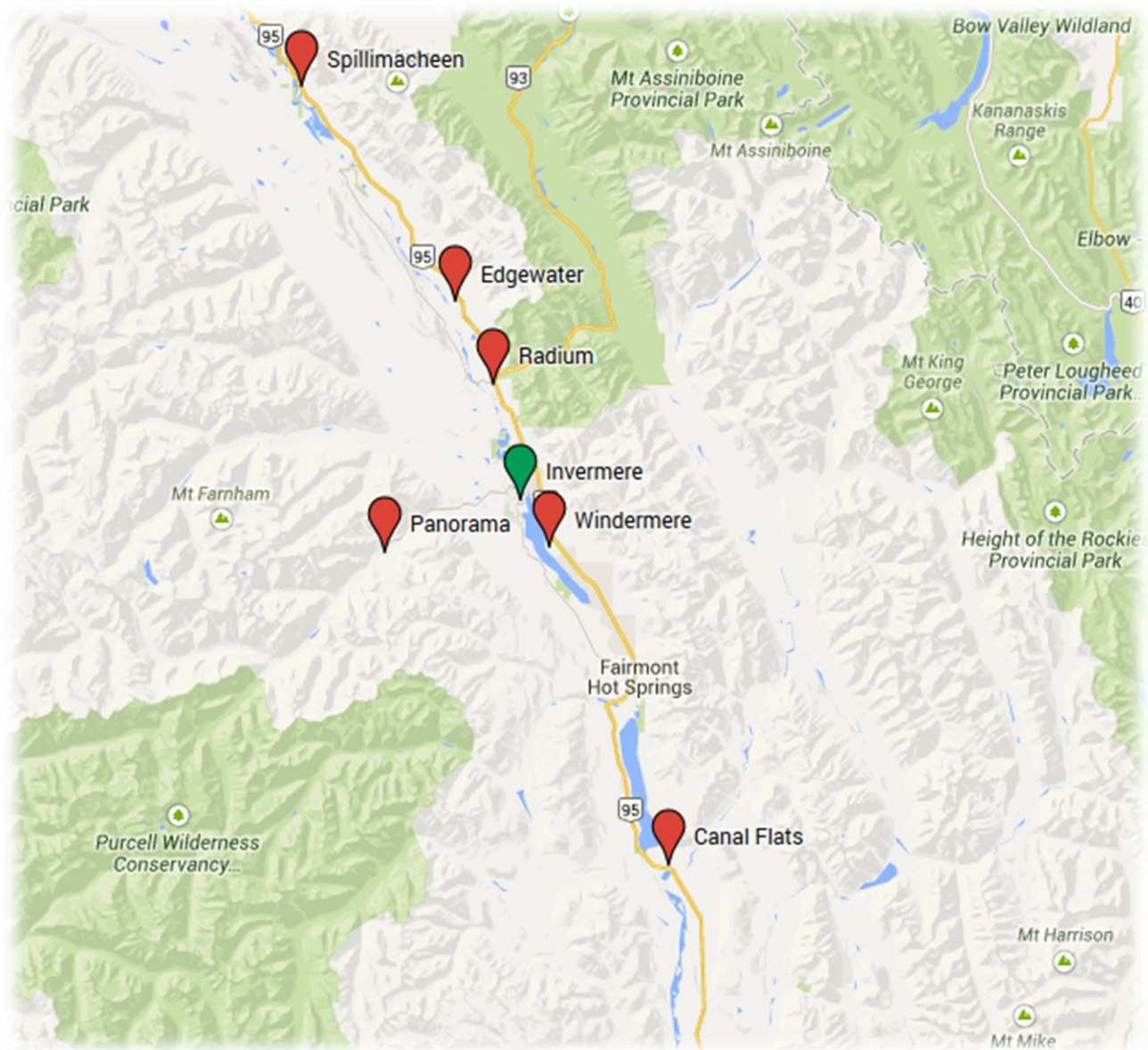


# Columbia Valley Better at Home Rural and Remote Pilot Project



## Stakeholder Meetings Report February 2015



**United Way**



United Way helping seniors  
remain independent.

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

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## 1 Introduction

### 1.1. Better at Home

Better at Home is a program that helps seniors with simple day-to-day tasks so that they can continue to live independently in their own homes and remain connected to their communities. The program is funded by the Government of British Columbia and managed by the United Way of the Lower Mainland. The Better at Home program is designed to address the specific needs of local seniors, allowing communities to assess their local strengths, identify gaps in services for seniors, and design Better at Home to enhance local capacities to bridge these non-medical seniors support service gaps.

The range of Better at Home services available varies from community to community, depending on the specific needs of local seniors. Services are delivered by a mix of volunteers, contractors, and paid staff, which depends on the capacity and human resource availability in local communities. Examples of Better at Home services include:

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

There are currently Better at Home programs offering services in over 60 programs across British Columbia. There are currently twelve programs in the Interior:

- Cranbrook
- Creston Valley
- Castlegar
- Shuswap
- North Okanagan
- Central Okanagan
- Penticton
- South Okanagan
- Kamloops
- Ashcroft/Cache Creek
- Logan Lake
- Williams Lake

A full list of current Better at Home programs can be found online at <http://betterathome.ca/map>. Those with limited access to the Internet are welcome to call the Better at Home Provincial Office on 604-268-1312 to enquire about program and availability around the province.

## **1.2. Better at Home Rural and Remote Pilot Project**

In April 2014, United Way of the Lower Mainland received additional funding, some of which was used to undertake the Rural and Remote Pilot Project. The pilot project will test new approaches for delivering Better at Home services in hard-to-serve rural and remote BC communities and inform Better at Home's efforts to effectively serve seniors in these areas.

The project will run in five rural and remote communities, which may devise five different ways to deliver Better at Home services. As part of the pilot project, United Way will support the development of locally appropriate approaches that may differ from the current approach in various ways—financial, governance, services, delivery, management, and staffing— but will remain in line with Better at Home core principles.

The selection process for the rural and remote pilot programs was evidence-informed, consultative, and responsive, in line with the guiding principles of Better at Home. Following extensive consultation with regional experts and stakeholders, site selection criteria were developed, which included but were not limited to the following:

- Numbers of seniors in community
- Non-medical home support needs
- Number of challenges to overcome (remoteness, small size, winter travel)
- Isolation factors
- Lack of other services/transportation infrastructure
- Outlying areas to work with
- Community readiness
- Community capacity

The criteria provided a guideline to the kinds of communities which regional experts considered ideal for participation in the Better at Home Rural and Remote Pilot Project. Communities selected met a number of the criteria to varying degrees while also presenting variation between the pilot communities in an attempt to maximize learning potential for Better at Home.

Nakusp, Invermere, the Villages of Fraser Lake and Valemount, and Pender Island were the five communities chosen to help Better at Home understand how best to deliver services to seniors living in rural and remote communities in B.C. Following a local stakeholder engagement process in each community, local pilot Better at Home programs will be funded from April 2015.<sup>1</sup>

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<sup>1</sup> At the time of writing this report, there were only five pilot communities. A sixth has since been added: the Village of Granisle.

### 1.3. Invermere Better at Home Pilot Project

Invermere was identified as a potential Better at Home Rural and Remote Pilot Project community as described in the previous section.

Rural and remote pilot programs may face very different challenges and local contexts than communities with more urban-based Better at Home programs. For this reason, the pilot Better at Home programs may come up with very different services and service delivery approaches than Better at Home programs to date. The focus for rural programs, as for all Better at Home programs, is supporting seniors to remain at home and connected to communities. How this will look in Invermere is as yet undecided. The approach will be locally appropriate, community-based, grounded in local capacities to safely provide services, and focused on the non-medical needs of seniors. The Better at Home Provincial Office will provide resources, connections, and support to the pilot programs as they design and implement their local approach.

### 1.4. Description of the local engagement approach

An initial stakeholder meeting was held in Invermere on 4<sup>th</sup> February with key contacts. The meeting was intended to inform key stakeholders about the Better at Home pilot program, gauge initial interest in participation and collaboration, and assess seniors support assets and needs in the community. Eleven people attended the meeting, which was held at the Legion in Invermere from 12:30p.m. through 3:00p.m. A number of other key stakeholders had intended to participate but were not available on the day. It should be noted that there was active engagement from a representative of the Akisqnuq First Nation, who was keen to explore the option of on-reserve services. An inclusive Better at Home approach is strongly encouraged, particularly if constructive collaborations with the Akisqnuq First Nation can be established.

The agenda, as seen in the flipchart image at right, was as follows:

1. Introductions
2. Better at Home program overview
  - a. Pilot program
  - b. Program rights and responsibilities
3. Seniors support assets
4. Seniors non-medical support needs
5. Local approach
6. Next steps

A follow-up stakeholder meeting was conducted on 6<sup>th</sup> February. The results of this meeting are detailed in section 7.

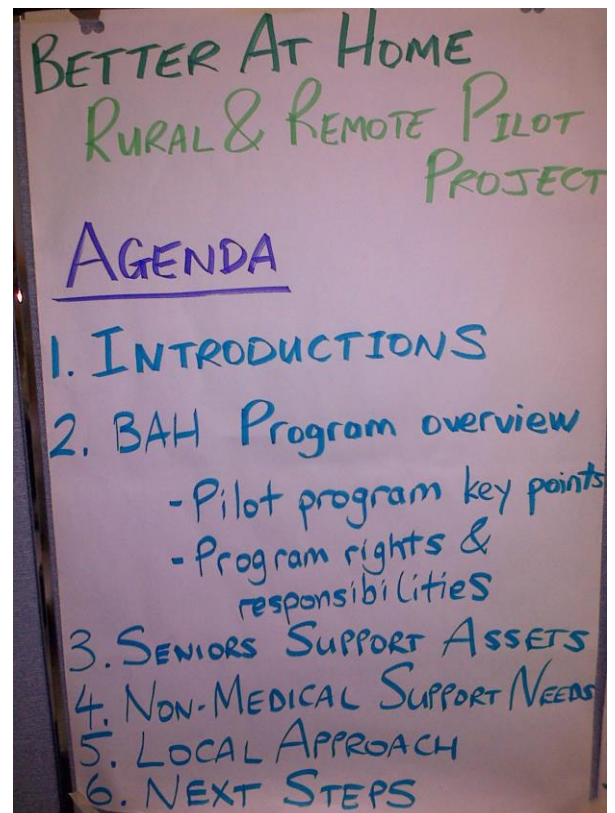
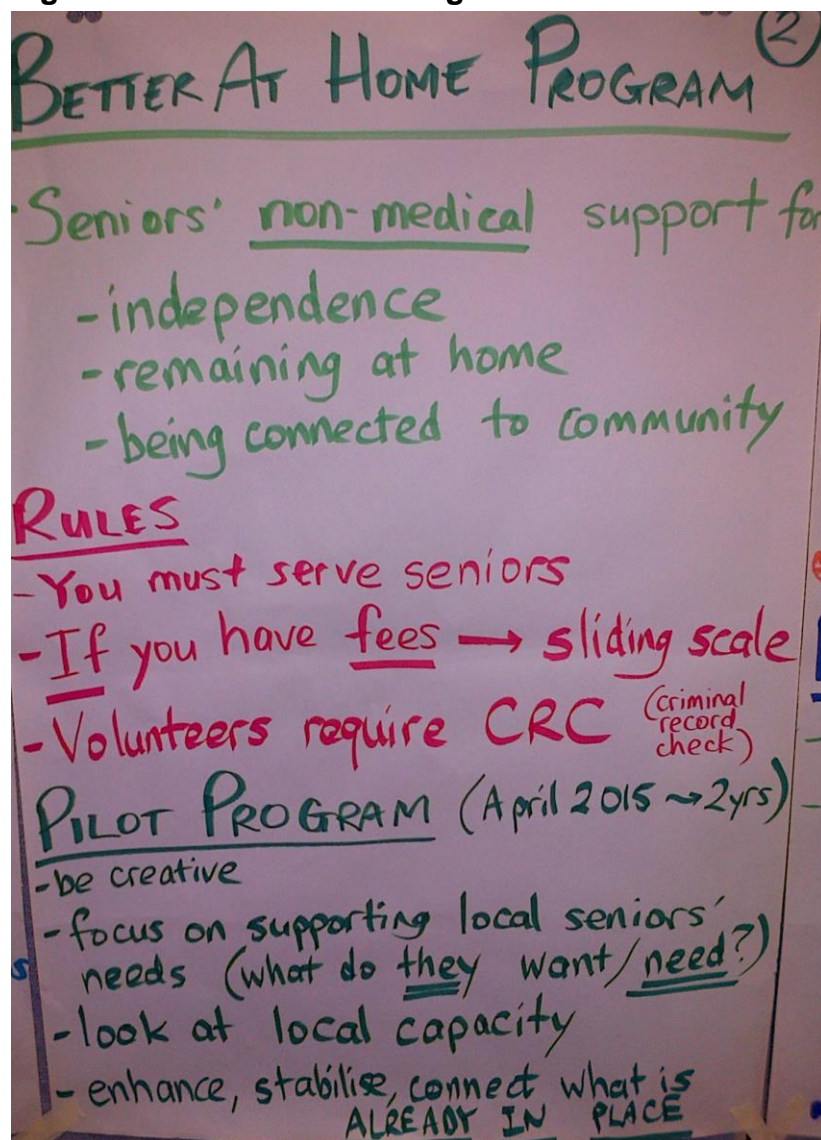


Figure 1: The Legion in Invermere (stakeholder meeting venue)



Figure 2: Better at Home Program overview



As shown in Figure 2, the Better at Home program was discussed in general as well as with particular reference to the Rural and Remote Pilot Project. The program aims to support seniors' independence and ability to remain at home and connected to community as long as possible.

Some key points noted were:

- the Better at Home program must serve seniors
- if fees are charged for Better at Home services, they should be on a sliding scale to ensure low-income seniors are not facing financial barrier to accessing services<sup>2</sup>
- volunteers must have a Criminal Record Checks

As Invermere is part of a pilot program, the community is encouraged to be creative in terms of the approach to filling local seniors' support needs. In addition, it is important to consider the opportunities and limits of local capacity when designing attempts to create, enhance and expand support. Better at Home should be used to enhance existing capacities, strengthen partnerships within the community, and fill gaps in existing services. It is important that Better at Home does not duplicate services or threaten any existing service providers (public, not-for-profit, or private). For example, if Better at Home provides housekeeping services, these should be charged out to seniors in accordance with local market rates so as not to undermine existing businesses.

Figure 3 (on the next page) outlines program rights and responsibilities of participation in the Better at Home Rural and Remote Pilot Project.

Pilot programs will participate in focus group evaluation sessions to monitor progress and success, and will receive provincial office support. Programs also participate in a community of learning with other Better at Home programs (exchanging knowledge and support), and ongoing training. Funding for Better at Home Rural and Remote Pilot Programs is anticipated to begin in April 2015, with funds being disbursed quarterly throughout the year.

Better at Home programs are required to

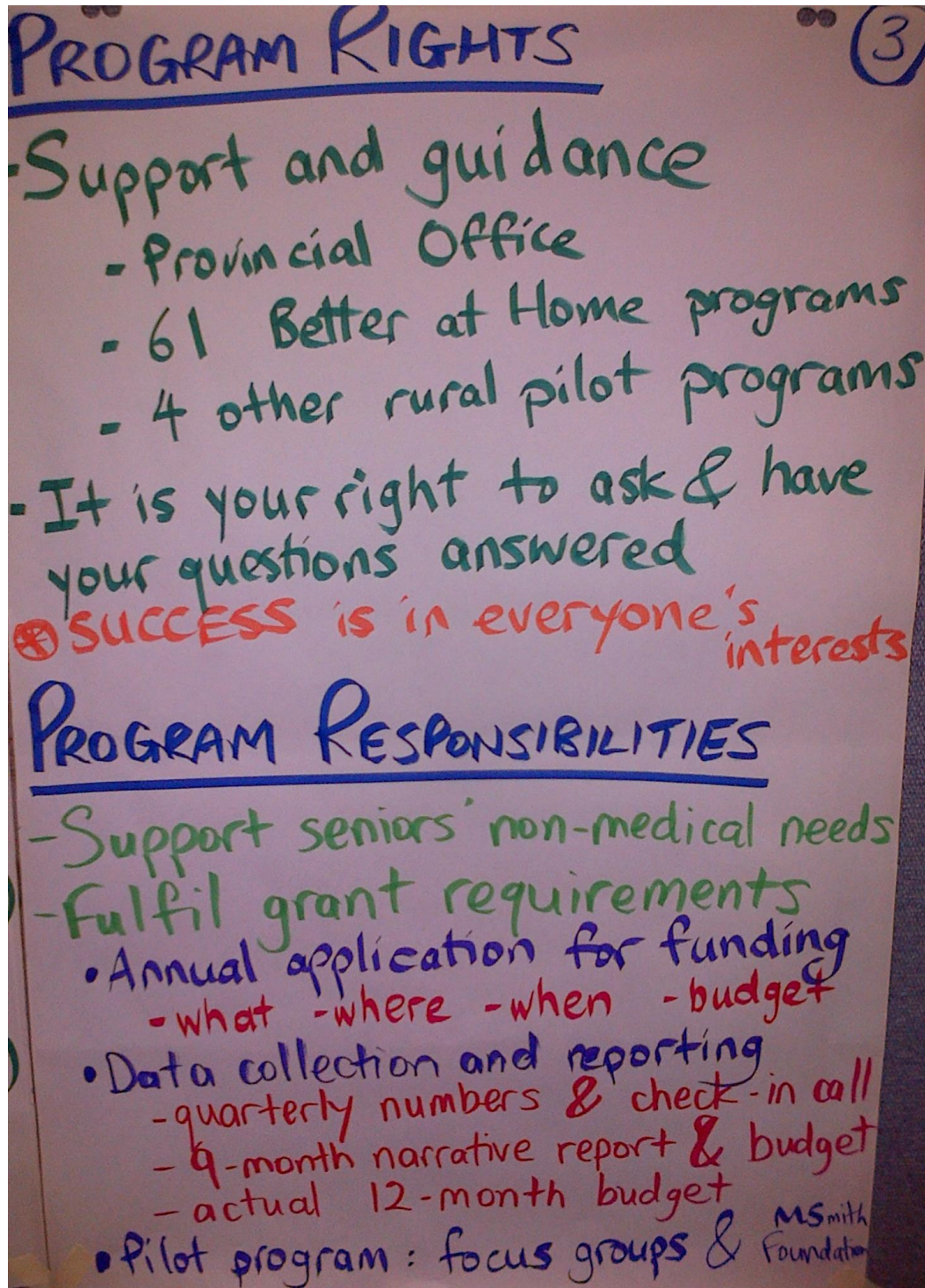
- apply for funding annually
- submit client and service data quarterly
- complete quarterly telephone check-ins
- complete a nine-month budget and narrative report
- complete a 12-month actual budget

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<sup>2</sup> The Better at Home Provincial Office does not require proof that programs are verifying clients' income levels. This process is up to programs to decide.

As Invermere Better at Home will be part of the Rural and Remote Pilot Project, there will be extra monitoring, evaluation, and learning opportunities to examine levels of success for the program in a rural context. This will likely involve focus group reflection meetings at annual intervals. The Michael Smith Foundation for Health Research is also engaging in a study of Better at Home's cost effectiveness and impact on quality of life for seniors in the province. Better at Home programs and their clients will have the opportunity to participate in this research.

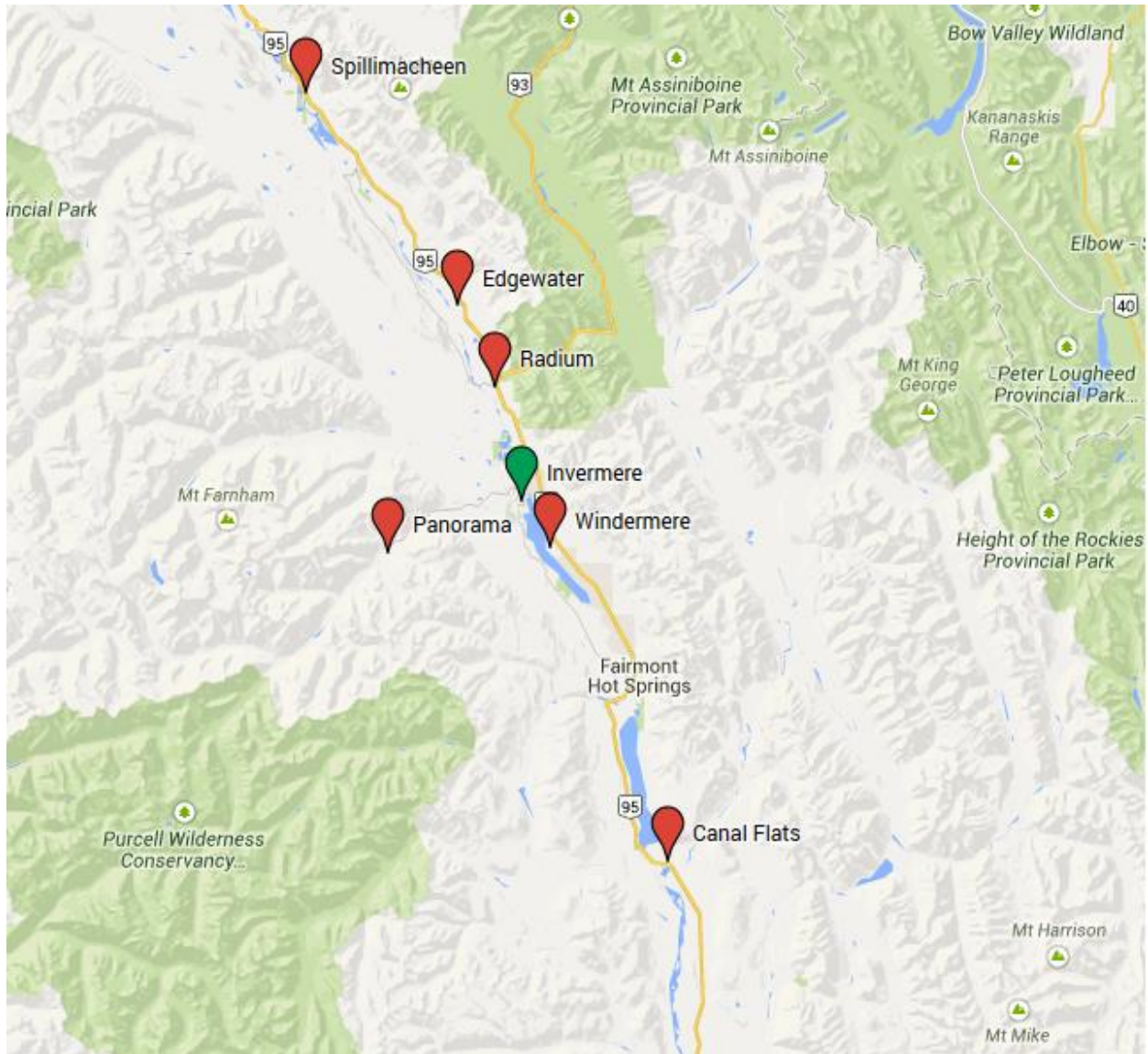
Figure 3: Program Rights and Responsibilities





## 2. Community Profiles

Figure 4: Map of the Columbia Valley



Invermere lies approximately 130km north of Cranbrook (approximately 90 minutes by car, depending on road conditions).

There was some discussion during the stakeholder meeting that outlying communities could be included in the Invermere Better at Home initiative. As such, some information on nearby communities is included here for reference purposes. Any program that includes communities outside of Invermere should be based on capacity to serve seniors in those communities effectively and efficiently.

Spillimacheen is a 44-minute, 56km drive to the north of Invermere. Edgewater is a 30-minute, 27km drive north of Invermere. Radium lies about half way between Edgewater and Invermere, and is a 17-minute drive (17km) from Invermere. Windermere is 10km to the south of Invermere, or an 11-minute drive. Canal Flats is further south; requiring approximately 40 minutes to drive the 51km from Invermere. Panorama is a 22-minute 20km drive to the west of Invermere.

The communities listed above are currently part of the service mandate of the Family Resource Centre, which is likely to be the lead organization of the Columbia Valley Better at Home pilot program.

## **2.1 Demographics of Local Seniors Populations**

### **2.1.1 Invermere**

According to Statistics Canada's most recent census, there were 2,955 people living in Invermere, in 2011.<sup>3</sup> At that time, there were 600 people aged 65 and over (20% of the population).

### **2.1.2 Spillimacheen**

There are no population statistics available for Spillimacheen through Statistics Canada.

### **2.1.3 Edgewater**

As of Statistics Canada's most recent census, there were 413 people living in Edgewater in 2011. At that time, there were 30 people aged 65 and over (7% of the population).

### **2.1.4 Radium Hot Springs**

According to Statistics Canada's 2011 census, there were 855 people living in Radium, 110 of whom were 65+ (13%).

### **2.1.5 Windermere**

According to Statistics Canada's 2011 census, there were 1,019 people living in Windermere, 225 of whom were 65+ (22%).

### **2.1.6 Canal Flats**

According to Statistics Canada's 2011 census, there were 770 people living in Canal Flats, only 15 of whom were 65+ (2%).

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<sup>3</sup> These are the most recent statistics available and the current local seniors population numbers may be a lot different. These are intended as a guideline for program planning. Not all seniors will want or need Better at Home services, and not all will need full subsidies. However, demographics can give an idea of what the service request levels *might be* in the first year, which can help with budget planning.

### 2.1.7 Panorama

There are no population statistics available for Panorama through Statistics Canada.

In 2011, the above communities were home to 980 seniors. The Better at Home experience with urban programs has been that not all seniors ask for or need Better at Home services. Similarly not all clients will need services all the time—for many Better at Home services represent a temporary measure or an occasional supplement to existing supports. Also, only a portion of people needing services will require subsidies. It is important to build these assumptions into the program and budget planning.

As reported in the [Better at Home annual report](#) (March 2014), Better at Home service users tend to be:

- seniors living alone
- senior women
- between 75 and 84 years of age

NOTE: Better at Home does not define 'senior'. Local programs define the criteria for senior in their local context (in some communities it is 65+, in others it is lower).

### 3. Summary of the Community Assets for Seniors

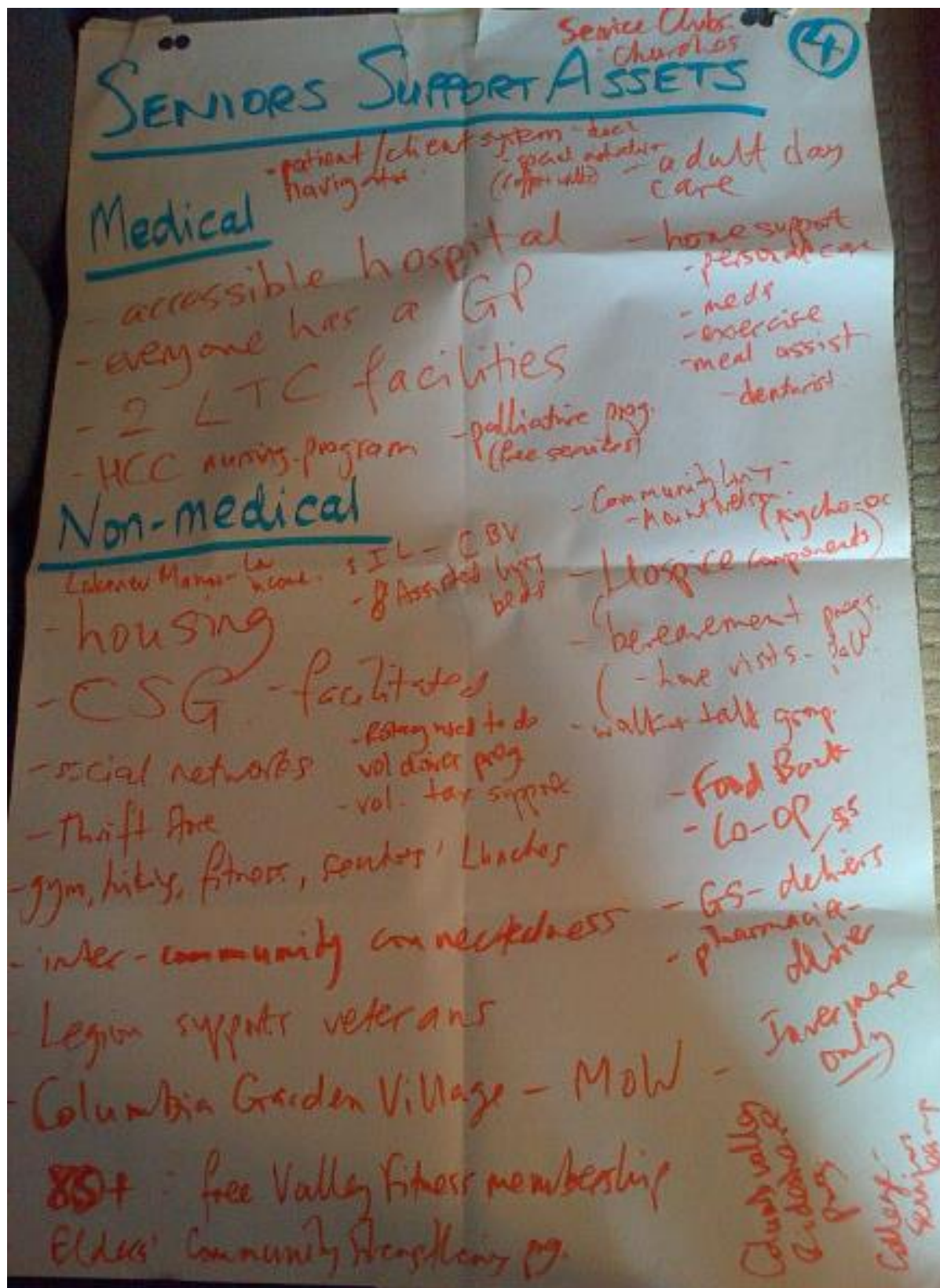
The stakeholder group spent time mapping seniors support assets in Invermere. A lack of representation from surrounding communities meant that this exercise was not completed for other areas. If a broader program is pursued, a mapping of local assets and gaps should be conducted to ensure Better at Home is not duplicating existing services and instead is enhancing existing supports and filling in necessary service gaps.

Figure 5 (on the next page) shows the flipchart notes taken during the February 4<sup>th</sup> 2015 stakeholder meeting asset mapping exercise. A summary listing can be found on the following pages.<sup>4</sup>

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<sup>4</sup> Any inaccuracies are entirely the responsibility of the author. The details are subject to revision, clarification, addition, and improvement by the Working Group.

Figure 5: Seniors Support Assets in Invermere



### *Seniors Support Assets: Medical*

- Accessible hospital
- Availability of doctors (everyone has a GP)
- Two long-term care facilities
- Medical clinic
- Home and Community Care nursing program
- Palliative program (free services)
- Adult day centre
- Home support (personal care, medication support, exercise support, meal assistance)
- Denturist in town
- Patient/client system navigator (including social/community connections)
- Medical transport bus (prioritises clients with medical appointments)
- Others?

### *Seniors Support Assets: Non-medical*

- Housing
  - o Lakeview manor (low-income housing)
  - o Columbia Garden Village
- Assisted living beds
- Hospice society
  - o Bereavement programs
  - o Visitations at home and in other locations
  - o Walk and talk group
- Caregiver support group (facilitated)
- Volunteer tax support (people being trained to support the community this tax season)
- Elders community strengthening program
- Seniors lunches and events
- Seniors Association (primarily recreational activities)
- Churches
- Service clubs (e.g. Rotary, Lions)
- College of the Rockies runs seniors educational programs
- District of Invermere-College of the Rockies-Columbia Valley Chamber of Commerce “senior mentors for small businesses” initiative
- Thrift store
- Food Bank
- Co-op
- Legion (supports veterans)
- Gym, hiking, fitness, etc.
- Free Valley Fitness membership for anyone 80+
- Others?

### *Seniors Support Assets: Better at Home-type services*

- Previously: volunteer driver program (Rotary used to run this—find out what happened)
- Columbia Valley Rideshare program
- Meals on Wheels (Columbia Garden Village)
- Grocery Store (AG) delivers (\$5 delivery fee?)
- Pharmacy delivers (no fee; Invermere only)

In addition to the above medical and non-medical services and community assets available for seniors (and in many cases other community members), mentioned,

- Inter-community connectedness
- Social networks

## **4. Summary of Seniors' Non-Medical Support Needs (gaps/areas to enhance)**

The stakeholder group discussed existing gaps or needs for seniors non-medical support. The group also examined capacities which could be enhanced, expanded, and strengthened in partnership with Better at Home. Following a brainstorming session, three services were prioritized by the stakeholder group:

1. Transportation: volunteer driver program needed (Note: important to discuss this with Rotary as they have experience with a program)
2. Household support
  - a. Cleaning
  - b. Lawns/yards
  - c. De-icing; snow shoveling
  - d. Garbage/recycling
  - e. De-cluttering/downsizing/packing/moving assistance

NOTE: an interesting delivery approach was suggested—having service providers available for a block of time to complete a range of DIY/in-home support activities as prioritized by the senior; this means the senior can save up odd jobs and have everything taken care of at one time.

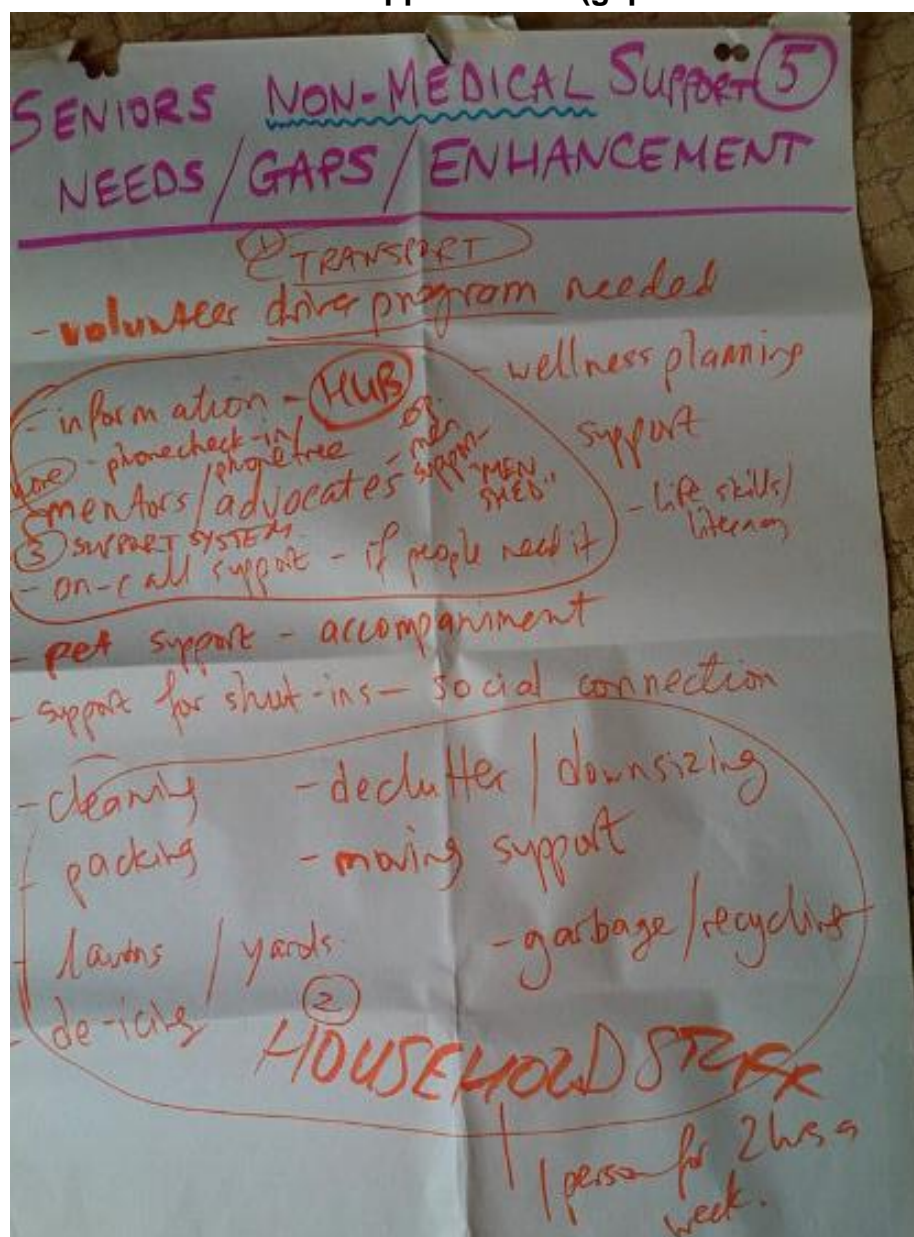
3. Community connections
  - a. Information hub (providing information on what is available for seniors)
  - b. Friendly phone check-in system (could be run by volunteers)
  - c. Mentors/advocates system
  - d. On-call support system (have someone available to talk seniors through issues that happen after hours/on weekends, e.g. plumbing problems)

While not considered as important as the services above, there were some other important gaps identified regarding seniors service needs.

- Pet support/accompaniment to the vet
- Wellness planning
- Life skills/literacy

NOTE: When deciding which services should be offered within Better at Home, programs are encouraged to focus on supports that are vital to keep seniors independent in their own homes and connected to community.

**Figure 6: Seniors Non-medical Support Needs (gaps/areas to be enhanced)**



## **5. Community Readiness**

Long-distance interactions with community members from Invermere demonstrated that the area is interested in and has the capacity to pursue the next stage of pilot program engagement. However, if other communities are going to be involved, the Working Group needs to engage them and design an inclusive approach within the confines of a relatively short timeline.

## **6. Potential Risks**

As with any small community, the volunteer base is small and tends to be the same people repeatedly donating time and energy to community initiatives. Any Better at Home approach designed by Invermere (and area) should keep volunteer capacity in mind in order not to overly rely on this group of people who are already over-extended in many ways. A mix of different volunteers, contractors, and paid staff may be a solution to avoiding overly burdening the volunteers. This issue should be examined by the Working Group.

In addition, there is a risk that Better at Home could weaken and/or damage seniors supports already in place in community. Invermere (and area) demonstrate an active and involved community support network operating on an informal basis in Invermere. This should be encouraged and supported, and any Better at Home program design should respect existing relationships. It is vital that the Working Group design a program that does not encroach upon existing seniors support initiatives that are working successfully in local communities.

## **7. Local Better at Home Pilot Program Approach and Details**

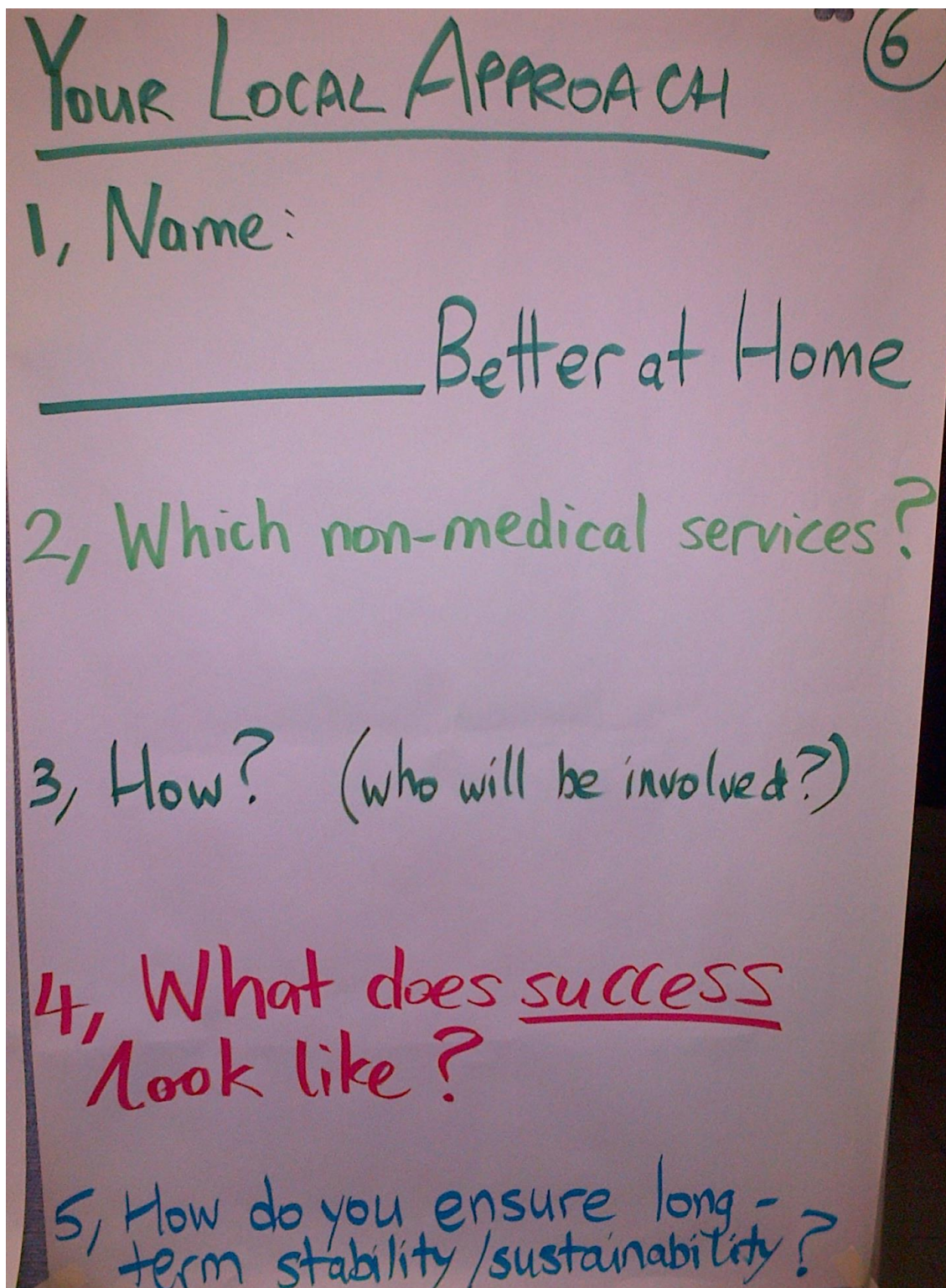
A Working Group will be formed out of the initial stakeholder group. Local community strengths and assets will be examined alongside seniors non-medical support needs. Based on this, a Better at Home approach will be designed to enhance local capacities and collaboration in order to provide seniors non-medical supports in a locally appropriate way, with an eye towards long-term sustainability.

A follow-up stakeholder meeting was held at the Legion in Invermere from on Friday 6<sup>th</sup> February, 2015. This group started to discuss program details outlined in Figure 7, namely the program name, the services to be provided within the Better at Home pilot program, and how these services will be delivered locally (and/or in neighbouring communities). Service delivery decisions should depend on the availability of volunteers, contractors, and staff in local communities, as well as the capacity of the lead organization to coordinate the services. The Working Group should examine options that support and build on existing infrastructure. Existing contractors, service



groups, volunteers, etc. should be brought into discussions around their capacity and willingness to partner in Better at Home.

Figure 7: Local Better at Home Approach



## **7.1 Program name**

It was suggested at the 6<sup>th</sup> February stakeholders meeting that the program be named Columbia Valley Better at Home. Stakeholders noted that the program should encompass communities from Spillimacheen through to Canal Flats.

Whether all communities will be served through Better at Home and if so, how services will be provided, will be determined by the lead organization—Family Resource Centre—with input from the Advisory Group. It is important to conduct a realistic assessment of the agency's capacity to form partnerships and work with service providers throughout the region and effectively coordinate service delivery. This capacity will determine whether a regional approach is feasible and advised.

## **7.2 Non-medical services to be provided**

These will be finalized by the lead organization—Family Resource Centre—with input from the Advisory Group. Preliminary suggestions as prioritized by the stakeholder group are as follows:

1. Transportation: volunteer driver program needed (Note: important to discuss this with Rotary as they have experience with a program)
2. Household support
  - a. Cleaning
  - b. Lawns/yards
  - c. De-icing; snow shoveling
  - d. Garbage/recycling
  - e. De-cluttering/downsizing/packing/moving assistance

## **7.3 How will services be provided?**

Lively discussions during the 6<sup>th</sup> February stakeholders meeting covered a number of issues around service provision.

Transportation discussions noted issues around volunteer drivers, insurance, the possibility of renting and/or borrowing a van from Mount Nelson and Columbia Garden Village, and the possibility of sourcing a donated van. Partnerships were discussed as key here—particularly around maintenance issues.

Stakeholders also discussed issues around:

- Transportation options—volunteer driver program needs to be examined
- The fact that Family Resource Centre can issue tax receipts—very important option

- Current prices for household support services in the area (e.g. \$12 to change a light bulb at Columbia Garden Village)
- An exit plan and focusing on independence of seniors: stakeholders felt it was important to focus Better at Home on supporting independence and self-sufficiency of clients. Constantly reassessing support strategies, connecting with family and friend supports are part of this. To this end, ongoing re-assessments of clients' abilities are recommended, as well as the potential for exit plans once clients are more independent or able to lean on other supports (e.g. if clients use Better at Home temporarily while family are out of the area).
- Various age criteria: discussions noted that a lower age criteria meant a larger pool of potential clients and perhaps more strain on the budget. A higher age criteria means the program will be able to focus on potentially more vulnerable and need clients and make exceptions for younger clients on a case-by-case basis.
- The importance of promoting the program—particularly the idea of word-of-mouth and connecting in person
- The balance between staffing and services as far as the budget is concerned: this is not a job creation program but rather a seniors support program. As such, it is vital to consider the balance between staffing and administration on the one hand and finances used to provide services to seniors (e.g. contractor fees, volunteer support costs, mileage, etc.)
- Volunteer support:
  - Volunteers should understand the importance of supporting seniors' independence and self-sufficiency
  - Confidentiality is key
  - Knowing some signs of issues with client—important—part of training
- The Program Coordinator is a vital piece of program success
  - S/he needs to understand how to make the program successful and how to facilitate non-dependence
  - S/he needs a range of skills in order to manage, support, balance, and keep track of volunteers, contractors, clients, etc.
  - S/he is the key contact point—everything is managed through the office (through the program coordinator/s)
  - Checking in on and supporting clients and volunteers
- Training needs: bereavement/grief/loss training
- The idea of connecting to other Better at Home programs (e.g. Logan Lake)
- The importance of staffing support and volunteer appreciation
- Brainstorming how to do training, volunteers, contractors, service delivery, etc. (the Working Group should support FRC to tackle how each of these can and should be done)

- The potential role of the Advisory Group/Advisory Committee
  - 'Nose in, fingers out'
  - The group is there to give input and support to Family Resource Centre; to connect the communities; to share information on seniors' services across the sector; to be ambassadors for the program; but the Family Resource Centre and the program staff take care of the details and day-to-day program running
  - Sub-committees could take care of certain areas, report back to the Advisory Group and FRC/Program Coordinator→information then passed on for implementation
- The importance of a holistic approach to the senior: partners must be brought in and connected with so there is a seamless continuum of services and support
  - One element of this is connecting with the District of Invermere and their Strategic Plan for how to retain and attract residents (connecting with the Council will be key)

#### **7.4 Who else should be involved?**

The stakeholders present at the meeting felt very strongly that there were a number of other stakeholders that could play a vital part in making Better at Home successful in the area. They strongly recommended that the Family Resource Centre connect with these groups before finalizing the Better at Home implementation plan for the area. These groups included:

- The Lions
  - Lions Leadership program
  - Adopt-a-grandparent program
- Rotary
- The Legion
- The Kinsmen
- Churches
- The Auxiliaries (in Invermere, Edgewater-Radium, Windermere)
- Hospice
  - Has offered to be involved in training of volunteers
- Interior Health
  - Note: the idea to rally men and develop a 'Man Shed'
  - RDSP (Registered Disability Savings Program) workshops
  - My Voice trainings
  - Columbia House
  - Etc.
- The Council

- Contractors in the area who provide Better at Home-type services
- Columbia Basin Trust
- Columbia Garden Village
- Mount Nelson
- Libraries
  - Invermere
  - Radium
- Chamber of Commerce (in charge of the seniors' directory)
- Seniors Association (seniors' group)
- Grocery Stores in the area (AG foods and co-op)
  - Could be brought on board regarding deliveries, grocery shopping, etc.
- First Nations in the area
  - Akisqnuk
  - Shuswap (connect with the new chief and council)
  - Ktunaxa
- The school district
  - Rockies Hockey Team (firewood chopping?)
- CBAL (Columbia Basin Alliance for Literacy)

The Family Resource Centre voiced strongly the need to develop partnerships in order to roll out this pilot program and support seniors successfully. They supported the idea of inviting other groups to see how they would like to participate.

Stakeholders discussed the idea of breathing new life in the seniors sector and using Better at Home as an opportunity to galvanize the sector.

## **7.5 What does success look like?**

As part of both stakeholders meetings, participants were asked to consider what success would mean for the pilot Better at Home program in the Columbia Valley in the long term. Participants discussed a range of indicators of success, which were split into categories by theme for ease of understanding and analysis.

### *Community information*

- There was really good information on service gaps

### *Involvement of volunteers*

- Volunteers are not burned out and instead are satisfied with their involvement
- There are volunteers included from all the communities served by Better at Home

### *Community involvement*

- There is buy-in by all stakeholders and active involvement by them
- There is more awareness of seniors issues and what we need to do to support seniors
- Barriers that currently exist between seniors and the business sector are reduced
- There is local government buy-in and support
- More seniors have contact with their community
- Keeping good statistics and knowing what is going on in the program

### *Program approach*

- The service numbers reflect appropriate capacity and a desire for service delivery growth
- A program approach has been created that is appropriate to the area and brings in partners
- The implementation plan was developed and rolled out
  - Advisory Committee in place
  - Key staffing person/people in place
  - Reporting is completed (including an annual report) that shows numbers and tangible achievements
  - There are financial commitments and support from other stakeholders (e.g. Municipality, Columbia Basin Trust)
  - There is a Strategic Plan in place
- Better at Home is used to connect people (to each other and to a market)
- Better at Home is being promoted as a service rather than charity
- The program has compassion and builds it in the community
- Better at Home services are up and running and stable for the long term

### *Positive impressions*

- People like the program
- There is positive word of mouth about the program in communities

### *Staffing*

- There is a Program Coordinator (or Program Coordinators) in place with the skill set and passion to deliver the program

### *Program impact*

- Revisiting the gaps and needs in a year and finding they are gone (or vastly diminished)
- Seniors in community know they can count on Better at Home
- More seniors are smiling and happy (have a better quality of life) because of Better at Home

## 7.6 How will you ensure long-term stability and sustainability?

Following the discussions around program success indicators, stakeholders discussed how to ensure that Better at Home is stable and sustainable in the long term.

Factors that were noted as important to create a context for long-term sustainability and stability, included:

- Ensuring there are service fees
  - to ensure that Better at Home is viewed as a service rather than a charity
  - to allow the opportunity for people to contribute to the program and thereby expand the reach and impact of services
  - should be on a sliding scale to allow low-income seniors to access services
- Making sure there are services available in each community provided by local providers (if providers have to drive between communities to provide services, this is an unsustainable model that risks using too much budget as well as tiring out service providers, be they contractors or volunteers)
- Creating a plan to support the cyclical trends in volunteer availability
- Ensuring there is a short-term and long-term strategic plan in place that is
  - implemented
  - reviewed annually
- Involving government agencies and the regional districts
  - government buy-in and support is vital for long-term stability and sustainability
  - Better at Home should have a representative from Council on the Advisory Group/Committee to enhance the chance of long-term sustainability and ensure Council priorities include seniors supports (will improve the context in which Better at Home operates)
- Being realistic about what is and is not possible within the auspices of Better at Home
- Creating appropriate expectations in community
- Delivering good training to the volunteers and other service providers (staff/contractors)
- Successfully delivering services to seniors that need them
- Maintaining cross-sectional collaboration
- Facilitating community support and ongoing promotion by positive word-of-mouth
- Connecting people in remote areas with existing resources and enhancing them if need be

## 8. Next Steps

Following the February 6<sup>th</sup> 2015 stakeholder meeting, Family Resource Centre and other stakeholders will reach out to stakeholders that have not yet been involved in the process. Out of this, a Working Group will be formed to discuss the details of how the Better at Home program can best support seniors to remain independent and connected to community in the Columbia Valley. This group will design, in discussion with local seniors, what services will be provided, where, when, how, and by who, within Better at Home. Once an approach has been designed, local costs and a budget will be created. This will form the basis for the funding application, due to the United Way of the Lower Mainland in March.

In order to receive funding by April 1<sup>st</sup>, the application, work plan, and budget need to be finalized in early March. United Way's Better at Home Provincial Office (represented by Debbie Sharp) will be corresponding with and supporting the Working Group during the process.

## 9. Acknowledgements

I would like to acknowledge the positive response from Invermere representatives to the news that the community was identified to participate in the Better at Home Rural and Remote Pilot Project. Thanks go out particularly to Theresa Wood, events coordinator at the District of Invermere, for advocating for Invermere and helping to help to set up meetings and connect me with key contacts in the community.

These are initial steps towards creating and sustaining locally appropriate, long-term non-medical supports for seniors in Invermere and area. The Better at Home Provincial Office looks forward to working with Invermere to support seniors moving forward.

Debbie Sharp

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