

Higher Needs Information Sessions FAQ

Family and Friend Caregiver Supports Social Prescribing Programs Therapeutic Activation Program for Seniors (TAPS)

Required Program Adaptations

1. How quickly we will be able to make finalized changes to our program plans based on reduced funding?
Your Regional Community Developer (RCD) will connect with you shortly to discuss this. In the meantime, you are welcome to begin planning for your needs. We generally go with the recommendations made by programs as long as those recommendations conform to the structure and integrity of the service delivery model. The RCD's will also be in touch with those sites who received developmental grants to support their efforts.
2. Are there consequences to allowed program delays?
If you anticipate any challenges, you should contact your Regional Community Developer (RCD) as soon as possible. We understand that program development can be an iterative process over the first few months, but we need to make sure that everyone is able to carry out the outcomes and activities submitted with their funding applications. Please reach out to your RCD with any specific questions.

Communities of Practice

3. Who are the other grant recipients within each stream and what are their proposed programs?
This information will be shared through the communities of practice (COP) which are being created. When COP meetings take place, different programs will be able to meet each other, share information about their services, and make plans to connect offline, if necessary.
4. Will programs come together collectively at some point?
This will take place through the COPs who will meet at regular intervals. We are also hoping to bring together all funded Higher Needs programs when we approach the culmination of the first 2.5 years.

Intake/Participation

5. What is the optimal number of clients per program?
This is up to the individual programs to determine and will be based on funding levels, as well as the frequency and type of programming.

6. What are UWLM's expectations about levels of client participation. e.g. if there are clients who prefer part-time participation in the program, are they eligible?
Participation is based entirely upon the needs of the people we are serving. If they would benefit from part-time participation, then we support that. Additionally, depending on their funding and planned activities, some programs may only operate part-time. In any case, frequency of participation should have no bearing on eligibility.
7. Are participants able to drop-in to programs? Some may prefer this initially and a formal intake process may be a barrier.
As the target populations of this funding stream are pre-frail and frail elderly, many may have challenges attending drop-in programs. Additionally, intake interviews between coordinators and participants are a fundamental component of the program. Sites will be provided with training and intakes may be broken down into multiple stages when necessary.
8. Is there any standard language you recommend to include in job postings?
We will share the job postings which were used for the three social prescribing programs already in operation through CORE.

Database

9. Will volunteers be able to access the new database?
Yes. In January 2020 we will be creating administrator accounts for every organization. Administrators will then be able to create limited-access accounts for volunteers which will allow them to report information while keeping all sensitive information private.
10. How will the confidentiality of client information be ensured?
Individual programs will be the only ones able to access the personal information provided by participants. All the data available to the United Way will be anonymized, aggregated, and free of any identifying details. We will be able to see information on demographics, the overall number of services provided, etc., but nothing client-specific will be available to us. The only time participant's personal information will be accessed by outside sources is during the research phase; however, this information will only be available to researchers and not the United Way or any other entity.
11. Will we have access to and can continue using the database after the 2.5 year demonstration project completes?
As long as the program is running, we will be using the same system and you will have access to it. We also have plans to expand the database to programs outside of those funded by the United Way of the Lower Mainland and your data from the first 2.5 years will remain accessible when this takes place.

12. What company's platform supports the database?

The database is being created through our developer's company: Ryan J. Ponto Consulting. This is a three-way collaboration between the United Way of the Lower Mainland, Mission Community Services, and the consulting company.

Data Collection/Reporting

13. If there are permitted delays to the program start, would the reporting deadlines stay the same?

Yes, the reporting deadlines are the same regardless of any delays. There are two reports required over the course of the funding cycle – both at 15-month intervals. Any delays which occur are expected to be made up within the 15-month reporting period, as funding is allocated based on the activities and outputs described in your applications. These hard deadlines must be adhered to so that the United Way of the Lower Mainland can report out to our funding partners on the impact our programs are having.

14. How will data collection and reporting work for regional programs involving multiple agencies?

Only lead agencies are required to submit outcome reports, but they will need access to the data collected by all the sites involved in their programs in order to do so. We are working closely with our developer to ensure that this does not require information to be entered more than once. This will involve connecting existing databases with our new system so that information can be shared between them and provide limited access to the new system for those sites beyond the lead agency which require it for reporting purposes.

Budget

15. If some of the funding is provided through in-kind support within our organization, will the reporting procedures also require organizations to report on these in-kind funds as well?

There are two budget forms which are required for the application and reporting processes. The first documents the usage of funding provided by the United Way. The second is used to describe the total program budget – this second form is where in-kind support can be recorded and reported on.

Learning and Quality Assurance Plan/Research and Evaluation

16. Who is responsible for getting informed consent from clients as part of the research element?

Informed consent is embedded in the intake interview process. We will provide a guide outlining what is expected from participants, the purpose of the research being conducted, etc. This will provide participants with the information they need to provide informed consent.

17. Will programs be required to perform a frailty scale evaluation of participants?

This is not something which will be required, but if you are interested in including it in your programs then we would be happy to help connect you with the appropriate resources. The United Way will also be engaging with the Canadian Frailty Network to gather industry expertise on frailty, explore different frailty assessment mechanisms, etc.

18. If a client does not want to share their PHN will they still be able to participate? Or what if it takes time to get this?

Clients can still access services even if they do not provide their PHNs. We will be exploring other mechanisms through which the information we require for the research component can be collected when this occurs.

19. What if participant doctor visits increase over the course of their participation due to age, chronic health conditions, etc?

This is the reality of the work that we do. The research group is aware of this and will control for it during their evaluations.

20. Will there be measures other than doctor use to evaluate outcomes?

Evaluation will take place through a variety of methods. Surveys, focus groups, photo cataloguing, and site visits may occur to supplement the personal health information collected by researchers. This will be done to triangulate evaluations and ensure that no one is overburdened by the evaluative process.

Supporting Diverse Language Needs

21. Will participant intake forms and informed consent forms be translated into other languages for multicultural clients?

We are currently working with our external evaluators on this topic. More information will be posted to the FAQ document when it becomes available.

22. How will you support evaluation approaches that are linguistically and culturally sensitive? Will you accommodate for the time it will take staff to navigate this, if it is the expectation?

We are currently working with our external evaluators on this issue. More information will be posted to the FAQ document when it becomes available.

Social Prescribing Programs ONLY

23. Will you provide contacts with local primary care providers and Divisions of Family Practice?

If there are any gaps in the relationships you have with these groups, please let us know and we will help bridge them.

24. Has United Way connected with Primary Care or Divisions of Family Practice to build their capacity around working with community organizations and are they aware of this initiative and timelines?

We have been working closely with both the Primary Care Network Team and the Standing Committee for Home and Community Care to ensure that primary care providers support the program at the local level. These groups are prepared to intervene on our behalf if necessary. We are also engaged with the Divisions of Family Practice to support the development of an interface which will connect community organizations with the Pathways platform used by primary care providers. If you are having challenges with any of these groups, please reach out to your RCD.