



# 2022-23 Evaluation of United Way BC's Better at Home Program Executive Summary

## Section I: Introduction/Background

### Healthy Aging in BC

The number of older adults is growing in British Columbia (BC), where estimates suggest that a quarter of residents will be above the age of 65 by 2038.<sup>i</sup> The majority of **older adults in BC wish to stay in their communities and homes to “age in place”** for a variety of reasons, including maintaining independence and connection.<sup>ii</sup> Aging in place means having access to the health and social supports/services needed to live safely and independently at home or within community for as long as you wish and are able. To best serve BC's aging population, **communities should be creative and adaptive to find ways to promote healthy aging and reduce pressures on health care and social services.**<sup>iii</sup>

### About Better at Home

**Better at Home is a provincial non-medical home support program designed to assist older adults in BC with simple day-to-day tasks.** Better at Home's goal is to support older adults in BC to remain living independently in their own homes and to remain connected to their communities. These non-medical supports include **light housekeeping, friendly visiting, medical transportation, grocery shopping, light yard work, minor home repairs, snow removal,** and other non-medical supports as needed. In 2022-23, the program was delivered by 92 local agencies in over 260 communities across BC through a mix of volunteers, contractors, and paid staff. The program uses community-based approaches to be responsive to local needs.

Better at Home is funded by the Government of British Columbia through the Ministry of Health. The program is managed and administered by the United Way BC (UWBC) through United Way's Health Aging department.

## Evaluation Overview

This summative evaluation was conducted by an external evaluation firm, Ference & Company Consulting Ltd, and **focused on the five-year period from 2017-18 to 2022-23**. The evaluation included 81 Better at Home programs across BC that had completed at least 1 year of service delivery at the start of the evaluation in April 2022 and aimed to **showcase effects and changes for the people and communities involved in the Better at Home program**. It focused on several core components such as:

- Community Context
- Overall Impacts
- Implementation/Delivery Model
- Integration with Community Based Seniors Services Sector (CBSS)

The evaluation **aimed to connect with key program stakeholders including older adult participants, families/caregivers, volunteers, organizations, and communities**. Data collection was conducted between August 2, 2022, and February 2, 2023, and comprised of six mixed-method lines of evidence. The methodologies included a document, literature, and performance data review; 87 key informant interviews with caregivers (n=17), participants (n=63), and UWBC staff (n=7); 3 online surveys of local agencies and program staff (n=109), service delivery staff and volunteers (n=205), and community partners (n=85); a most significant change activity (the purpose to collect impact stories for insight into diverse community contexts); a jurisdictional scan of different but similar programs; and 14 in-person site visits to program sites across BC which engaged 205 different individuals involved in the program including participants, caregivers, staff, volunteers, and community partners.

## Impact of COVID-19 on Evaluation Findings

During the COVID-19 pandemic, the **Safe Seniors Strong Communities (SSSC)** initiative was implemented by the Province of BC and UWBC in partnership with the Office of the Seniors Advocate and bc211 to expand essential, non-medical services to meet the critical needs of older adults affected by this crisis. With this funding, thirty (30) Better at Home agencies served as COVID-19 Response HUBs across the province. **Perceptions about progress toward program objectives were likely amplified by the conflation of these two initiatives**, as it's difficult to tease apart the impact of these services at a local level. The evaluation has still been able to draw meaningful conclusions by deriving core evaluation findings from data collected about the services offered by Better at Home and not SSSC.

## Section 2: Evaluation Thematic Findings

The evaluation presents key findings across nine core thematic areas:

### **Finding 1: Program Relevance & Continued Need**

The Better at Home program has continued to provide subsidized, non-medical services for older adults through changing social, economic, and environmental contexts such as the COVID-19 pandemic, increased cost of living, and climatic events. As the number of low-income older adults in BC increases, there is a continued need for subsidized and affordable non-medical supports that help older adults to remain independent in their own homes.

**Better at Home is a relevant and unique service in the BC landscape, providing needed accessible, low-barrier, and subsidized non-medical services to older adults.**

Better at Home participants and caregivers are generally satisfied with their program experiences, particularly with core aspects such as provision of subsidies, ability to receive individualized services, and participant/provider matching. Volunteers also expressed high levels of satisfaction with the program, and many shared that they felt appreciated, supported, and satisfied with their role. It was identified by participants that areas of less satisfaction included service frequency/duration, flexibility, consistency, and costs.

**Better at Home is highly regarded by participants, caregivers, and volunteers. Stories shared by all of these groups show general satisfaction with services received, with several potential areas that could be further refined.**

### **Finding 2: General Satisfaction & Significance**

### **Finding 3: Achievements & Impact**

In 2022-23 the 81 programs within this evaluation provided 275,014 services to 13,369 participants across BC. Key stakeholders indicated positive impacts experienced by engagement with the Better at Home program. Impacts varied within and between different stakeholder groups, dependent on needs and lived experiences.

**Even through the isolating nature of the COVID-19 pandemic, Better at Home continues to provide positive impacts on its participants, caregivers, volunteers, and community partners.**

Better at Home continues to make progress towards its key goals and objectives. Evidence suggests the program helps manage IADLs, decrease isolation, and facilitate civic vitality. There was less evidence supporting contributions to food security or social supports at this time.

**Better at Home continues to progress towards their long-term goals and objectives through development of participant's lived environments which fosters a supportive system for older adults to live independently and remain in their own homes.**

**Finding 4:  
Progress  
Towards  
Outcomes &  
Objectives**

**Finding 5:  
Community  
Integration**

Collaborations and partnerships established over the last 5-years have been amplified by Better at Home's engagement with SSSC. Programs appear to have become increasingly integrated within their communities and the Community-Base Seniors' Services (CBSS) sector. Community partnerships were found to include activities such as referrals to/from Better at Home, collaboration on events and service delivery, advocacy at senior-focused tables, and provision of collaborative/wraparound supports.

**Better at Home's alignment within the CBSS and extensive network of community partners supports a community-driven approach to program delivery which has been important to its integral placement within a cohesive continuum of care for older adults across BC.**

Better at Home participants have a large breath of complex needs which can arise from social, financial, cognitive, or medical changes. It has been perceived that there is an increase in the number of participants with complex needs such as those who are low-income, social isolated, or precariously housed. Participants are also diverse, with unique personal identities and experiences. There was positive evidence of Better at Home programs being responsive to diverse populations at a local level, and also areas of opportunity to improve responsiveness in this area.

**Better at Home adapts their services to a variety of needs amongst older adults and Elders. There is room to provide a more structured approach to ensure diverse participant needs are considered across the province.**

**Finding 6:  
Responsiveness  
to Diverse &  
Complex Needs**

Better at Home provides social connection to older adult participants. Social connection components of the program are not recognized or needed by all older adults who receive services; however, for those that do, this is an impactful approach.

**By keeping wellness and wellbeing at the fore, Better at Home is able to deliver their basket of services in a way that helps decrease isolation and provide support outside typical service delivery.**

**Finding 9:  
Value of Social  
Connection**

**Finding 8:  
Operational  
Efficiency**

80% of Better at Home programs within this evaluation experienced waitlists for services in 2022/23. This high demand is paired with challenges to attract and retain service delivery personnel. United Way BC uses tools to facilitate knowledge sharing amongst their coordinators such as Healthy Aging CORE, the Provincial Meet-up, and Regional Communities of Practice; however, there are ways these resources could continue to be adapted to address program needs. Opportunities to centralize supports may help reduce the burden on program staff and volunteers.

**Many Better at Home programs face a high demand for services paired with challenges to attract service delivery personnel and volunteers. To ensure efficient use of funding and optimal delivery to older adults who are most in need of services, there remains opportunities to better support local coordinators.**

Better at Home has grown and expanded its services and community connections over the past 5 years. The program continues to serve all older adults in the community, but has reached capacity challenges in some areas, resulting in waitlists and limits to service delivery. The program should aim to align with priorities most important to Healthy Aging within BC and continue to collaborate in community to efficiently expand its reach and impact. More funding would help attract and retain staff/volunteers, well as meet the growing demands for services.

**Increased networks, more funding, and attention to program capacity and scope will help Better at Home continue to provide valuable services to the growing population of older adults and Elders throughout BC.**

**Finding 9:  
Sustainability &  
Looking Ahead**

### **Section 3: Recommendations and Action Areas**

The evaluation identified a total of twenty-one recommendations for Better at Home, under six core action areas.

#### **Increase the provision of non-medical supports to integrate and fill gaps across communities in BC**

- Continue to focus on the provision of supports that are non-medical in nature
- Promote the opportunity to creatively integrate additional needed non-medical services
- Further facilitate best practice sharing amongst programs

#### **Further develop emerging community-based collaborations, particularly those from SSSC**

- Find ways to formalize current networks and solidify long-term partnerships
- Create partnerships at regional or provincial levels to expand collaborations
- Focus community collaborations with organizations across the continuum of care for older adults
- Strengthen relationships with regional health authorities

#### **Transition program to multi-year funding that considers the impact of inflation to achieve continued success and growth of the program**

- Explore opportunity for multi-year funding to provide a sense of security and confidence
- Increase program funding to addresses inflation and demand for services

#### **Adjust program scope to increase service delivery to low-income older adults who can not receive services elsewhere**

- Prioritize Services for Older Adults Who Are Low-Income, Frail, and Socially Isolated
- Adjust the Sliding Scale to Include an Eligibility Cap
- Adjust the Community Funding Formula

#### **Expand and centralize supports to enhance capacity of local staff and increase program efficiency**

- Expand trainings and toolkits offered at a provincial level
- Centralize volunteer supports at a regional level
- Streamline the process of information sharing

#### **Address areas of program risk and leverage successes to strengthen service delivery at a local level**

- Strengthen practices that keep social connectedness at core of delivery
- Address risk to quality of care in response to capacity challenges
- Address concerns around Lead + Agency Partnership Model Type “C”.
- Leverage experience from BH’s role in the SSSC initiative to inform future work with food security amongst older adults

## **Section 4: Acknowledgements & References**

United Way British Columbia (United Way BC) acknowledges the homelands of the Indigenous Peoples of this place we now call British Columbia and honors the many territorial keepers of the Lands on which we work.

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More information about the 2022-23 Better at Home evaluation and findings can be found in the Full Evaluation Report.

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<sup>i</sup> Statistics Canada. 2015. Population Projections for Canada (2013 to 2063), Provinces and Territories (2013 to 2038). <https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2014001-eng.pdf>

<sup>ii</sup> Wiles et al. 2012. The Meaning of “Aging in Place” to Older People. *The Gerontologist*, 52(3). <https://academic.oup.com/gerontologist/article/52/3/357/580905>

<sup>iii</sup> Government of British Columbia. “Towards a comprehensive policy and planning framework for Seniors in B.C.” <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/active-aging#:~:text=Populations%20around%20the%20world%20are,that%20supports%20our%20aging%20population>