

2014

Prince Rupert, BC *Better at Home* Service United Way of the Lower Mainland

Together, we can give seniors a hand.



**Better
at Home**

United Way helping seniors remain independent.

PUBLIC INPUT

We'd like input from seniors, family members and community agencies on how we can best support seniors who face challenges coping with chores, getting to appointments, or who would benefit from a friendly visit. This program is not designed to provide medical services — just helping hands. Come share your ideas.

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Victoria, BC

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Prince Rupert *Better at Home* Service

1. INTRODUCTION

1.1. *Better at Home* is a program that helps seniors with simple day-to-day tasks so 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, with services delivered by a local non-profit organization. The *Better at Home* program is designed to address the specific needs of local seniors, allowing communities to choose from the following basket of services:

- friendly visiting
- transportation to appointments
- snow shoveling
- light yard work
- simple home repairs
- grocery shopping
- light housekeeping

Prince Rupert has been identified as a potential *Better at Home* site. Sarah L. Cunningham Consulting was contracted as community developer. In this role she has undertaken a general assessment of community interest and readiness for a *Better at Home* service. This has primarily included identifying existing community assets and gaining a sense of the types of needs and priorities Prince Rupert seniors appear to have as they relate to the basket of potential services available through *Better at Home*. Tentative suggestions for lead organization/s partnerships have been generated. Additional interactions with these groups will be needed to ensure that the *Better at Home* program is positioned in a way that will be most effective for service delivery and that will contribute positively to the community of service providers. This report reflects the findings of the community developer. It can be used as a general guide by the organization/s who ultimately designs a Prince Rupert *Better at Home* program.

1.2. The community development approach involved built on earlier work, including 2010/11 efforts to replicate the *Instrumental Activities of Daily Living* (IADL) projects initiated by a partnership between the United Way of Northern BC, Northern Health, the University of Northern BC and others. Although those efforts did not result in a project being implemented, we were able to use the contact lists that work generated to re-connect with interested stakeholders. The

community development approach selected used semi-structured telephone interviews to explore:

- *Key non-medical needs of Prince Rupert Seniors (as they relate to the Better at Home basket of services)*
- *Existing community assets*
- *Identification of additional Stakeholders (for consultation purposes and/or any subsequent work)*
- *Suggestions for potential Lead Agencies*

Ultimately, a contact list of 40 people and/or organizations was developed from which a total of 27 telephone interviews were scheduled and completed. Individual interviews were completed with stakeholder representatives including:

- 8 Northern Health Departments, such as Community Occupational Therapy, Home and Community Care, and Aboriginal Liaison
- 5 Aboriginal organizations, including individuals working directly with Elders
- 4 Senior Representatives, including individuals and the Seniors Activity Centre
- 10 Community Organizations

In addition, five businesses were contacted for input regarding community assets related to transportation (HandyDART), grocery shopping, and private home support (We Care).

Overall, the interviews generated a wide-range of opinions regarding the non-medical needs of seniors and the various access barriers individuals may personally encounter. The interviews also generated interest in the lead agency role.

Subsequently on February 25, 2014 we were able to implement a follow-up Community Meeting (with 26 people attending) and a Key Stakeholder meeting (with approximately 12 attendees). During the Community Meeting attendees:

1. Provided valuable input regarding the non-medical needs of seniors in Prince Rupert,
2. Prioritized the non-medical needs of local seniors, and
3. Identified the qualities and characteristics needed by a lead organization

During the Key Stakeholder Meetings attendees:

1. Explored options re organizations who were willing to take on the role of Lead Agency
2. Collectively selected a lead agency, and,
3. Identified factors for consideration, moving forwards

All input is summarized in the remainder of the report.

2. COMMUNITY PROFILE

2.1. DESCRIPTION OF THE LOCAL SENIORS' POPULATION

The 2011 population in Prince Rupert was 12815¹; of that, approximately 1490 (about 11.5%) were age 65 or older. Additionally, 1705 people were between 55 and 64 years of age. The data reflects slightly more males in the group aged 65 and 79 (580) than females (555). Of the population over aged 80, there were 62% more women (210) than men (130). Significantly, approximately 38.5% of the population of Prince Rupert identify themselves as Aboriginal², roughly 7 times the overall Aboriginal population of BC, which is 5.4%. Immigrant population include Italian, Portuguese, East Indian, Vietnamese, and Filipino.

The vast majority (95%) of people 65 or over are reported to live in private households with: 890 living of those with a partner of some kind; 410 living alone; 80 living with relatives, and; 35 living with non-relatives. The small percentage of seniors (5% of the total) living with relatives may challenge some perceptions regarding the traditions of families taking in and caring for their elderly relatives.

2.2. SUMMARY OF THE COMMUNITY ASSETS

Prince Rupert offers a variety of assets related to addressing the non-medical needs of seniors.

¹ Taken from the Statistics Canada Website, 2011 Census data

² Canada's National Household Survey

Socializing and Recreational Assets: There is one Senior Centre in Prince Rupert which reported having about 300 members, of whom about 150 are active. They run a range of socializing activities and meal options. In addition, for active seniors, there are programs at the recreation centre, the pool, and the library, and likely other programs as well. Of note, we heard, more than once, that a key socializing activity is having coffee at Tim's.

There is a Northern Health Adult Day program which is available to 7 independent seniors per day (35 different people per week). It include transportation to-and-from the facility (provided by HandyDART), snacks, lunch, socializing activities, and access to an assisted bath.

The Community Worker at Friendship House supports a weekly Elder's group which has about 14 active members. He provides other services included a friendly telephone visit service to individuals in need of contact and helps arrange volunteers to complete housecleaning and/or maintenance.

Other service providers offer additional supports to seniors and elders, including some limited friendly visiting services. Time limitations restricted our capacity to more fully explore and document all of these options (suffice to say that other options likely do exist).

Transportation Assets: There is a public transit system, supplemented by HandyDART that runs Monday to Friday that serves Prince Rupert and the nearby community of Port Edward. Public transit is affordable at \$1.50 per ride. Seniors are able to obtain bus passes at \$1 per month through city hall and persons with disabilities are also eligible for bus passes. In addition, we heard that Prince Rupert has the greatest number of taxis, per capita, in BC. Two of the taxis are wheelchair accessible. Taxi Saver coupons are also available, with the idea that they address the needs of people for HandyDART services outside of its hours of service.

Shopping Assets: For those who need shopping assistance both major grocery stores offer a free service to seniors whereby staff will 'pull groceries' and deliver them 'to the kitchen counter'. They also deliver medicine from their pharmacies. It is estimated that approximately 140 seniors are currently accessing this free support. A *Meals on Wheels* services is also operated by volunteers (however we heard that the lack of gas reimbursement to Meals on Wheels volunteers constitutes a barrier).

Housekeeping/Home Repair Assets: Very limited assets were mentioned as related to housekeeping (although it was noted that there are a few private housecleaners for those who can afford to pay) and home repair (although some volunteers at the senior centre help individual seniors when they are hiring construction contractors). This is also true for snow-shoveling.

Other Assets

During the community meeting participants identified other community assets including:

- Services related to general security, such as the RCMP will check the security of a home, the Fire Department will check smoke detectors
- Home Support (Northern Health) provides wellness calls, as can family members or Doctors

2.3. SENIORS NEEDS RELATED TO NON-MEDICAL HOME SUPPORT SERVICES

Results of Interviews

During the interview processes it was challenging to get a clear sense of priority senior needs and to tease out which seniors might need what services. Stakeholder input included somewhat contradictory observations. For example while some service providers indicated a definite need for housekeeping support (and home maintenance/repair) others offered comments such as, “*Seniors in Prince Rupert are very independent and generally wouldn’t want service providers coming into their houses i.e. to do housekeeping or home maintenance*”, “*There may be fear associated with having a ‘stranger’ coming into one’s home*”, and “*Some seniors may be averse to spending money on personal services as a result of their life experiences*”.

Another example is that perceptions differ regarding the care provided by family members. On the one hand we heard “*community family members and friends are burning out trying to meet the needs of the seniors they care for*” and “*there are older seniors i.e. over 75 years of age, who are caring for very old seniors*” while on the other hand we heard comments such as, “*immigrant seniors are reported to get lots of support from family members*” and “*the assumption is that Aboriginal Elders are also cared for by their families*”.

Regarding the needs for friendly visiting; some service providers indicated this was a big need, but again, others reported that, “*There are accessible socializing services and opportunities; if people don’t access them it is because they don’t want to*”. We suspect lack of transportation and lack of money may impede some people from accessing these services.

In spite of these divergent comments, we conclude that there are high priority non-medical supports that are needed. These include the need for assistance with housekeeping, home maintenance, transportation, and grocery shopping, as described in a little more detail below:

- **High need for housekeeping assistance:** No housekeeping services are provided by the Health Authority and there are no housekeeping services, such as We Care operating in Prince Rupert.
- **Home maintenance is a major priority.** We heard that the maintenance of the overall Prince Rupert housing stock suffered during the economic downturns experienced at times during the past 10-15 years. Many houses have outdoor and indoor stairs. Some seniors reportedly need assistance with basic tasks such as changing light bulbs, repairing stair rails, changing furnace filters and so on. When it does snow, help is essential. Left unclear, stairs and walkways can become treacherous. Some home maintenance and yard work support may be needed by some seniors in some situation such as when a 75 year old spouse carrying for a husband who is recovering from heart surgery.
- **Existing transportation services don’t always work** for those people who have mobility constraints but who don’t qualify for disability status (which would allow them to access HandyDART). The town is reported to be very hilly and very rainy. This limits capacity to leave one’s house, walk to a bus stop, and wait in the rain for an unfortunately somewhat infrequent bus. Evening and week-end transportation is also limited to taxi service. Medical appointments may be scheduled for very early in the day before HandyDART is available. Medical appointments may require transportation to Terrace, 144 km (1.75 hours) away from Prince Rupert. One agency reported linking clients to the Northern Connector bus, however others indicated this doesn’t always work.
- **Existing grocery services also don’t always work.** As mentioned, the two main supermarkets provide free grocery shopping and delivery services to seniors. However there are those for whom this option doesn’t work. For example, seniors on limited incomes may need to be involved in their own shopping as a way of managing their money. Others may find shopping is a social and recreational activity that they don’t want to give up. Some

stakeholders indicated that the needs are not simply 'grocery shopping' or 'transportation' but rather more complex; for example, *help with shopping due to visual impairment and limited capacity to read labels or help with transportation to attend physiotherapy at odd hours outside of HandyDART offerings.*

- **Friendly visiting was mentioned as needed** by a few people. The senior's activity centre, the Elder's Outreach Worker, and some of the churches indicated that they provide visiting to some people however there appears to be additional demand for this type of service. This need was also described as potentially more of a transportation issue. For example, as mentioned above, a very popular socializing activity is having coffee at Tim Horton's but a barrier to participating is the lack of accessible and affordable transportation.

Lack of money is reported to be a barrier for many people regarding all of these services.

Any Prince Rupert *Better at Home* services will need a relationship-building component in which the coordinator can get to know each person and their particular set of needs. This process is also reported to be very critical in order to build trust and confidence in the *Better at Home* service. Moving forward it will be necessary to keep in mind that the needs of individual senior are unique.

Results of Community Meeting

During the community meeting we took the opportunity to explore the input received during the interviews, including some of the contradictory input. This process was informative as meeting attendees were able to provide additional input that shed light on the most important needs.

Ultimately the needs were prioritized by meeting attendees. While some needs cannot be addressed directly by *Better at Home* such as the need for access to affordable housing, it may be possible to incorporate others i.e. the need to overcome literacy or technology barriers, into friendly visiting or transportation services. The priority *Better at Home* services include:

- Friendly-visiting (extreme isolation) – 20 dots
- Light Housekeeping – 16 dots
- Minor [major] Home Repair – 6 dots
- Snow Shovelling – 2 dots
- Grocery Shopping/Light Yard Work – 1 dot each

The community input was extremely valuable as it has clarified, for the lead agency moving forward; that the most important *Better at Home* needs are friendly-visiting and light housekeeping. It is evident that the housing issues, raised during both the interviews and the community meeting, can now be better understood as part of a broader community challenge for affordable, high quality housing, and less as a service to be provided by *Better at Home*.

2.4. SUGGESTED OPPORTUNITIES FOR SERVICE INTEGRATION/COORDINATION

Three opportunities have emerged to support the integration and coordination of services for seniors in Prince Rupert. The first is an opportunity to build on the linkages Northern Health Home and Community Care has with community members. They report receiving calls and enquiries for services that are outside of their mandate such as housecleaning, meal preparation/support, and transportation. They also have direct experience in homes and can see that assistance may be needed with home maintenance and housekeeping. Any *Better at Home* service that is developed will be able to build on those linkages.

The second opportunity is to support access to services as may be needed by the significant First Nations Elders population, estimated to be over 550, of the 1490 people over 65 in Prince Rupert. Input suggests that although this group of seniors may have significant needs, especially those arising from limited income; many may not be comfortable asking established and/or other non-aboriginal service providers for help. As a result, a successful *Better at Home* service needs to either be delivered directly by an Aboriginal organization, or needs to be a partnership that includes both an Aboriginal and a non-Aboriginal organization.

The third opportunity is to leverage *Better at Home* to create some employment opportunities such as:

- Create a pre-screened pool of teenagers interested in completing seasonal yard work and snow shoveling for a set hourly rate, on call
- Create a pool or team of pre-screened housecleaning staff with services, policies, and fees clearly published. Organize them as either in-house employees or as potential contracted employees (possibly We Care employees)
- Create a pool of pre-screened home repair people with fees clearly published. (Maybe include a few volunteers who can review the plans and work of these home repair people)

- Take up the one major supermarket on their suggestion to contract out the task of 'pulling groceries' and delivering them to seniors

A final suggestion is to strategically build on the capacity of existing organizations, through the required *Better at Home* Advisory Group. Through regular meetings both Aboriginal and non-Aboriginal organizations, such as the Senior Activity Centre, and Aboriginal Community Services Society, as well as those representing other parts of the community such as the Association of Francophone and Francophiles, the Immigrant and Multicultural Society, the Niska Society and the Kaien Anti-Poverty Society can share their knowledge, expertise, and capacity as it relates to serving the population of Prince Rupert seniors. This will increase access by all seniors to the services they may need to remain independent and in their homes. It may also strengthen the linkages between parts of the community that would benefit from greater connections.

3. COMMUNITY READINESS

3.1. EXPLANATION OF COMMUNITY READINESS THAT REFLECTS COMMUNITY CONSULTATIONS AND MEETINGS (I.E., EXISTING INFRASTRUCTURE, VOLUNTEER BASE, WILLINGNESS)

Interview Findings

Community readiness exists for a *Better at Home* service. Amongst those representatives who felt that local seniors do have non-medical needs, the idea of a *Better at Home* coordinator who had time to build a trusting relationships with each person was very welcome. When the Prince Rupert IADL option was explored in 2011 a critical barrier to service implementation was the lack of financial support for this coordinator: because *Better at Home* addresses this need, interviewees felt that barrier was overcome.

Outreach workers, including the Community Outreach Worker (Friendship House) and the Housing Outreach Worker (Transition House) in addition to Home and Community Care (Northern Health) all have direct links to seniors and all strive to help seniors address those needs; currently with often very limited options. *Better at Home* can support these agencies in their work by filling some of the existing gaps.

Some interviewees indicated that if gas costs associated with friendly visiting could be covered, and if perhaps a Tim Horton's coffee card could be provided, this bit of support would be very encouraging and well-received by the volunteer community. It would help mitigate costs for friendly visitor volunteers who have limited financial resources. It also means that people can meet in a public place which addresses the fear some people have regarding strangers in their home.

In addition, a representative of the Prince Rupert Ministerial Association felt that they would be able to generate volunteers, perhaps even by neighbourhood, who would be willing to participate in friendly-visiting, or some basic yard work. This person also felt that paying for a few cups of coffee support could be very positive for everyone.

There are organizations that have the relationships, and the management and financial capacity, to successfully implement *Better at Home*.

Community Meeting Findings

The community meeting reinforced that that community feels strongly that there is a need for the services as available through *Better at Home*. The community is ready for these services and organizations represented at this meeting, expressed the willingness to work together to make *Better at Home* successful.

3.2. POTENTIAL RISKS

During the interview process, the main risk identified going forward was that the community would not be able to agree upon a Lead Agency. This view arose because currently, many services are currently split between Aboriginal-serving organizations and non-aboriginal serving organizations, and people expressed the view that all people could not be served by a single organization. However this problem was overcome during the key stakeholder meetings. Attendees demonstrated a strong commitment to working through the issues and successfully arrived at a virtually consensus decision. (One dissenting comment was noted in the evaluation input where a person expressed the view that *I don't agree with any of the groups offering services.*)

The most significant risk at this time is that the small size of the selected lead agency. The Prince Rupert Aboriginal Community Resources Society (PRACRS) is a relatively large organization by

local standards but is however still quite small, with approximately 20 employees. As a small organization the administration and finance departments may be significantly impacted by taking on this *Better at Home* project. To mitigate this risk we strongly advise building the *Better at Home* services very slowly. We suggest that program development follow a staged approach beginning with the friendly visiting services followed by the implementation of the housekeeping service. In both case the development of a partnership with another local agencies i.e. who can take responsibility for actually delivering the services may help spread the work around by 'sharing the load'.

4. LOCAL *BETTER AT HOME* PROGRAM DETAILS

4.1. PREFERRED *BETTER AT HOME* SERVICES

As noted above we were able to validate and update perceptions about the *Better at Home* services generated during the interview process by gathering additional input during the community meeting. This allowed us to re-order the priority needs, very likely in ways that will better meet the needs of Prince Rupert seniors.

Priorities, as per Interview Input	Final Priorities, Established by Community Members
1. Light Housekeeping	1. Friendly-visiting
2. Minor Home Repairs/Light Yard Work	2. Light Housekeeping
3. Transportation	3. Transportation
4. Friendly-visiting	4. Minor (Major) Home Repairs
5. Grocery Shopping	5. Snow Shovelling
6. Snow Shovelling	6. Light Yard Work/Grocery Shopping

4.2. KEY LEAD ORGANIZATION CRITERIA IDENTIFIED BY THE COMMUNITY

An important component of the community meeting was exploring and identifying the qualities and characteristics of the Lead Agency. Working in small groups, participants discussed and then prioritized the qualities and characteristics they considered most important. Using a point ranking system, the results of each group were quantified and the totals rolled up. These results suggest that the top three priorities include:

- Accountability/ trusted and trustworthy, has the respect of the community, openness

- Capacity to work in partnership and coordinate services with other service providers (and not a group who will try to 'own' the *Better at Home* program)
- Financial management capacity

Other priorities that were also identified, although not the highest priority include:

- Human resource management capacity including capacity to manage volunteers
- The means to provide the service and support it's long term sustainability supported by an organizational the mission, vision and strategic plan
- Culturally sensitive and able to work with diverse organizations
- Capacity to complete needs assessment
- Able to mobilize additional resources on behalf of the clients

Three groups were willing to take on the role of lead agencies and these groups made presentations during the community meeting. This included the Prince Rupert Aboriginal Community Resources Society, the Community Enrichment Society and the Kaien Island Anti-Poverty Group. The Prince Rupert Hospice Society was very interested as well however, after reading a letter describing the services they offered, they expressed the view that while they did not currently have the capacity to take on *Better at Home*, they were very interested in being part of the *Better at Home* service as it develops.

After considerable discussion the Key Stakeholders groups agreed that the organization with the most suitable infrastructure, financial management capacity and overall fit was the Prince Rupert Aboriginal Community Resources Society (PRACSS). In particular it was noted that they currently provide services to seniors i.e. coordinating access to the Northern Health Connector bus. There established partnerships i.e. with Northern Health, Hecate Strait Employment Service, and the Salvation Army were also valued.

5. RECOMMENDATIONS AND NEXT STEPS

The earlier, *Perspectives Report*, indicated that prior to implementing a Prince Rupert *Better at Home* service a community process is needed. This has now been completed with great effect. An organization has been identified and the attendees indicated in their evaluative comments that the process was effective and resulted in valuable input being generated. (See Appendix B for a summary of the evaluative comments received.)

Participants offered their thoughts, for consideration moving forward include:

- A suggestion that the service be promoted and marketed as *Better at Home Prince Rupert* rather than a program of the PRACRS.
- Observations were made regarding the crucial importance of hire the right person as the coordinator
- The need for the coordinator to connect with as many community partners as possible. For example, meeting attendees made suggestions regarding service partnerships that could potentially be developed. These need to be fully explored. They include:
 - **Linking to Prince Rupert Hospice Society** whereby a modified version of their compassionate visitor training could be organized for *Better at Home* ‘friendly–visitor’ volunteers. The idea is that this would enhance the overall value of the *Better at Home* friendly visitor service. Furthermore, the idea is that PRACSS would use *Better at Home* money to the Hospice society and pay a fee for the provision of the training. Note: this needs to be developed with the guidance and involvement of the *Better at Home* Advisory Committee
 - **Linking with Kaien Island Anti-Poverty Group:** this group is keen to support *Better at Home* and to ensure Prince Rupert seniors have access to the services they need. Ideas such as Kaien Island developing a *Better at Home* program component such as managing the housekeeping service or developing a work crew were mentioned.
 - **Northern Health** indicated that they have a ‘huge volunteer group’ suggesting links between *Better at Home* and Northern Health could leverage this capacity. They expressed interest in being part of the Advisory Committee. A NH representative observed that PRACRS will be in the position to support capacity development leading to better service for Aboriginal people overall.

The group noted that the proponent will need to be very open and transparent and not take ownership of the service. The Executive Director of PRACRS responded that it was very evident: it will be the *Better at Home* Advisory Committee that will design a *Better at Home* service model that really meets the needs of the community.

Potential members of the Advisory Committee include:

- Prince Rupert Seniors Activity Centre
- Kaien Anti-Poverty Society (and Kaien Island First Nation Elders)
- Friendship House Association (Community Worker who works with Elders)
- Prince Rupert and District Hospice

- Prince Rupert Community Enrichment Society
- Salvation Army/Ministerial Association
- North Coast Transition Society (maybe the Housing Outreach Worker)
- Northern Health – Home and Community Care; possible one or two others
- North Coast Immigrant and Multicultural Society
- Niska Society
- Hecate Strait Employment Society (if it makes sense)

Organizations Who Were Contacted

- 9 Northern Health Departments
 - Community Occupational Therapy - Home and Community Care
 - Home and Community Care Intake Worker
 - Team Lead – Home Support and Assisted Living Support Services
 - Home & Community Care Manager
 - Long Term Care Case Manager
 - Aboriginal Liaison
 - Family Practice Support
 - Program Manager for Public Health Nursing
- 5 Aboriginal organizations
 - Kaien Island First Nation Elders
 - Niska Society
 - Prince Rupert Aboriginal Community Services
 - Friendship House Association, Community Worker who works with Elders
 - Friendship House Association of Prince Rupert (acting ED – out of Smithers)
- 4 Senior Representatives
 - 3 Individual Senior Representatives
 - Prince Rupert Seniors Centre
- 10 Community Organizations
 - Kaien Anti-Poverty Society
 - Prince Rupert and District Hospice
 - BC Housing
 - Salvation Army
 - Ministerial Association
 - Transition House, Housing Outreach Worker
 - PR Community Enrichment Society
 - Hecate Strait Employment Society
 - Prince Rupert Rotary Club
 - North Coast Immigrant and Multicultural Society

Appendix B**Community Meeting: Summary of Evaluative Input**

People were invited to provide evaluative input and comment (using stickie notes) on whether or not the meeting objectives [to create an opportunity to provide input, to identify the priority needs, and to identify the qualities needed by a lead agency] were met. The comments, as submitted by fifteen of the participants, were overwhelming positive;

- Ten noted that, yes, all the objectives for the meeting were met,
- Six mentioned the informative nature of the meeting and the worthwhile input everyone provided.
- Six commented on the overall quality of the presentations, indicating that the topics and material were well covered.
- Three people reinforced the value and perceived need for this program and

A few additional comments were also offered

- *Looking forward to ideas for partnering with lead agencies this afternoon. Friendly visiting stands out as priority*
- *It is apparent I think that Lead Agencies need more time to consider how they will be able to accomplish the goals to help people at home under Better at Home.. Perhaps lead agencies need more time to discuss possibilities with Sarah or Jody*
- *Objectives were met, but I don't agree with any of the groups offering services*
- [Meeting] room at hospital was challenging set up for small group work