The importance of seniors’ non-medical home supports and “aging in place” has become increasingly vital in our province. Better at Home, supported by the United Way of the Lower Mainland participated in a Provincial Evaluation in 2017-18. The evaluation methods, findings and recommendations are included in this report.

Funded by the Government of British Columbia and managed by the United Way of the Lower Mainland. Implemented by local community based organizations.

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Team Play Consulting Inc. and Shift Collaborative

Cover: Senior Interview – Vancouver Island  Photographer: Claudia Medina
Acknowledgments

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Executive Summary

This developmental and utilization focused evaluation was completed over the course of a year with the provincial Better at Home (BH) office through United Way of the Lower Mainland. United Way of the Lower Mainland had a desire to understand the following elements of BH through the course of the evaluation:

1. Identify the **trends and patterns** within and across regions related to the nature of services and who is being served.

2. Identify and communicate the **responses and impacts** based on the **theory of change** developed by UWLM, individually and distinctly from volunteers, staff, organizations, stakeholders and caregivers involved in BH.

3. Identify the **challenges and promising practices** related to achieving **program goals and outcomes**.

4. Identify the **challenges and promising practices** related to **program capacity and resources**.

5. Assess the **status of relationships and collaboration** across the continuum of care for seniors and identify opportunities to strengthen integration.

6. **Test/develop a baseline of the draft short-term outcomes** in the program logic model and **suggest a learning agenda** for the program.

7. Identify **innovative practices** that could be scaled across the system.

8. Ensure **broad and genuine engagement** of all stakeholders including community partners.
Methodology

Developmental and utilization-focused evaluations are particularly suited to environments where there is an intent to innovate or adjust to the realities of complex and dynamic systems. This form of evaluation also provides feedback on how systems change is unfolding and how adaptation and learning may be helpful as partners, stakeholders and evaluators work together to make sense of the emerging patterns and trends.

This evaluation included 57 BH programs (two programs were excluded because of the devastating wildfires in the summer of 2017) from across the province.

The following methods were used to gather data from the sites:

- Surveys (series of seven distinct target audiences)
- Interviews (series of five distinct target audiences)
- Site Visits (including interviews, collaboration workshops and senior’s coffee chats)
- Document Analysis including program reports, annual reports, and Raising the Profile reports
- Evaluation Lab (four learning sessions: two sessions with the BH leadership team and two evaluation labs (one with the BH leadership team and Community Impact Planners and one with the Provincial Reference Group).
- Videography and Photography

While this evaluation focused on the BH program, there is an emerging discourse on “Aging in place” and Healthy Aging and other trends and influences on seniors in BC that are relevant to the context and landscape of the BH program. The following trends are discussed in more detail in the full report:

1. The demographic shift in the number of seniors in the province of BC.
2. The overarching desire of seniors to ‘age in place’ in the home and community they know.
3. The importance of social connections to all of us and the particular importance for seniors.
4. The emergence of the Community Based Seniors Sector and the previous work completed on the Raising the Profile Project.
5. Emergence of the Healthy Aging Strategy at the United Way of the Lower Mainland.
Summary of Findings

There are 10 major themes that emerged during the course of this evaluation:

1. OVERALL PROGRAM SATISFACTION

More than 90% of seniors reported they were satisfied with the frequency, length, affordability, and accessibility of services. The rates of satisfaction for individual services was also fairly high across the programs and services.

2. PROGRESS TOWARD THEORY OF CHANGE OUTCOMES

The evaluation asked seniors, program staff, and provincial/regional leadership to rate the extent to which they felt the program was achieving the draft outcomes from the United Way Theory of Change (see Appendix A).

Generally, program staff were slightly more optimistic about the impacts of BH services than seniors were. The strongest impacts reported by seniors were managing the tasks of daily living, and related to that, seniors feeling safe, supported and able to stay in their homes longer.

However, seniors did not report significant impacts in the following areas:

- feeling more valued;
- increased access to healthy or culturally appropriate food;
- that the program had contributed to social and recreational activities; and
- that social connections had increased (measured by “having three or more people to turn to when needed”). (See Theme 5)
3. PARTICIPANT NEEDS ARE BECOMING MORE COMPLEX

The increasing complexity of seniors health needs was reported to some extent in every region of the province, with 61% of staff indicating participants’ health status or ability had changed to some extent. There was slightly less change identified by programs in the North and Interior regions.

Three predominant changes that BH program staff reported across the province:

1. 47% moderate to major increase in BH participants with mental health issues
2. 37% moderate to major increase in seniors who are precariously housed
3. 36% moderate to major increase in seniors who are isolated.

4. GREATER CLARITY NEEDED REGARDING THE BETTER AT HOME TARGET POPULATION

As B.C.’s population of seniors age, the demand for BH services is growing. Currently, the demand for the program exceeds the program capacity. This increasing demand, combined with the growing complexity of seniors’ needs and the limits of program resources, raised questions from program staff, service providers, and provincial and regional program leadership about which priority populations should be served by the program.

On one hand, the program was launched with a universal access principle: first come first served, in combination with a sliding scale to ensure equity of access. Over time, this has meant that sometimes people with greater financial need are on the waitlist, while others get service. There is a tendency among some program staff to wonder if intake criteria should be even more focused on those with the greatest financial need. Clarity is needed about how priority populations should be identified and the process for program intake.

5. SOCIAL CONNECTEDNESS AT THE CENTRE

Social connectedness was identified in volunteer, program staff, and service provider surveys and interviews as a significant outcome of the program. Social connectedness appears to be linked to all services, not only to the friendly visiting component. It was suggested that social connectedness should be at the centre of all of the work that BH does, rather than only listed as a distinct service basket of ‘friendly visiting’. There are numerous models in place currently that support group or neighbourhood-based connections for the BH participants. The benefit of social connections to volunteers was also prominent and one of the most delightful unintended outcomes of the program. Seniors did not report an increase in social connections (measured by “having three or more people to turn to when needed”).
6. VOLUNTEER MODEL HAS MAJOR BENEFITS AND MINOR CHALLENGES

Volunteers provided 42% of all BH services last year and 86% of volunteers are 50 years of age or older. The volunteer recruitment and roles vary considerably across the province depending on community context. Volunteers play a significant role in the program and there are benefits and challenges related to this. Overall, volunteers expressed a great deal of satisfaction with their experience with the program. 96.5% of survey respondents described their experience with BH as positive; 95% reported a feeling of accomplishment through their role; 91% felt appreciated; 82% felt that the volunteer opportunities matched their skill set; and 82% reported feeling more connected to their community.

Almost half of the volunteers noted significant changes in the participants they worked with and it appears that the needs of participants (in some cases) exceeded both the skills and training of the volunteers.

7. UWLM ROLES, EXPECTATIONS AND LOCAL FLEXIBILITY

As the BH program is in 69 communities across the province, there is a diversity of community contexts and needs. Local host organizations reported mixed findings, they appreciated the flexibility to adapt the program and policies to meet their needs and autonomy and they also wanted clearer guidelines and expectations. As the program scales and grows, there are emerging desires for standardization of some aspects of the program. These include:

- **Flexibility to Adapt**: The flexibility to adapt the program to local contexts and circumstances was identified as one of the top three strengths by program staff.

- **Emerging Desire for Clearer expectations**: There is an emerging desire for clearer expectations and shared criteria for some aspects of the program. Specifically, there are two areas where program staff has identified confusion and uncertainty—wage and contract rates and fundraising expectations.

- **Additional “Central” or Provincial Roles**: Program staff identified additional roles that UWLM could play that would support all programs in the province: developing a province-wide business case for the program; more supports for innovation and scaling; purchasing in bulk (i.e. software) to create efficiencies; and advocacy and relationship development with provincial and regional health authorities.
8. MEASURES, LEARNING AND INNOVATION

UWLM has taken numerous steps to support iterative learning over the course of the program history. UWLM has developed an on-line Resource Hub, annual Meet Ups, and regional Communities of Practice (CoPs). Regional Planners are key champions, coaches and connectors between programs and regions and with the UWLM/BH leadership.

The following patterns were defined throughout the evaluation:

1. Learning events, training, and UWLM staff are very helpful.
2. Formal space and supports for learning in action is desired, particularly to address focused learning and key challenges.
3. Measurement and information: There are specific findings in this area that are related both to evaluation and to improvement:
   » Quality of services: There are growing concerns about the quality of services linked to the trends regarding reduction in frequency and length of services.
   » Learning about the business model: Program staff expressed a desire to increase understanding about wages and contract rates.
   » Social connections outside of Friendly Visiting: How can social connections be broadened. (See Theme 5)
   » Shared outcomes: Numerous programs contribute to positive outcomes; how can shared measures be implemented and tried out?

9. PROGRAM DEMAND, GROWTH AND BUSINESS MODEL

74% of program staff indicated they do not have sufficient funding for current service demand. This pressure was echoed by regional staff and community partners as well. Demand for subsidized spaces is high resulting in long waitlists, particularly for transportation (51% of those waitlisted) housekeeping (48% of those waitlisted) and friendly visiting (35% of those waitlisted). The demand pressures and budget limits have led to reductions in services in whole or in part through reduced frequency or length of service.

Moreover, the projected increase in BC’s seniors population and increasing health challenges of participants as they age will only result in more demand for BH in the future. A new business model that considers other revenue options such as social enterprise and/or new partnerships with a shared value proposition (along with accompanying practices) is needed to address these emerging needs.
10. LEADERSHIP FOR COLLABORATION AND SHARED OUTCOMES IN COMMUNITIES

The 2015 BH Community Consultation identified the need to “support local integration by creating partnerships with Health Authorities and others and by sharing and collaborating”. Subsequently, the provincial Raising the Profile Project (RPP) engaged seniors sector actors and others in conversations about how to strengthen the sector. And this year (2018), United Way of the Lower Mainland has integrated the RPP work as one of three pillars in a broader provincial Healthy Aging Strategy, including a mandate to establish “Seniors Tables” in regions and communities.

This history illustrates the consistent role of collaboration as a means to strengthen positive outcomes for seniors as they age. Collaboration was one of the aspects of BH programs explored by this evaluation. There were four important outcomes related to collaboration including:

- Range of Collaboration Readiness and Activities
- Collaboration Challenges and Success Factors
- Role of Leadership Styles Findings
- Collaboration (for what?)

It is clear that collaboration is essential for the future of BH and the seniors sector. Increasing the understanding of collaboration readiness, essential roles in collaboration and clarity about why collaboration is needed (collaboration for what?) is essential. Related to this, is the role of leadership for collaboration (from both Coordinators and Executive Directors/planners) within BH and within the broader sector. Coordinators in particular demonstrated distinct leadership styles, some of which are better suited to collaborative approaches than others.

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1 See the Raising the Profile website that includes the Literature Review, Provincial Summit Results, and Declaration. [http://www.seniorsraisingtheprofile.ca](http://www.seniorsraisingtheprofile.ca)
Recommendations/ Now What?

The following recommendations are intended to support United Way of the Lower Mainland in the evolution of the Better at Home program model and suggests adaptations, innovations and ways of achieving more impact.

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<thead>
<tr>
<th>Theme Title</th>
<th>Recommendations</th>
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<tr>
<td>THEORY OF CHANGE (TOC)</td>
<td>1. Reflect on the evaluation results, and review the current draft Theory of Change:</td>
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<td></td>
<td>» Consider whether the outcomes are programmatic or community-wide.</td>
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<td>» For those outcomes that are shared with other organizations, engage them in a process of co-creating</td>
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<td>strategies and a shared measures evaluation approach.</td>
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<td></td>
<td>» For those that are held by the program, consider what strategies are needed to make more progress.</td>
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<td>» Consider whether the indicators are the right indicators and what might need to be refined and adjusted for the next evaluation.</td>
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<td>2. The Theory of Change defines a vision for services being integrated across the continuum of care for seniors. Clarify expectations for programs related to their role in supporting service integration. Provide training and resources for programs that are strengthening collaboration thinking and action.</td>
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3. Engage interested programs in a review of intake, assessment and referral standards and practices. Include consideration of initial program intake criteria and factors to watch for or monitor during the participant’s time in the program.

4. Ensure training is provided for service providers and volunteers related to the trend of increased complexity of seniors needs as they age. Make these changes a focus of observation and reporting to ensure both staff and seniors are safe.

5. Develop formal agreements and protocols with Health Authorities (at all scales—locally, regionally and provincially) for the purpose of referrals, case management, and information sharing.
6. Make social connectedness a core service principle and approach that is integrated across all services.
   » Develop user-friendly tools for measuring connectedness impacts across all actors engaged in the program (seniors, volunteers, staff, caregivers).
   » Become a leader in innovation in the field of seniors social connections with a community of practice group and other resources being gathered and shared.

7. Work with the Caregivers Association of BC (or other related organizations) to connect and engage with BH caregivers and family members for the purpose of exploring opportunities to both support caregivers and mutual efforts in a more aligned fashion.

8. Diversify the volunteer pool by supporting targeted outreach and partnerships with specific groups such as youth serving, faith based, intergenerational, and diverse populations.

9. Continue the support and training focused on volunteer engagement and management skills and resources among program staff.

10. Create evaluation and reporting tools that capture volunteer benefits such as social connectivity, feeling valued, civic vitality.
MEASURES, LEARNING AND INNOVATION

11. Build on the strength of the existing Hub and Communities of Practice (CoP) by creating a developmental evaluation learning agenda. Consider topics regarding emerging challenges and innovations (such as complexity of needs, finance and human resources, social connectivity, collaboration etc.). Structure CoP agendas and incorporate cross regional sharing and learning regarding challenges and what is working well in these areas.

12. Be more pro-active and intentional in supporting experimentation, documentation of new approaches and scaling what is working in one program to others. Start with replicating one practice or approach around a challenge from one program to several others. Design a process for adapting the practice into these new contexts. Support the programs to reflect on and document the pilot process as they go. Have these programs track the longer term impacts of the new approach. Repeat the process around the next good idea.

13. Create additional opportunities and structures for regional planners to connect and share across regions regarding the challenges, scaling and innovations in the learning agenda.

DEMAND, GROWTH AND BUSINESS MODEL

Demand and Growth

14. Watch the emerging trend toward reduced service times and frequency and make sure that the program overall is maintaining quality service standards. Consider monthly reporting of service frequency, or other ways to monitor this situation.

15. Consider the implications of this evaluation for initiating and strengthening new programs and introducing new expectations for existing programs over time. Examples might include:

» assessing leadership and capacity to collaborate with local governments, Health Authorities, and other partners;

» exploring opportunities for regional hub or other sharing arrangements.
Revenue Generation

16. The UWLM should lead on the development of a social enterprise (alone or in partnership) that is both aligned with the mission of BH and that has potential to earn a profit for long term support of the non-profit program.

17. Engage with UBCM and local governments and other potential partners to develop cost sharing and partnership agreements for joint delivery of BH services and for shared measures (evaluation) work that aligns with age friendly and other community policy and programs.

18. Clarify expectations for fundraising within programs. Capture existing and future leveraged dollars to demonstrate return on investment.

Expenditures and Efficiencies

19. Document the current social procurement (human resource) activities within the program, including their return on investment impacts, and share this information with programs. Identify additional programs that are ready and able to implement these approaches, and support and learn from pilots.

20. Engage the programs that are currently using a regional model to explore the strengths and challenges of the model and make recommendations to strengthen and scale. Document the lessons related to organizational capacity and approaches. Consider the role of Regional Planners in facilitating or mediating conflict within existing models and/or supporting capacity building.

21. Explore options for cost sharing and provincial (or regional) purchasing of scheduling, invoice and database software.
DEMAND, GROWTH AND BUSINESS MODEL (Continued)

Access to Information for Improving the Business Model and Impacts

22. Collect, analyze, and share back information from programs re: wages and costs for various HR strategies. Support cross program problem solving and new ideas generation linked to HR costs and effectiveness.

23. Collect, analyze and share back information from programs re: the subsidy scales and income levels. Is there a consistent percentage being earned? Is there a mix of scales that is most effective for both revenue and meeting needs? Consider implications for who is being served. This fee for service revenue should also be reported as part of the return on investment mix.
Conclusion

This evaluation blended summative and developmental methodologies and employed a range of methods to engage with Better at Home Leadership, program staff, partners, caregivers, volunteers and participants in assessing program impact, challenges and opportunities for moving ahead. The findings were distilled into ten themes and twenty-three recommendations to support the next phase of Better at Home program development.

Many of the findings reflect the strong successes and strengths of the Better at Home program and its innovative and adaptable approach to supporting healthy aging for seniors in their homes. This evaluation has also identified a number of key areas deserving greater focus to ensure that the potential of this important initiative will continue be realized and serve more seniors across BC. The recommendations outlined here support Better at Home in taking this program development to the next level, building on existing successes and responding to emerging demands. There is no doubt Better at Home is filling a critical niche to support senior health and wellbeing in B.C.
Better at Home is funded by the government of BC and managed by the United Way of the Lower Mainland.