



United Way
British Columbia

Working with communities in BC's
Interior, Lower Mainland, Central
& Northern Vancouver Island

**Better
at Home**



United Way helping seniors remain independent.

Request for Proposals

2022-23 Evaluation of United Way's *Better at Home* Program

Applications must be submitted via email to:
Kahir Lalji, M.A., CPG
Provincial Director, Government Relations & Programs
kahirl@uwbc.ca
and
Cathy Holmes
Provincial Community Planner, Population Health
cathyh@uwbc.ca
by 4PM on November 30, 2021

Introduction

Older adults are an important and growing part of our communities, and their active involvement enriches everyone's lives. To ensure seniors continue to play an active role in our communities, they often need support to live independently in their own homes, surrounded by family, friends, and neighbours.

Over 900,000 older adults call British Columbia home. Within their communities, differing opportunities and challenges are faced, such as:

- Detrimental impacts of the COVID-19 pandemic.
- Voluntary sector being challenged to deal with growing demand for care
- Isolation as seniors experience a declining social network; children leave, and new residents arrive without social support
- Lack of services and supports to meet needs
- And others.

Better at Home (BH) is a non-medical home support program designed to assist seniors with simple day-to-day tasks. *BH* is funded by the Government of British Columbia through the Ministry of Health, managed by the United Way British Columbia (UWBC) – through United Way's Healthy Aging department – and is delivered by local non-profit organizations through a mix of volunteers, contractors, and paid staff. Services provided across the **82 programs** include light yard work, minor home repairs, transportation to appointments, snow shoveling, light housekeeping, grocery shopping, friendly visiting, and other non-medical needs, as necessary and available. The goals of the program are to help seniors continue to live independently in their own homes and remain connected to their communities.

BH services are supplemental to home support services provided through health authorities. The program uses a community development approach and, therefore, may be implemented differently in each community, depending on local resources, infrastructure and geographic location, capacity of the host organization, availability of co-funding, etc. Depending on their income level, older adults who receive services through *BH* pay a fee based on a sliding scale; some services may be free. These fees-for-service are fed back into the local program in order to serve more seniors.

Ongoing Learning and Quality Assurance

United Way's Healthy Aging (UWHA) is committed to Learning and Quality Assurance (LQA) and the associated activities are vital to the success of *BH*. LQA activities are interconnected and inform *BH* leadership by:

- planning, program development, and ongoing quality assurance
- tracking and describing progress, results, and impacts
- ensuring and demonstrating accountability

Each *BH* program is guided by an LQA Plan that helps to continuously improve the program, locally, regionally and provincially, adopt and share best practices, and respond to important issues and opportunities, collectively, as the program is managed in communities across B.C. Through this plan, UWHA collects a standard set of data from all funded *BH* programs, including quantitative data on client enrollment, demographics, client referrals, the volume and types of services seniors are using, service provision by service provider, waitlists, and service subsidies, as well as qualitative data such as impact stories, photographs, and testimonials – to help fully paint the picture of the impact of the program across the province.

To view United Way's Healthy Aging reports, including public Annual Reports/Year in Review, please visit:

<https://www.uwbc.ca/your-impact/healthyaging/betterforseniors/>

Previous Evaluations

2017-18

Team Play Consulting, in conjunction with *Shift Collaborative Cooperative*, conducted an [evaluation of the provincial BH program in 2017-18](#). The report highlighted the strengths of the *Better at Home* program and offered various key learnings, trends, and personal experiences, while showcasing the overall benefits to seniors who were accessing supports. *Better at Home (BH)* documents were analyzed in combination with surveys and direct conversations with over 1,600 participants, over 100 caregivers, and close to 500 volunteers. Additional data was collected through program staff and other various stakeholders, service providers, partners, and leadership by way of collaborative workshops, interviews, and surveys.

In addition to the evaluation of the overall program, *Team Play Consulting* and *Shift Collaborative Cooperative* performed a [review of the BH program offered to Elders on reserve](#) in four distinct First Nations across British Columbia. The evaluation uncovered contextual nuances and important considerations for adjusting the *Better at Home* model to more effectively meet the needs of First Nations communities, and support Elders who hold crucial roles in upholding and imparting tradition, knowledge, culture, values, and lessons using story-telling and role modeling.

Finally, an evaluation was conducted by the Michael Smith Foundation for Health Research (MSFHR)'s research team from UBC and SFU, who undertook a research study for the evaluation of *BH*. The research began in January 2015 and concluded in mid-2017. The research team worked directly with *BH* recipients' use of healthcare services, clients' quality of life and well-being, cost-effectiveness, and effects on informal caregivers.

2016-17

Also, in 2016, the Social Planning and Research Council for British Columbia (SPARC BC) conducted [the BH Rural and Remote Project Evaluation](#) (RRPP) which evaluated the efficiency, impact, and implementation of the *BH* service delivery model and service utilization in the 6 pilot programs, and their sub-communities, across British Columbia.

2013

An evaluation was conducted by *Chomik Consulting & Research Ltd.* during the early stages of implementation of *Better at Home*. This evaluation examined the context, implementation, and impact of *Better at Home* to support operational planning and further development. Quantitative and qualitative methodologies were used to engage with seven groups of *Better at Home* stakeholders across the 16 communities that were initially funded. These groups comprised program staff (lead agency executive directors and local program coordinators), seniors accessing the services, service providers, community developers, community stakeholders, and provincial program leaders.

Project and Evaluation Objectives

UWBC is requesting proposals to evaluate the **82 BH** programs across British Columbia.

The evaluation framework will focus on all 82 *BH* program sites, and where necessary, the associated sub-communities, and be designed to examine and report on the community context, implementation, service delivery model and overall impact(s) of *BH* on seniors, volunteers, families/caregivers, organizations, and communities. The overarching objective is to see and communicate the effects and changes resulting from the *Better at Home* program on the people and communities it is designed to serve, as well as improvement opportunities.

It is anticipated that a 3-phased approach will be used to 1. Undertake inquiry, 2. Assess effects, and 3. Communicate implications.

The successful evaluator must also identify a methodology for certain populations sub-sets, including Deaf and Hard of Hearing populations, First Nations, and remote communities.

Through the evaluation, UWBC expects the successful evaluator to:

- Learn about and report on the quality-of-service provision through self-reported and anecdotal feedback.
- Identify positive examples where *BH* is integrated with supports offered in the larger Community-Based Seniors' Services (CBSS) sector and/or home and community health services.
- Identify which approaches/strategies for service delivery are most effective in supporting seniors to remain independent and connected to their community.
- Document the changes and effects the *BH* program has had on:
 - Seniors
 - Families and caregivers
 - Volunteers
 - Organizations
 - Local communities
- Recommend new, more effective approaches for the delivery of non-medical support services for seniors in B.C. to inform future scale-out of the program.

UWBC anticipates using the results and findings of the evaluation to:

- Examine and implement promising practices being used to serve seniors in *BH*-funded (and other) programs, where appropriate.
- Test new approaches for delivering *BH* services in communities across the province, where appropriate.
- Determine where diverse approaches in service delivery for population sub-sets is necessary.

The evaluation design should ensure that recommendations can be made for local, regional, and provincial improvements to *BH* and should use hybrid methodologies in order to capture the needed and relevant data.

Oversight & Accountability

The successful evaluator will work closely with members of the *BH* Provincial Office team and will be accountable to the Provincial Director, Population Health, United Way British Columbia. The evaluation will be guided by a steering committee representing different stakeholders and regions in British Columbia.

Evaluator Roles & Activities

- Review current *BH* Learning and Quality Assurance approach, including plans and activities.
- Consider previous *BH* evaluations' recommendations to develop and document an understanding of the barriers/obstacles encountered in the implementation/adoption of those recommendations.
- Design and implement the *BH* evaluation, including sub-population methodologies.
- Provide regular updates to UWHA and evaluation steering committee on progress and issues.
- Produce draft interim and final reports with recommendation including organizing principles, service delivery, capacity building, knowledge dissemination, partnerships, proposed future funding model variations, among others (to be determined).
- Produce a video of the evaluation activities, utilizing those who participate in the evaluation to visually communicate the effects of the program.
- Generate a catalogue of photographs and quotes/anecdotes from each program.

Deliverables

- Evaluation Workplan
- Interim Progress Report
- Final Executive Summary
- Final Aggregate Evaluation Report
- Any other materials or presentations required by UWBC to successfully implement the Workplan
- A high-resolution 2-minute video of evaluation activities
- Catalogue of photos and quotes

Timeline

This evaluation will start on **February 15, 2022** and be finalized by no later than **January 30, 2023**. This must include draft framework/tools, a draft interim report, and draft final report for feedback by the evaluation steering committee including UWBC.

Action	Deadline
Release of RFP	Week of October 4, 2021
RFP closing date	November 30, 2021
Applicants notified of funding decision	January 30, 2022
Meet, welcome and orient Provincial Team	February 15, 2022
Draft Evaluation Framework & Tools	March 15, 2022
Final Evaluation Framework	April 1, 2022
Evaluation Begins	April 1, 2022
Session with Program Coordinators at <i>Better at Home</i> Meetup	April 26, 2022
Interim progress reports	September 30, 2022
Draft evaluation report submitted	January 1, 2023
Final report submission	January 30, 2023

Budget and Payment

The contract will not exceed **\$180,000** inclusive of all taxes and travel expenses (**Please note:** travel to all sites will not be required; the selected evaluator will recommend strategic visits until data saturation is reached). Compensation will be made monthly, paid within fourteen (14) days after the submission of an invoice and description of the work completed to date, as per the Workplan. Payments will be made via Electronic Funds Transfer (EFT).

Proposal Format

The proposal should be no longer than **10 pages** in length. Required proposal components are as follows:

- Name, or organization name, and contact information
- Explanation of your interest in the *BH* evaluation, demonstrating your understanding of the requirements.
- Experience relevant to undertaking this assignment, including highlights of relevant projects/experience.
- Work plan linking deliverables with anticipated hours required, consultant fee, and deadlines.
- Client list and three references.
- Detailed, all-inclusive budget (including meeting costs, travel expenses, etc.).
- Conflicts of interest: Please disclose any potential conflict of interest including direct or perceived personal benefit, or benefit to an organization with which you are affiliated.
- Resumes/CVs for all proposed members of the evaluation team (as an appendix) – *not included in 10 pages*.
- One example of previous work completed – *not included in 10 pages*.

Selection Process

Review of all proposals will commence on **December 1, 2021**, after the RFP closing date. Proposals will be reviewed and evaluated according to the degree to which requirements and priorities are met. Once the successful applicant has been notified and contracted, her/his contact information will be published on the [BH website](#) and shared with project stakeholders to facilitate widespread community involvement in the evaluation process.

Proposal Deadline

Please email your proposal no later than **4PM on November 30, 2021** to:

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Provincial Director, Government Relations & Programs
United Way British Columbia
kahirl@uwbc.ca

Cathy Holmes
Provincial Community Planner, Population Health
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Thank you for your interest.



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