that seniors who benefited from CASI services were wide-ranging. They represented a broad demographic, in terms of age range and marital and living status, though a significant proportion of the clients were female.

What it is perhaps more difficult to ascertain are the implications associated with the various approaches to implementing CASI at the local program level. There was little consistency across local programs in terms of types of services offered, fee structure (fee based/donation, sliding fee scale/one fee), and governing structure (co-lead/single lead agency)(see Appendix A). However, what is clear is that there are lessons to be learned from the CASI experience that can inform future efforts to support seniors independence in communities across BC.

The recommendations presented below are based on these learnings and are intended to help shape and inform the expansion of CASI, now known as *Better at Home*, as it is implemented in up to 60 communities across the province of British Columbia in the months and years ahead. Recommendations related to programming and operational issues at the local program level are considered first, followed by recommendations that touch upon broader directional issues at the project or provincial level.

Local Program Level

5-lessons learned

- This evaluation of CASI demonstrated that training and preparation is critical to CASI's success. Consideration should be given to ongoing training and development across the CASI initiative, as follows:
 - This evaluation showed that strong leadership and engagement at the community level is a necessary requirement for the successful implementation and delivery of CASI projects. Methods to promote strong community-level leadership should be applied as the new Better at Home initiative begins to be implemented province-wide. Consideration should be given to the development of a Better at Home Leadership Curriculum that can be used to educate and orient CASI project leaders and advisory committee members in each community. Community leadership training should include: principles of community development, effective board development, budgeting and fundraising, volunteerism, and

- partnership building. Curriculum development should involve individuals with expertise in adult education, as well as experience with respect to operational and governance issues within the non-profit sector.
- CASI project coordinators are central to the implementation and oversight of CASI in each community. This evaluation indicates that project coordinators have a complex job which requires a significant range of skills and knowledge. While hiring practices should ensure the selection of suitable candidates; once hired, project coordinators need to be fully supported, early on. Preparation of a *Better at Home Project Coordinators Curriculum* should be developed to facilitate the appropriate preparation of coordinators, including training related to: intake database and protocols, data entry and management, budgeting and cost forecasting, staff/volunteer recruitment and retention, community development and relations, and social marketing.
 - The CASI evaluation documented the array of services that are provided to seniors across the five pilot communities by both paid staff/contractors and volunteers. Front-line service providers work most closely with seniors to deliver the care and services they require at the local or community level. As Better at Home continues to be implemented across BC, the training and preparation of service providers could become a shared responsibility between the United Way and the leadership at the local, community level. The United Way, for example, could lead the development of tools and resources such as a *Better at Home Service Provider Training Curriculum* to guide training and preparation of service providers. At the local level, the project coordinator and project advisory committee could work together to orient service providers to Better at Home procedures and protocols to ensure effective service delivery (e.g., invoicing, record keeping). In addition, training related to effective approaches to working with seniors, and the types of challenges or risks that might emerge, could also be undertaken at the local level. This type of training and orientation would ensure a capable and knowledgeable contingent of service providers, as well as increase job satisfaction and worker retention under the new Better at Home banner.
 - Better at Home is expanding province wide, and the first 18 communities have been identified. This evaluation showed that the launch of CASI within the pilot communities required significant support; it needed to be “sold” to seniors in the community so they understood what CASI was, and how it could help them in their daily lives. Looking ahead to Better at Home, consideration should be given to designing and implementing sound community marketing and advertisement strategies that entice seniors to become interested in the program early on, as well as create some “buzz” about the program across the community. Involving seniors directly in early development and marketing efforts may increase interest among seniors to join the CASI project, as well as ensure alignment with good planning and community development principles.
 - This evaluation demonstrated that CASI is not an island on its own. Many CASI clients seek out and access services provided by other agencies or organizations in the community, and sometimes, CASI staff refer clients to other sources of support. Better at Home should continue this practice. Every effort should be made to build upon existing supports and to strategically work alongside other community agencies/organizations so that redundancies are reduced and the needs of seniors are fully met.

- As evidenced throughout this evaluation, CASI involves a varied range of players at the community level – clients, service providers, advisory committee members, project coordinators, and other community groups or agencies. Clear communications are vital to successful programming. Better at Home should institute a *Better at Home Communications Plan* that facilitates and supports consistent messaging about the program, its aims and progress, across all CASI stakeholders.

Project or Provincial Level

- This evaluation showed that CASI benefitted from strong leadership at the program or provincial level. This will be even more important as Better at Home is implemented province-wide. A solid Provincial Leadership Committee should be adequately supported with human, financial and material resources to effectively oversee Better at Home implementation across place and time. The leadership committee should involve interests that span the world of senior's issues, and include representation from: the United Way of the Lower Mainland, the Government of BC, academia and research, Better at Home communities, and seniors themselves.
- CASI, by nature, was an "approach" under development. As a pilot program, communities were encouraged to build their CASI project in a way that fit their own unique context and needs. This should characterize Better at Home going forward; that is, new sites should continue to engage local interests to design services that fit with their own reality and deliver them in a way that is well received by those who will use them. A community development approach is maintained. This however, should be balanced against what has been learned to date. Clearly, the CASI evaluation demonstrated that housekeeping is a highly-valued service, followed by transportation service. As such, these two services could become a consistent element of the service mix of Better at Home going forward, either by ensuring the services are delivered directly by Better at Home, or that they are available to clients of Better at Home through another provider who offers services that are equally affordable and accessible. Then, based on the unique character and needs of each community, additional services could be added to make a "customized" Better at Home service package for each community across the province.
- Besides learnings from the CASI experience, Better at Home needs to be grounded in new research related to seniors and non-medical supports, as it becomes available. Some mechanism should be instituted (e.g., clearing house), to ensure that new knowledge from other regions or countries be assembled and considered by Better at Home so that best practices continue to be embedded over time. Similarly, Better at Home should adopt methods to contribute to knowledge and to transfer (share) its learnings in both formal and informal ways. This includes for example, participation in professional presentations and meetings, the development of manuscripts for publication, as well as preparing newsletters and taking part in public events and announcements.
- Beyond good communication at the community level, effective methods need to be applied to ensure strong communication between CASI leadership at the provincial level and Better at Home communities. Besides electronic and written means, consideration should be given to providing a *Better at Home Forum* each year. Representatives from all Better at Home communities would be invited to share their experiences, challenges and lessons learned; and

the provincial leadership could use this time to provide new or additional training or development in areas of interest (e.g. volunteer recruitment and retention). This would also be a time that formal Better at Home evaluation findings could be shared with the entire Better at Home family.

- The experience of CASI highlights the need to support and maintain an ongoing planning and evaluation cycle. As Better at Home is implemented across the province, strategies should be in place to support planning and evaluation at the community and provincial level. This includes effective ways to capture key data elements that will allow ongoing assessment of the progress and impact of Better at Home communities, as well as the ability to adjust course if required along the way. A strong evaluation framework and process should be developed and implemented early on to capture baseline measures, key learnings, challenge and opportunities, and movement on key indicators over time. This will ensure access to data/information for ongoing program improvement, as well as help to rationalize Better at Home and its sustainability over the longer term.

In closing, the evaluation findings captured in this report reflect various perspectives and observations from all groups involved with the CASI initiative to date. Clearly, the success of CASI is attributed to the vision, dedication and commitment of all the parties involved – the provincial leadership group (United Way and the Government of BC), community leaders, project coordinators, front-line service providers, and the clients themselves.

Much hard work has been done by many people. The ongoing planning and implementation of Better at Home will require a commensurate commitment of time, effort and energy from those who have been involved to date and who will carry the effort forward.

It is therefore encouraged that all parties involved with the CASI project and its next iteration – Better at Home – review this evaluation report and draw upon its many findings and lessons learned. Reflection on these findings should help to inform strategic direction-setting going forward at both the provincial and community level; and thereby, provide a solid foundation for the successful implementation of Better at Home across the province of British Columbia in the months and years ahead.

Appendix A: Overview of the CASI Approaches in Five Pilot Communities

While each of the five local CASI programs share the common goal of supporting seniors' independence, the CASI approach in each community is unique and reflective of the service priorities identified by seniors, as well as the size and circumstances of each community. Thus, the overall parameters provided to each pilot community to follow were few, as it was felt that a true community-development approach warranted room for the pilots to tailor their CASI services to local conditions and needs. The parameters, or 'givens', were as follows:

- Lead agency (ies) to be registered charitable organizations
- Must have paid program coordination
- The first pilot was to be in the Lower Mainland
- Seniors defined as age 65+
- Suggested types of CASI services included light housekeeping, laundry, help with meals, grocery shopping, yard work, home maintenance, transportation
- Fees to be charged for services on a sliding scale based on client income
- Geographic boundary for each pilot to be set by the community
- In-kind support, and other contributions to sustainability, would be sought by each pilot
- Each pilot would participate in data/information gathering and evaluation activities

The project principles that guided the pilots and funders were:

- Senior centred
- Prevention oriented
- Integrated
- Evidence-informed
- Sustainable
- Community driven
- Simple

Maple Ridge

Maple Ridge/Pitt Meadows is a suburb of the city of Vancouver which has a population of approximately 70,000. The Maple Ridge population comprises a lower overall percentage of seniors than some of the other CASI pilot communities, and is less culturally diverse. The CASI Maple Ridge project was the first of five communities to pilot test the CASI approach, and as such provided an example for other communities to follow. CASI in Maple Ridge is overseen by an Advisory Committee and is led by the Maple Ridge/Pitt Meadows Community Service Society.

CASI in Maple Ridge followed the project parameters as described above the most closely of all CASI pilots. They offered many of the suggested services including friendly visits, housekeeping, handyman services, and transportation, although, due to the spread-out geography of their area, they offered group transportation infrequently. In their view, outdoor (snow and yard) and indoor (handyman) services were part of the same continuum, so they combined them under the handyman service. They also provided CASI clients with referrals to other support services when necessary, however, these were not formally counted or recorded. They instituted a sliding scale fee structure modeled on the structure

used by Jewish Family Services Agency in Vancouver, and were the only CASI to hire staff (vs. contractors) to provide a service (part-time housekeepers).

This pilot had the quickest startup and ramp-up of their program, likely because the lead agency has a long service provision history, a structured way of doing things that is well known and accepted in the community, and because of a fairly homogenous population with which to work. The agency had also offered a similar and popular program for 17 years before the CASI pilot, which ended only due to a lack of funding. Thus, there was infrastructure in place, as well as knowledge of how to provide some of the CASI services, so less time was needed than in other pilot communities to implement and grow clientele quickly, and to figure out the best approaches for their population.

This pilot undertook focused marketing and communication to educate and inform seniors of the CASI services. Program staff were able to form a relationship with the Katzie First Nation and, over time, established a monthly presence at the band office to talk about CASI and other services offered by the lead agency.

Dawson Creek

Dawson Creek, the most northern CASI pilot community, is a small town of about 11,000 people. Its population is culturally homogeneous, representing a lower percentage of seniors than the provincial average, especially with respect to those who are 85 years and older. The CASI Dawson Creek project is overseen by an Advisory Committee and Dawson Creek chose to have two agencies co-lead their pilot; the South Peace Seniors' Access Services Society and the South Peace Community Resources Society.

This pilot offered most of the suggested services including housekeeping, handyman, transportation (by car), friendly visits, and outdoor maintenance (which included much snow removal). They did not offer group transport by van as there is already a non-profit service in Dawson Creek providing that for seniors and people with disabilities. They also chose to provide information and referral services and advocacy for clients and others. As an example, they organized a group of seniors to protest a change in bus routes and help educate others about the transit system; this is now an annual event funded by the City and transit.

This CASI charged on a sliding scale for housekeeping and handyman services, which were provided by contractors, while the rest of the services were free and provided by volunteers. They also charged a \$10 registration fee to enter the program. As well, they set aside 16% of their program budget to subsidize those who could not afford to pay for services.

With two lead agencies, and their different cultures, experience and areas of focus, time was needed to build their relationship and develop consensus on how to develop their CASI program. They did agree from the outset that they would not turn people away due to inability to pay, especially given the high cost of living in the area. They were sensitive to concerns expressed by their community about paying for services provided by volunteers. These factors influenced their approach to fees for services.

This pilot utilized contractors for housekeeping and the handyman service. Their volunteer drivers provided transport in their own vehicles and declined charging the project even for mileage costs.

Surrey – Newton

The Newton neighbourhood of Surrey has a population of nearly 50,000. Currently, seniors make up about 10% of Surrey's population, which is lower than the BC average, but is growing. Surrey's population is highly diverse with the co-existence of several cultural groups, including South Asians which comprise 25-30% of the total population. Incomes are generally lower in the Surrey area, and seniors have less access to services as compared to other CASI pilot communities. The CASI Surrey project is overseen by an Advisory Committee and is led by DIVERSEcity Community Resources Society.

This CASI offered most of the suggested services including housekeeping, transportation by both individual car and groups by van, friendly visits, and outdoor maintenance. They did not offer a handyman service. Friendly visits were often considered part of housekeeping (thus were often not tracked separately from housekeeping). In fact, they gained media coverage that remarked on the strong visiting aspect of the housekeeping they offered. They provided CASI clients with referrals to other support services (not formally counted or recorded) and also developed a "skills bank" for seniors to share skills with other seniors, which turned into a club sharing socialization, reciprocal teas, and a bit of reciprocal transport.

Newton's sliding scale was charged for all services, and for most of the pilot's implementation was based more on what the client was comfortable paying rather than a strict sliding scale. All services were provided by volunteers, many of whom were new immigrants looking to improve their language skills and gain work experience.

The lead agency for the Newton pilot had less experience than others in providing services specifically for the senior population. They work in a highly diverse community, with the most prevalent cultural group being South Asian, and the agency prides itself on its expertise in assisting immigrants and new Canadians in their integration into their new community. This pilot got off to a slower start as they tried various personnel and strategies in order to find a fit with their community's needs. Although fees were charged for services, project personnel expressed reservations about asking clients directly about income levels and ability to pay.

Cultural diversity also affected this pilot in its work with volunteers. Many in the community are newly arrived immigrants, and learning English is a priority, as is gaining local work experience. This is the pool from which many volunteers were drawn. Often, though, volunteers left fairly soon for paying jobs – leaving the CASI staff with a constant need to recruit for more volunteers.

Vancouver – Renfrew-Collingwood

The Vancouver CASI program encompasses the Renfrew-Collingwood neighbourhood which hosts a population of approximately 50,000. About 14% of the population is comprised of seniors, which reflects the provincial average. With over 25 languages spoken, this Vancouver neighbourhood is culturally diverse with a large Chinese population, and significant subgroups of Filipino and other nationalities. CASI in Vancouver is overseen by an Advisory Committee and is co-led by the Collingwood Neighbourhood House and the Renfrew-Collingwood Seniors' Society.

This CASI offered a smaller group of services, providing housekeeping, group transport by van, outdoor maintenance (as part of housekeeping; not tracked separately), and a new service, the walking club. The walking club became very popular. Not thought of as a typical "non-medical home support", the

pilot staff reasoned that physically active seniors are stronger, better able to stay in their homes, and less likely to fall. They did not offer individual transport, handyman, or friendly visiting, although the latter was often accomplished with the walkers in the club. Due to the high number of apartment/condo dwellings in this area, it was not considered a priority to offer handyman services. Because of an innovative partnership with the city's first car-coop, van services were able to be provided at low cost to the project; therefore volunteer drivers with their own cars were not needed. They also provided CASI clients with referrals to other support services (not formally counted or recorded).

Instead of a sliding scale, a suggested or minimum fee was paid by clients for the housekeeping/outdoor maintenance service, while a donation was suggested for the group transport. The minimum fees were sometimes lowered or waived for lower income clients, which was a form of informal sliding scale. All services were provided by volunteers, and this CASI was the most liberal in providing honoraria to recognize volunteer service.

In this multicultural neighbourhood, this CASI pilot created a "CASI Connectors" program. These volunteers, who speak multiple languages, went into the community, rode the group transport van and connected with seniors to inform them about CASI and other local services. This CASI also created a directory, produced in multiple languages, of services for seniors in the immediate neighbourhood.

Osoyoos

With a population of approximately 5,000, the rural town of Osoyoos in the southernmost part of the province represents the smallest CASI pilot community. Osoyoos is a culturally homogeneous community and offers limited services for seniors, who account for about one-third of the town's total population. The CASI Osoyoos project is overseen by an Advisory Committee and is led by the Osoyoos Seniors Centre Association.

This CASI program focused heavily on providing transportation, both by van for groups and for individuals by car. Transportation was the highest need identified by the community and by the local Health Unit. The Osoyoos CASI also offered friendly visits, and attempted to provide outdoor maintenance, matching youth to seniors who needed this service; this program did not work out. They also provided CASI clients with referrals to other support services. Both the van and car transport operated by donation, so there was no sliding fee scale applied. As this was a smaller program being run by volunteer managers and where services were provided entirely by volunteers, they did not feel they could take on the other suggested services such as housekeeping or handyman.

The program requested to use a large portion of their grant to buy a dedicated van and retrofit it for wheelchair access. Transportation was also provided by drivers in private vehicles. The transportation service grew beyond taking seniors to medical appointments (which often necessitates long rides to neighbouring communities) to include a socialization aspect, driving groups of seniors to social outings.

CASI in Osoyoos got off to a slower start. This community's lead agency had never been a direct service provider before and it is run entirely by volunteers. This necessitated significant investments of time and energy on the part of the volunteer CASI Advisory Committee, which took on a management and operational role. As well, because the community has such a small population, there was a limited pool to draw on for program staff and volunteers. Finally, in this CASI a great deal of time has been spent by staff on fundraising activities.